STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Maple Street Manor LLC
Maple Street Manor
239 McCormick Creek Rd
Pe Ell, WA 98572

RE: Maple Street Manor License # 751270

Dear Provider:

This letter addresses Compliance Determination(s) 42179 (Completion Date 06/04/2024) and 39990 (Completion Date 05/13/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/04/2024 and found that you have corrected the violations listed in the Full report dated 05/13/2024. Your home is back in compliance as of 05/20/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-101632-1

The Department staff who did the off-site verification:
Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 751270	Compliance Determination # 39990
Plan of Correction	Maple Street Manor	Completion Date
Page 1 of 3	Licensee: Maple Street Manor LLC	05/13/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 04/18/2024 and 04/18/2024 of:

Maple Street Manor
616 Maple St
Pe Ell, WA 98572

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

05/15/2024
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Janet L Shepherd
Provider (or Representative)

5/20/24
Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to complete national fingerprint background check for 2 of 8 caregivers (Caregiver 4 and Caregiver 8). This failure placed 6 of 6 residents at risk for being cared for by a caregiver with unknown criminal background.

Findings included...

Review of personnel records on 04/18/2023, found that Caregiver 4 was hired on 09/30/2022 and did not have a fingerprint background check completed. Caregiver 8 was hired on 12/20/2021 and did not have a fingerprint background check completed.

During interview with provider on 04/18/2024 at 11:50 AM they believed both Caregiver 4 and 8 had completed fingerprint background checks and had just misplaced the paperwork.

On 04/20/2024 at 11:20 AM Provider emailed the Department saying that Caregiver 4 and Caregiver 8 had not completed national fingerprint background checks.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Maple Street Manor is or will be in compliance with this law and / or regulation on (Date) 5/20/2024

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Janet L Shepherd
Provider (or Representative)

5/20/24
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Maple Street Manor LLC
Maple Street Manor
239 McCormick Creek Rd
Pe Ell, WA 98572

RE: Maple Street Manor # 751270

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/13/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1

Tumwater, WA 98501

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

The Adult Family Home failed to have negotiated care plans signed by Provider and representative for 2 of 6 residents (Resident 2 and 5). Provider said this was an oversight and provided department with documentation that bot Resident's care plans had been signed by both provider and representatives within 48 hours of inspection, consultation provided.

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

Adult Family Home failed to initial medication administration for 2 of 6 residents (Resident 2 and Resident 5) for morning dosage on 04/18/2024 (day of inspection) and Resident 5 was missing one medication administration initial for night of 4/17/24. Caregiver 1 said she had not gotten to signing the medication record yet for this morning, Caregiver 1 corrected on site. Provider had caregiver who worked evening on 04/17/2024 come in a sign off on missing initial immediately, Consultation provided.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or

applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

Adult Family Home failed to renew notice of services every 24 months for 1 of 6 residents (Resident 2). Provider had not realized it needed to be renewed and completed updated notice of services with Resident 2's representative within 48 hours of inspection, consultation provided.

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

The Adult Family Home failed to complete and turn in Character, Competency, and Suitability form to Department for 1 of 8 caregivers (Caregiver 2), who had non-disqualifying criminal record. Provider said they had forgotten to complete the form but did have her criminal record in file. Provider completed form within 24 hours of inspection, consultation provided.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all

documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

May 20, 2024

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1

Ref: Maple Street Manor #751270 full inspection on 5-13-2024

Dear Michael Burdick,

On 4-18-2024, Maple Street Manor was inspected by Andria Underwood. The inspection revealed a deficiency for two employees not having final background checks. Please be aware that both of the caregivers in question had stopped being employed by Maple Street Manor prior to the month of May so I am unable to complete final background checks on those employees.

For the future, in order to mitigate this from happening again, I have implemented the attached Employee Checklist that includes the required background checks and the duration they are good for.

Thank you for the opportunity to increase my knowledge and compliance of AFH WAC's so I can improve my Adult Family Home thus improving the lives of my residents.

Sincerely,

Janet Shepherd

Janet Shepherd
Owner, Maple Street Manor
360-520-0011

Maple Street Manor Employee Checklist

Employee Name:

√	Description	Date completed	Expiration date
	Two step background check (Date of birth)		2 year renewal
	Two step background check (Fingerprint)		1 time only
	Two-step TB skin test		No Expiration
	First Aid & CPR card		2 year renewal
	Caregiving Training (75 hour course)		No expiratioin
	Nurse Delegation (9 hour course)		No Expiration
	HCA/CNA or NAR Certification		Yearly at DOB
	W-4		
	Employee Orientation packet		
	Employee Agreement		
	Number of continuing education credits	Number of Credits	As of: