STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

CENTRAL WASHINGTON RESIDENTIAL CARE SERVICES INC
COVENANT HOUSE
226 S 16TH AVE
YAKIMA, WA 98902

RE: COVENANT HOUSE License # 751620

Dear Provider:

This letter addresses Compliance Determination(s) 37941 (Completion Date 03/07/2024) and 35832 (Completion Date 02/01/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/07/2024 and found that you have corrected the violations listed in the Full report dated 02/01/2024. Your home is back in compliance as of 02/14/2024 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 388-76-10176-1, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Melanie Hopkins, NHI-AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 751620	Compliance Determination # 35832
Plan of Correction	COVENANT HOUSE	Completion Date
Page 1 of 4	Licensee: CENTRAL WASHINGTON RESIDENTIAL	02/01/2024

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 01/25/2024 and 02/01/2024 of:
COVENANT HOUSE
226 S 16TH AVE
YAKIMA, WA 98902

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner — Residential Care Services

02/05/2024 — 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.

Andrea Fernandez 02/14/24
Provider (or Representative) 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:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check, and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure staff who work in the home for more than 120-days had fingerprint background check results for 1 of 8 current and former staff (Staff I).
This failed practice placed the residents at risk for receiving care from a staff member not qualified to have unsupervised access to residents.

Findings included . . .

Review of staff records showed Staff I, former Caregiver, was hired and began working in the home on 11/27/2021. Staff I's employee record did not include a fingerprint-based result required by 08/28/2022 when the pandemic waiver ended. Staff I departed from employment at the AFH on 03/20/2023.

In an interview with Staff B, Affiliate/Administrator, on 01/25/2024 at 10:40 AM, stated that they thought Staff I's lack of fingerprint background check results had been looked at and cited during inspection of another AFH within the corporation.

Statement of Deficiencies	License #: 751620	Compliance Determination #:35832
Plan of Correction	COVENANT HOUSE	Completion Date
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Review of inspection on 03/10/2023 for aforementioned AFH showed Staff I was not employed at the AFH at that time nor was provided as a former employee for requested records.

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, COVENANT HOUSE is or will be in compliance with this law and / or regulation on (Date) 2/14/24

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

Andrea Hernandez 2/14/24

Provider (or Representative) Date

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

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (infectious disease affecting primarily the lungs) (TB) 2-step screenings were completed within three days of hire and 1 to 3 weeks apart for 2 of 7 staff (Staff D & F). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

Review of administrative records on 01/25/2024 showed Staff D, Caregiver, was hired 05/02/2021, and Staff F, Caregiver, was hired 06/26/2023. TB screening 1st Step for

Statement of Deficiencies	License # 751620	Compliance Determination # 35832
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Staff D was completed 03/02/2023 and 2nd Step was completed 03/22/2023, more than 120-days after hire and after pandemic TB waiver ended 07/03/2022. TB screening 1st Step for Staff F was completed 06/29/2023 and no 2nd Step was completed until 01/04/2024, more than three weeks after the first test.

In an interview on 01/25/2024 at 10:30 AM, Staff B, Affiliate/Administrator, stated they thought the TB waiver was in effect during the time between hire and completion of TB screening for Staff D. Staff B stated that Staff F had re-started their 2-Step screening January 2024.

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, COVENANT HOUSE is or will be in compliance with this law and / or regulation on (Date) 2/14/24.

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

Andrea Hernandez 2/14/24

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

CENTRAL WASHINGTON RESIDENTIAL CARE SERVICES INC
COVENANT HOUSE
226 S 16TH AVE
YAKIMA, WA 98902

RE: COVENANT HOUSE # 751620

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/01/2024 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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

Union Gap, WA 98903

• 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

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

The Adult Family Home (AFH) failed to have current N-95
Respirator Fit Testing for all caregiving staff.

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 (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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