



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

KINDRED CARE SERVICES PLLC
VALLEY ROAD RESIDENTIAL CARE
3072 Valley Road NE
Moses Lake, WA 98837

RE: VALLEY ROAD RESIDENTIAL CARE License # 751743

Dear Provider:

This letter addresses Compliance Determination(s) 34691 (Completion Date 01/03/2024) and 33384 (Completion Date 12/20/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/03/2024 and found that you have corrected the violations listed in the Follow up report dated 12/20/2023. Your home is back in compliance as of 12/26/2023 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 388-76-10430-3, WAC 388-76-10430-2-d, WAC 388-76-10430-2-c, WAC 388-76-10430-1

The Department staff who did the on-site verification:
Jo Whitney, AFH Licenser

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

This document was prepared by Residential Care Services for the Locator website.



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 #: 751743	Compliance Determination # 33384
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	Completion Date
Page 1 of 3	Licensee: KINDRED CARE SERVICES PLLC	12/20/2023

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 an unannounced on-site follow-up on 12/04/2023 and 12/04/2023 of:

VALLEY ROAD RESIDENTIAL CARE
3072 Valley Road NE
Moses Lake, WA 98837

This document references the following SOD dated: 12/20/2023

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licenser

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

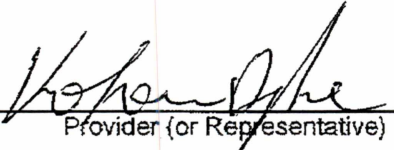
12/21/2023

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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 751743	Compliance Determination # 33384
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	Completion Date
Page 2 of 3	Licensee: KINDRED CARE SERVICES PLLC	12/20/2023


 Provider (or Representative)

01/03/2024
 Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
 - (c) Medication log is kept current as required in WAC 388-76-10475 ;
 - (d) Receives medications as required.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure their medication system included an accurate medication log and record of all prescribed medications from the physician to support the needs of 1 of 4 residents (Resident 7). This failure caused Resident 7 to be given an unsubscribed medication and placed the residents at risk of medication errors.

Findings included...

Resident 7's assessment dated 10/30/2023 showed the resident required assistance with medication. The record included a 10/30/2023 list of medications previously prescribed including a medication Suboxone (medication for treatment of opioid dependence); the Suboxone required a prescriber to order the refill every 15 days. Resident 7 did not have a local prescriber to refill this medication when they arrived.

On 12/04/2023 at 02:40 PM, Resident 7 approached Staff A, Provider, requesting Suboxone. Staff A clarified with the resident they had not received the prescribed dose for the day. Staff A obtained the medication from the locked medication cart and provided the medication to Resident 7. Staff A did not find the Suboxone listed as a current medication on the computer program used to list orders and document medication administration. The program showed the Suboxone was discontinued on 11/13/2023. The label on Resident 7's Suboxone supply showed it was delivered on 11/21/2023.

Statement of Deficiencies	License #: 751743	Compliance Determination # 33384
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On 12/04/2023 at 02:45 PM, Resident 7 stated they were given the Suboxone when they asked for it, usually between meals. They stated they had received the medication every day and not missed any doses.

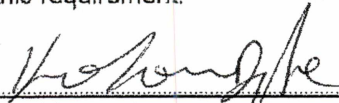
On 12/04/2023 at 03:00 PM, Staff A stated the first appointment with the new prescriber to reorder the Suboxone was 11/21/2023. The medication was carried to the home and not immediately given to Staff A. When Resident 7 did surrender the pharmacy labeled package it was put into the medication cart without notifying Staff A. Staff A acknowledged the medication was not listed on the medication log. Staff giving the medication to Resident 7 did not report they were giving the medication and not initialing the medication log.

This is an uncorrected deficiency from 11/02/2023.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on
(Date) 12/26/2023.

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


Provider (or Representative)

12/26/2023
Date



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 # 751743	Compliance Determination # 29124
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	Completion Date
Page 1 of 9	Licensee: KINDRED CARE SERVICES PLLC	11/02/2023

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 09/07/2023 and 09/07/2023 of:

VALLEY ROAD RESIDENTIAL CARE
 3072 Valley Road NE
 Moses Lake, WA 98803

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licenser
 Tamara Lapierre, Community Complaint Investigator

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 Clossner

Residential Care Services

11/09/2023

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.

This document was prepared by Residential Care Services for the Locator website.



