STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

FOSTER MEADOWS AFH LLC

FOSTER MEADOWS AFH LLC
8587 COVINA LOOP NE
BREMERTON, WA 98311

RE: FOSTER MEADOWS AFH LLC License # 751509

Dear Provider:

This letter addresses Compliance Determination(s) 56297 (Completion Date 03/12/2025) and 52979 (Completion Date 01/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/12/2025 and found that you have corrected the violations listed in the Full report dated 01/15/2025. Your home is back in compliance as of 02/15/2025 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 388-76-10176-2, WAC 388-76-10146-2-c, WAC 388-112A-0495-1

The Department staff who did the off-site verification:
Emily Vincent, AFH Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Adult Family Home Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 751509	Compliance Determination # 52979
Plan of Correction	FOSTER MEADOWS AFH LLC	Completion Date
Page 1 of 4	Licensee: FOSTER MEADOWS AFH LLC	01/15/2025

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 01/10/2025 and 01/10/2025 of:
FOSTER MEADOWS AFH LLC
8587 COVINA LOOP NE
BREMERTON, WA 98311

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:

Emily Vincent, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Lisa Cramer
Residential Care Services

01/23/2024
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.

Mary Wilson
Provider (or Representative)

02/05/2025
Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure 1 of 5 staff (Caregiver A) hired after 01/07/2012, had a pending national fingerprint (NFP) background check result within 120 days of employment. This failure placed all residents at risk of unsupervised access by a caregiver with a disqualifying criminal background.

Findings included...

On 01/10/2025 at 10:15 AM, an observation showed Caregiver A providing care for residents in the home without direct supervision.

Review of Caregiver A's personnel file showed their date of employment as 09/03/2024. There was no evidence of a NFP background check result in Caregiver A's personnel file (129 days after Caregiver A's date of employment).

On 01/14/2025 at 3:20 PM, in an interview, the AFH Provider said they thought Caregiver A completed a NFP background check, but discovered Caregiver A had not yet been fingerprinted for a NFP background check.

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, FOSTER MEADOWS AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/15/2025 per Bobbie.

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

Provider (or Representative) — Date: 2/6/25

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(1) If an adult family home serves one or more residents with special needs, the adult family home must ensure that a long-term care worker employed by the home completes and demonstrates competency in specialty training as described in WAC 388-112A-0400 within one hundred twenty days of hire.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 5 caregivers (Caregiver A) completed dementia specialty training within 120 days of employment as required while Caregiver A provided care for 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) with dementia care needs. This failure placed all residents at risk of unmet care needs.

Findings included...

Review of Resident 2's department assessment dated 04/10/2024, showed Resident 2 had a primary diagnosis of [redacted]

Review of Resident 3's department assessment dated 10/29/2024, showed Resident 3 had a primary diagnosis of [redacted]

Review of Resident 4's department assessment dated 01/25/2024, showed Resident 4 had a primary diagnosis of [redacted]

Review of Resident 5's department assessment dated 02/29/2024, showed Resident 5

had a primary diagnosis of [redacted]

Review of Resident 6's department assessment dated 01/25/2024, showed Resident 6 had a primary diagnosis of [redacted]

Resident 1's assessment was not reviewed during the inspection, but on 01/10/2025 at 11:00 AM, in an interview, AFH Provider B said Resident 1, who had just moved into the home, had a primary diagnosis of [redacted]

Review of Caregiver A's personnel file showed their date of employment was 09/03/2024. There was no evidence of dementia specialty training in Caregiver A's file. As of 01/10/2025, Caregiver A had worked in the home for 129 days.

On 01/14/2025 at 3:20 PM, in an interview, AFH Provider A said they were under the impression that Caregiver A took dementia specialty training before they were hired, but when Provider A reviewed Caregiver A's personnel file, they could not find a dementia specialty training certificate. Provider A said it was an oversight that Caregiver A did not have dementia specialty training within 120 days of employment.

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, FOSTER MEADOWS AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/05/2025 KC (Rx Provider).

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

Provider (or Representative) — Date: 2/6/25

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

FOSTER MEADOWS AFH LLC
FOSTER MEADOWS AFH LLC
8587 COVINA LOOP NE
BREMERTON, WA 98311

RE: FOSTER MEADOWS AFH LLC # 751509

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/15/2025 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

The adult family home (AFH) did not ensure Caregiver A, Caregiver B, and Caregiver C initiated tuberculosis (TB, an infectious respiratory disease) testing within three (3) days of employment as required. Caregiver B did not initiate TB testing within three days of employment but had evidence of a negative two-step TB skin test result completed two weeks after employment. Caregiver C had evidence of one negative TB skin test result within three days of employment, but waited over three months to get an additional TB skin test. Caregiver A had evidence of a negative two-step TB skin test result six months prior to employment, but no additional TB testing within three days of employment. Caregiver A attempted to get one additional TB test before the completion of the licensing inspection but due to a history of TB vaccination, Caregiver A could not be tested and provided evidence of a normal chest x-ray instead.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

The adult family home (AFH) provided their residents with a copy of the home's disclosure of charges, but they had not completed the department's standardized disclosure of charges form and provided a copy of the standardized form to their residents before they moved into the home. The AFH Provider completed the standardized disclosure of charges form and provided a copy of the form to their residents to review and sign before the completion of the licensing inspection.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

The adult family home (AFH) did not ensure Caregiver A's cardiopulmonary resuscitation (CPR) certification included first aid training. Caregiver A completed first aid training before the completion of the licensing inspection.

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 (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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 IDR**s 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