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

Better Place Adult Family Home LLC
Better Place AFH #2 LLC
629 21st St SE
Puyallup, WA 98372

RE: Better Place AFH #2 LLC License # 751592

Dear Provider:

This letter addresses Compliance Determination(s) 30685 (Completion Date 10/06/2023) and 28157 (Completion Date 08/25/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/06/2023 and found that you have corrected the violations listed in the Full report dated 08/25/2023. Your home is back in compliance as of 08/25/2023 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 388-76-10161-2-b, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-d

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, 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 #: 751592	Compliance Determination # 28157
Plan of Correction	Better Place AFH #2 LLC	Completion Date
Page 1 of 4	Licensee: Better Place Adult Family Home LLC	08/25/2023

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 08/15/2023 and 08/15/2023 of:
Better Place AFH #2 LLC
629 21st St SE
Puyallup, WA 98372

The following sample was selected for review during the unannounced on-site visit: 3 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.

Residential Care Services

08/28/2023
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.

Provider (or Representative) 9-2-23 Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure 3 of 4 former caregivers (Caregiver D, Caregiver F, and Caregiver G) had a national fingerprint (NFP) background check within 120 days of employment with unsupervised access to AFH residents. This failure placed residents at risk of unsupervised access by a caregiver with a disqualifying criminal background.

Findings included...

A review of Caregiver D's personnel file showed they were employed by the AFH between 05/18/2018 and an unspecified date in 2021. There was no evidence of an NFP background check result in Caregiver D's file.

A review of Caregiver F's personnel file showed they were employed by the AFH between 02/24/2021 and 06/06/2023. There was no evidence of an NFP background check result in Caregiver F's file.

A review of Caregiver G's personnel file showed they were employed by the AFH between 09/14/2020 and an unspecified date in 2021. There was no evidence of an NFP background check result in Caregiver G's file.

On 08/25/2023 at 1:00 PM, in an interview, the AFH Provider said they were unable to locate NFP background check results for Caregiver D, Caregiver F and Caregiver G. The Provider was unsure of whether the caregivers had completed the NFP background checks because there were no NFP background check results for Caregiver D, Caregiver F, and Caregiver G in the AFH's background check account.

Attestation Statement

Statement of Deficiencies	License #: 751592	Compliance Determination # 28157
Plan of Correction	Better Place AFH #2 LLC	Completion Date
Page 3 of 4	Licensee: Better Place Adult Family Home LLC	08/25/2023

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, Better Place AFH #2 LLC is or will be in compliance with this law and / or regulation on (Date) ~~8-18-23~~ made to 9/4.

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

Provider (or Representative) 9-2-23 Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observations, interview, and record reviews, the adult family home (AFH) failed to complete a medical device assessment for 1 of 2 residents with [redacted] (Resident 3), ensure the [redacted] were installed correctly, and Resident 3 and/or their representative was aware of risks before the [redacted] were installed on Resident 3's bed. These failures placed Resident 3 at risk of injury and/or entrapment.

Findings included...

On 08/15/2023 at 11:20 AM, observations of residents' rooms, showed Resident 3's bed had two half-sized [redacted]. Resident 3 was in their bed during the inspection.

Review of Resident 3's record showed no medical device assessment in Resident 3's record to show Resident 3 was safe to use the [redacted], what Resident 3 used the [redacted] for, whether the [redacted] were installed correctly, and whether Resident 3 and/or their representative were aware of [redacted] risks and consented to have [redacted] installed on Resident 3's bed.

On 08/15/2023 at 1:30 PM, in an interview, the AFH Provider said they had been very busy in recent weeks and forgot that they had not completed a medical device assessment for Resident 3's [redacted] to date.

Statement of Deficiencies	License #: 751592	Compliance Determination # 28157
Plan of Correction	Better Place AFH #2 LLC	Completion Date
Page 4 of 4	Licensee: Better Place Adult Family Home LLC	08/25/2023

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, Better Place AFH #2 LLC is or will be in compliance with this law and / or regulation on (Date) 8-18-23 .

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

Provider (or Representative) Date 9-2-23

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

Better Place Adult Family Home LLC
Better Place AFH #2 LLC
629 21st St SE
Puyallup, WA 98372

RE: Better Place AFH #2 LLC # 751592

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/25/2023 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

The adult family home (AFH) Provider misplaced the home's Medical Test Site Waiver (MTSW) certificate. The AFH Provider showed evidence of a MTSW certificate for their other AFH, and requested a copy of the home's original MTSW certificate to correct the issue.

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

The adult family home (AFH) did not ensure Caregiver A and Caregiver C initiated tuberculosis (TB, an infectious respiratory disease) skin testing within three days of employment. Caregiver A and Caregiver C both initiated TB skin testing after three days of employment, and before the completion of the licensing inspection.

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

The adult family home (AFH) did not ensure Resident 3 and Resident 5 reviewed and signed their negotiated care plans (NCP) within 30 days of their admission to the home. The AFH Provider had Resident 3 and Resident 5 review and sign their NCPs before the completion of the licensing inspection.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) Continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 for a long-term worker who does not maintain a food handler's permit, and completed basic or modified basic caregiver training before June 30, 2005. A long-term* care worker who completed basic or modified basic training after June 30, 2005 is not required to have a food handler's permit.

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:

(e) Continuing education.

The adult family home (AFH) did not ensure the Resident Manager, Caregiver B, and Caregiver C completed safe food handling continuing education (CE) training before their birthdays in 2023 after the public health emergency rule waivers expired on 10/27/2022. The Resident Manager's, Caregiver B's , and Caregiver C's birthdays fell after 10/27/2022, and the Resident Manager, Caregiver B, and Caregiver C completed safe food handling CE training after their birthdays in 2023, and before the completion of the licensing inspection to correct the issue.

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, 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 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