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 #: 751743	Compliance Determination # 29124
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	Completion Date
Page 1 of 9	Licensee: KINDRED CARE SERVICES PLLC	11/02/2023

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 09/07/2023 and 09/07/2023 of:

VALLEY ROAD RESIDENTIAL CARE
3072 Valley Road NE
Moses Lake, WA 98837

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licenser
Tamera Lapierre, Community Complaint Investigator

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

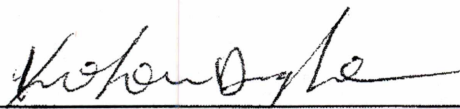
As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

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.

Statement of Deficiencies	License #: 751743	Compliance Determination # 29124
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	Completion Date
Page 2 of 9	Licensee: KINDRED CARE SERVICES PLLC	11/02/2023


 Provider (or Representative)

11/17/2023
 Date

WAC 388-76-10015 License Adult family home Compliance required.

(3) 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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a Medical Test Site Waiver (MTSW) and a written Respiratory Protection Program (RPP) as required. This failure placed residents at risk of not receiving safe care against communicable diseases per compliance standards.

Findings included . . .

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed the AFH is required to fit test health care workers with a N95 mask for protection against communicable diseases WAC 298-842-12005.

Review of Dear Provider Letter dated 04/01/2022 "Medical Test Site Waiver Regulatory Requirements" showed a MTSW was required to perform medical tests in the AFH per state and federal regulations.

Record review on 09/07/2023 at 12:05 PM showed the AFH had no written RPP or N95 fit-test documentation and no MTSW certification granted or pending.

On 09/07/2023 at 9:45 AM, Staff A, Provider, stated Resident 2 and Resident 3 required blood glucose monitoring for diabetes (disease resulting in too much sugar in the blood) management. Staff A stated that they had not applied for a MTSW license required for blood glucose testing.

In an interview on 09/07/2023 at 4:30 PM, Staff A stated the home had antigen test kits for COVID-19 (infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomit, diarrhea, loss of taste or smell, and in severe cases, difficulty breathing that could result in severe impairment or death). Staff would do the testing if needed for evaluation of symptoms or risk of infection in the AFH.

Provider (or Representative)

Date

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a Medical Test Site Waiver (MTSW) and a written Respiratory Protection Program (RPP) as required. This failure placed residents at risk of not receiving safe care against communicable diseases per compliance standards.

Findings included . . .

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Review of Dear Provider Letter dated 04/01/2022 "Medical Test Site Waiver Regulatory Requirements" showed a MTSW was required to perform medical tests in the AFH per state and federal regulations.

Record review on 09/07/2023 at 12:00 PM showed the AFH had no written RPP or N95 fit-test documentation and no MTSW certification granted or pending.

On 09/07/2023 at 9:45 AM, Staff A, Provider, stated Resident 2 and Resident 3 required blood glucose monitoring for diabetes (disease resulting in too much sugar in the blood) management. Staff A stated that they had not applied for a MTSW license required for blood glucose testing.

In an interview on 09/07/2023 at 4:30 PM, Staff A stated the home had antigen test kits for COVID-19 (infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomit, diarrhea, loss of taste or smell, and in severe cases, difficulty breathing that could result in severe impairment or death). Staff would do the testing if needed for evaluation of symptoms or risk of infection in the AFH.

Statement of Deficiencies	License #: 751743	Compliance Determination # 29124
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Staff A stated that they had not created a RPP for the AFH. The AFH had contacted a business to do the N95 respirator fit testing for staff in the past. There were staff changes since then and new staff were not fit-tested.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on

(Date) 11/17/2023.

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

Wickens
Provider (or Representative)

11/17/2023
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 8 staff (Staff E) did not have a background check result over two years old. This deficient practice placed the residents at risk from an unqualified caregiver.

Findings include...

Employee file review on 09/07/2023 showed Staff E, Caregiver, was hired 12/03/2019. The worked weekend shifts. Their non-disqualifying background result was dated 12/02/2019, over two years old.

On 09/15/2023 at 3:30 PM, Staff A, Provider, stated they did not have another background result for Staff E. They did not submit an authorization for a new result when needed in 2021, it was missed.

Staff A stated that they had not created a RPP for the AFH. The AFH had contacted a business to do the N95 respirator fit testing for staff in the past. There were staff changes since then and new staff were not fit-tested.

Attestation Statement	
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
_____	_____
Provider (or Representative)	Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

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(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 8 staff (Staff E) did not have a background check result over two years old. This deficient practice placed the residents at risk from and unqualified caregiver.

Findings include...

Employee file review on 09/07/2023 showed Staff E, Caregiver, was hired 12/03/2019. The worked weekend shifts. Their non-disqualifying background result was dated 12/02/2019, over two years old.

On 09/15/2023 at 3:30 PM, Staff A, Provider, stated they did not have another background result for Staff E. They did not submit an authorization for a new result when needed in 2021, it was missed.

Statement of Deficiencies	License # 751743	Compliance Determination # 29124
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	Completion Date
Page 4 of 9	Licensee: KINDRED CARE SERVICES PLLC	11/02/2023

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on
(Date) 09/13/2023

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

[Signature]
Provider (or Representative)

11/17/2023
Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(3) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on observation, and interview, the Adult Family Home (AFH) failed to ensure their liability insurance policy was renewed. This failure placed the AFH and the five residents at risk for uncovered losses in the event of a claim.

Findings include..

On 09/07/2023 at 9:30 AM, five residents lived in the home with one qualified caregiver on duty at all times. The residents had varying levels of care needs.

On 09/07/2023, at 5:00 PM, Staff A, Provider, stated they did not have access to their certificate of liability insurance coverage.

On 09/12/2023 at 9:30 PM, Staff A stated they had missed the renewal window of their liability insurance; it was due 05/23/2023. The policy had lapsed; they had to reapply.

Attestation Statement

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date)_____.

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

Provider (or Representative)

Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(3) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on observation, and interview, the Adult Family Home (AFH) failed to ensure their liability insurance policy was renewed. This failure placed the AFH and the five residents at risk for uncovered losses in the event of a claim.

Findings include...

On 09/07/2023 at 9:30 AM, five residents lived in the home with one qualified caregiver on duty at all times. The residents had varying levels of care needs.

On 09/07/2023, at 5:00 PM, Staff A, Provider, stated they did not have access to their certificate of liability insurance coverage.

On 09/12/2023 at 3:30 PM, Staff A stated they had missed the renewal window of their liability insurance; it was due 05/23/2023. The policy had lapsed; they had to reapply.

Attestation Statement

Statement of Deficiencies	License #: 751743	Compliance Determination # 29124
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	Completion Date
Page 5 of 9	Licensee: KINDRED CARE SERVICES PLLC	11/02/2023

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on
(Date) 10/05/2023

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

Karen Dyle
Provider (or Representative)

11/17/2023
Date

WAC 388-76-10275 Tuberculosis No testing. The adult family home is not required to have a person tested for tuberculosis if the person has:

- (1) A documented history of a previous positive skin test, with ten or more millimeters induration;
- (2) A documented history of a previous positive blood test; or
- (3) Documented evidence of:
 - (a) Adequate therapy for active disease; or
 - (b) Completion of treatment for latent tuberculosis infection preventive therapy.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure staff completed screening or provided results of testing, evaluation and treatment for tuberculosis (a contagious infection that usually attacks your lungs) (TB) for 1 of 2 staff (Staff D). This failure placed the residents at risk for exposure to a communicable disease.

Findings include..

Staff D, Caregiver, was hired 12/20/2019. Their file did not include record of TB testing.

On 09/07/2023 at 1:30 PM, Staff A, Provider, stated they had taken Staff D to a clinic for the TB evaluation in 2019; no testing was done. On 09/18/2023 Staff A sent a clinic visit report for Staff D. It showed a date of an evaluation (10/23/2019), but not why they were reviewed, and without a result of a tuberculosis skin test or blood test.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date)_____.

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

Provider (or Representative)

Date

WAC 388-76-10275 Tuberculosis No testing. The adult family home is not required to have a person tested for tuberculosis if the person has:

- (1) A documented history of a previous positive skin test, with ten or more millimeters induration;
- (2) A documented history of a previous positive blood test; or
- (3) Documented evidence of:
 - (a) Adequate therapy for active disease; or
 - (b) Completion of treatment for latent tuberculosis infection preventive therapy.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure staff completed screening or provided results of testing, evaluation and treatment for tuberculosis (a contagious infection that usually attacks your lungs) (TB) for 1 of 2 staff (Staff D). This failure placed the residents at risk for exposure to a communicable disease.

Findings include...

Staff D, Caregiver, was hired 12/20/2019. Their file did not include record of TB testing.

On 09/07/20203 at 1:30 PM, Staff A, Provider, stated they had taken Staff D to a clinic for the TB evaluation in 2019; no testing was done. On 09/18/2023 Staff A sent a clinic visit report for Staff D. It showed a date of an evaluation (10/23/2019), but not why they were reviewed, and without a result of a tuberculosis skin test or blood test.

Attestation Statement

Statement of Deficiencies	License # 751743	Compliance Determination # 29124
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	Completion Date
Page 6 of 9	Licensee: KINDRED CARE SERVICES PLLC	11/02/2023

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on
(Date) 11/15/2023.

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

Michael D. H.
Provider (or Representative)

11/17/2023
Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (d) Receives medications as required.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was a medication system that included an accurate medication log and a record on all prescribed and over the counter medications from the physician to support the needs of 2 of 2 residents (Resident 3, 4). This failure placed the residents at risk of medication error.

Findings included...

Resident 4.

Resident 4's annual assessment dated 02/10/2023 showed they needed assistance with medications. On 08/07/2023 at 2:00 PM, Resident 4's medication supply and medication log were compared. Resident 4 did not have a list of medications from their physician. The September 2023 log listed Melatonin (supplement to promote sleep) 5 mg give at bedtime. The pharmacy prepared supply of Melatonin delivered 08/08/2023 was 10 mg.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date)_____.

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

Provider (or Representative)

Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
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- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (d) Receives medications as required.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was a medication system that included an accurate medication log and a record on all prescribed and over the counter medications from the physician to support the needs of 2 of 2 residents (Resident 3, 4). This failure placed the residents at risk of medication error.

Findings included...

Resident 4.

Resident 4's annual assessment dated 02/20/2023 showed they needed assistance with medications. On 09/07/2023 at 2:00 PM, Resident 4's medication supply and medication log were compared. Resident 4 did not have a list of medications from their physician. The September 2023 log listed Melatonin (supplement to promote sleep) 5 mg give at bedtime. The pharmacy prepared supply of Melatonin delivered 08/08/2023 was 10 mg.

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On 09/07/2023 at 2:30 PM, Staff A, Provider, stated they did not know there was an order change.

Resident 3.

Resident 3's annual assessment dated 04/12/2023 showed they needed assistance with medications. On 09/07/2023 at 2:00 PM, Resident 3's record did not include a list of medications from the physician. On 09/07/2023 at 2:30 PM, Staff A stated they would go to the physician's office with the resident, they were waiting for the medication list.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on

(Date) 11/07/2023 - Resident have an appointment with her primary

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

[Signature]
Provider (or Representative)

11/17/2023
Date

WAC 388-76-10740 Lighting. The adult family home must provide:

(2) Emergency lighting, such as working flashlights for staff and residents that are readily accessible.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure there was emergency lighting functioning and available for staff to meet the needs of the residents in the AFH in the event of a loss of power. This failure placed the residents at risk due to lack of preparedness in the AFH.

Findings include...

On 09/07/2023 five residents lived in the home: each requiring assistance with their activities of daily living (dressing, toileting, hygiene). Four of the 5 required assistance for evacuation from the home.

On 09/07/2023 at 11:30 AM, Staff A, Provider, looked for sources of emergency lighting. Flashlights located in a kitchen cabinet did not work or needed batteries replaced. The home did not have replacement batteries. In an emergency supply box in a storage area, Staff A found an emergency hand crank radio with a flashlight. Staff A stated the AFH did not have an adequate supply of emergency lighting ready for use.

On 09/07/2023 at 2:30 PM, Staff A, Provider, stated they did not know there was an order change.

Resident 3.

Resident 3's annual assessment dated 04/12/2023 showed they needed assistance with medications. On 09/07/2023 at 2:00 PM, Resident 3's record did not include a list of medications from the physician. On 09/07/2023 at 2:30 PM, Staff A stated they would go to the physician's office with the resident; they were waiting for the medication list.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date)_____.

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

Provider (or Representative)

Date

WAC 388-76-10740 Lighting. The adult family home must provide:

(2) Emergency lighting, such as working flashlights for staff and residents that are readily accessible.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure there was emergency lighting functioning and available for staff to meet the needs of the residents in the AFH in the event of a loss of power. This failure placed the residents at risk due to lack of preparedness in the AFH.

Findings include...

On 09/07/2023 five residents lived in the home: each requiring assistance with their activities of daily living (dressing, toileting, hygiene). Four of the 5 required assistance for evacuation from the home.

On 09/07/2023 at 11:30 AM, Staff A, Provider, looked for sources of emergency lighting. Flashlights located in a kitchen cabinet did not work or needed batteries replaced. The home did not have replacement batteries. In an emergency supply box in a storage area, Staff A found an emergency hand crank radio with a flashlight. Staff A stated the AFH did not have an adequate supply of emergency lighting ready for use.

Statement of Deficiencies	License # 751743	Compliance Determination # 29124
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	Completion Date
Page 6 of 9	Licensee: KINDRED CARE SERVICES PLLC	11/02/2023

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 11/17/2023.

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


Provider (or Representative)

11/17/2023
Date

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the smoke detector in 1 of 4 designated resident bedrooms (Room [REDACTED]) occupied by Resident 3 was always functioning. This failure placed the residents at risk of a delayed response in the event of a fire.

Findings include...

On 09/07/2023 at 11:45 AM, smoke alarm activation was checked in each designated resident room. When tested in Room [REDACTED] occupied by Resident 3, the alarm sound was faint and did not interconnect to set off the alarms in other resident rooms or hallways in the home.

On 09/07/2023 at 12:10 PM, the smoke alarm battery was changed in Room [REDACTED]. The alarm sounded when tested and interconnected with the other alarms then continued to "chirp" after the test. At 12:15 PM, Staff A, Provider stated the alarms are tested when fire drills are done.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 11/17/2023.

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Provider (or Representative)

Date

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the smoke detector in 1 of 4 designated resident bedrooms (Room ■) occupied by Resident 3 was always functioning. This failure placed the residents at risk of a delayed response in the event of a fire.

Findings include...

On 09/07/2023 at 11:45 AM, smoke alarm activation was checked in each designated resident room. When tested in Room ■ occupied by Resident 3, the alarm sound was faint and did not interconnect to set off the alarms in other resident rooms or hallways in the home.

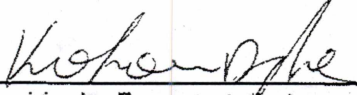
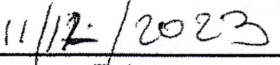
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Statement of Deficiencies	License #: 751743	Compliance Determination # 29124
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	Completion Date
Page 9 of 9	Licensee: KINDRED CARE SERVICES PLLC	11/02/2023

	
Provider (or Representative)	Date

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

KINDRED CARE SERVICES PLLC
VALLEY ROAD RESIDENTIAL CARE
3072 Valley Road NE
Moses Lake, WA 98837

RE: VALLEY ROAD RESIDENTIAL CARE # 751743

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/02/2023 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:

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

This document was prepared by Residential Care Services for the Locator website.

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 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

On 09/07/2023, Staff A, Provider did not ensure they maintained current training in food safety.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

Employee file review on 09/07/2023 showed Staff H, Caregiver, was hired 07/18/2022. Staff H had a non-disqualifying background check result dated 07/15/2022 requiring a written character, competency, and suitability review. The review was missing from their file.

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

On 09/07/2023 at 9:20 AM, the Adult Family Home's cat, Silver, vaccination record showed they were due for revaccination 01/31/2023.

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

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.

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On 09/07/2023, Staff A, Provider did not ensure they maintained current training in food safety.

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

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

Staff H, Caregiver, was hired 07/18/2022. On 09/07/2023 their file included a single tuberculosis screen test result dated 04/21/2023. A second test result was provided 09/17/2023 more than three weeks after the first test.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

On 09/07/2023 during the tour of the home hallway walls had black scuff marks and in the shower room plaster wall corners were damaged and flaking off.

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

On 09/07/2023 at 11:45 AM, during the environmental tour designated resident Rooms ■ and ■ had mounted air conditioning units in the evacuation windows, obstructing evacuation. The units were removed during the 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.

(b) A long-term care worker who is a certified home care aide, must comply with continuing education requirements under chapter 246-980 WAC.

(d) If exempt from certification under RCW 18.88B.041, a long-term care worker must complete twelve hours of continuing education within forty-five calendar days of being hired by the adult family home or by the long-term care worker's birthday in the calendar year hired, whichever is later, and

(i) Must complete twelve hours of continuing education by the long-term care worker's birthday each calendar year worked thereafter; or

On 09/07/2023, the Adult Family Home did not ensure 4 of 5 staff (Staff D, E, F, G) had completed 12 hours of continuing education each year they worked since the last inspection in 2019 by 08/31/2023 per the Dear Provider Letter dated 03/03/2023, "Emergency Rules Filed to Amend Long-Term-Worker Continuing Education deadlines."

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

Staff H, Caregiver, was hired 07/18/2022. On 09/07/2023 their file included a single tuberculosis screen test result dated 04/21/2023. A second test result was provided 09/17/2023 more than three weeks after the first test.

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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:

11/02/2023

Page 4 of 5

You Are Not:

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Region 1, Unit C
Residential Care Services

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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>

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