STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

LINAS ADULT FAMILY HOME INC

LINAS ADULT FAMILY HOME INC
1833 S 243RD ST
DES MOINES, WA 98198

RE: LINAS ADULT FAMILY HOME INC License # 751760

Dear Provider:

This letter addresses Compliance Determination(s) 52207 (Completion Date 12/24/2024) and 47433 (Completion Date 11/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/24/2024 and found that you have corrected the violations listed in the Full report dated 11/04/2024. Your home is back in compliance as of 11/05/2024 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 388-76-10198-4, WAC 388-76-10255-1, WAC 388-76-10265-1-d, WAC 388-76-10430-1, WAC 388-76-10895-2-b, WAC 388-76-10355-1

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 09/18/2024 and 09/18/2024 of:

LINAS ADULT FAMILY HOME INC
340 SW 178TH ST
NORMANDY PARK, WA 98166

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

11-5-2024
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.

Statement of Deficiencies	License #: 751760	Compliance Determination # 47433
Plan of Correction	LINAS ADULT FAMILY HOME INC	Completion Date
Page 2 of 9	Licensee: LINAS ADULT FAMILY HOME INC	11/04/2024

Lina P. Navarro
Provider (or Representative)

11-5-2024
Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep personnel records that included the background check results of 3 of 4 current staff (Staff A, Entity Representative, Staff B Resident Manager, and Staff C, Caregiver) readily accessible to department staff. This failure delayed the Department from determining if Staff A, Staff B, and Staff C were qualified to care for residents in the AFH.

Findings included...

In an interview on 09/18/2024 at 10:17 AM, Staff C stated that there were four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 09/18/2024 at 10:55 AM, Staff A stated that the AFH had four full time staff members that consisted of them (Staff A), Staff B, Staff C and Staff D, Caregiver.

Record review of AFH personnel files on 09/18/2024 showed that Staff A's Washington State Name and Date of Birth Background Check (BGI) and Fingerprint Background Check (FBC) were not available. Staff B and Staff C's FBCs' were not available.

An email received on 09/19/2024 from Staff A, had attached FBC results, that was completed on 08/26/2024. There was no document received for Staff B.

Review of Staff A's personnel records from another AFH showed that Staff A had a BGI that was completed on 05/20/2024.

In an email received from Background Check Central Unit on 09/23/2024 stated that Staff B's FBC was completed on 08/21/2024 and Staff C's FBC was completed on 08/26/2024.

Provider (or Representative) Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep personnel records that included the background check results of 3 of 4 current staff (Staff A, Entity Representative, Staff B Resident Manager, and Staff C, Caregiver) readily accessible to department staff. This failure delayed the Department from determining if Staff A, Staff B, and Staff C were qualified to care for residents in the AFH.

Findings included…

In an interview on 09/18/2024 at 10:17 AM, Staff C stated that there were four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 09/18/2024 at 10:55 AM, Staff A stated that the AFH had four full time staff members that consisted of them (Staff A), Staff B, Staff C and Staff D, Caregiver.

Record review of AFH personnel files on 09/18/2024 showed that Staff A's Washington State Name and Date of Birth Background Check (BGI) and Fingerprint Background Check (FBC) were not available. Staff B and Staff C's FBCs' were not available.

An email received on 09/19/2024 from Staff A, had attached FBC results, that was completed on 08/26/2024. There was no document received for Staff B.

Review of Staff A's personnel records from another AFH showed that Staff A had a BGI that was completed on 05/20/2024.

In an email received from Background Check Central Unit on 09/23/2024 stated that Staff B's FBC was completed on 08/21/2024 and Staff C's FBC was completed on 08/26/2024.

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, LINAS ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 11-5-2024.

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

Lina P. Navarro — Provider (or Representative)

11-5-2024 — Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 2 of 4 staff (Staff C, Caregiver and Staff D, Caregiver) used correct infection control procedures when they provided care for residents in the AFH. This failure placed all current residents at risk of acquiring infectious diseases.

Findings included...

In an interview on 09/18/2024 at 10:17 AM, Staff C stated that there were four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Handwashing

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" was a guideline for Hand Hygiene and Staff Education. In the link "Hand Hygiene," step number four indicated to rinse hands with water and use disposable towels to dry. Use disposable towel to turn off the faucet.

Observation on 09/18/2024 at 11:32 AM showed Staff C washed their hands with soap and water at the kitchen sink. Staff C turned off the faucet with their clean hands, obtained paper towel and dried their hands. Department staff pointed out the handwashing steps posted at the window above the kitchen sink area.

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, LINAS ADULT FAMILY HOME INC 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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 2 of 4 staff (Staff C, Caregiver and Staff D, Caregiver) used correct infection control procedures when they provided care for residents in the AFH. This failure placed all current residents at risk of acquiring infectious diseases.

Findings included…

In an interview on 09/18/2024 at 10:17 AM, Staff C stated that there were four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Handwashing

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under “AFH Standard Precaution Table” was a guideline for Hand Hygiene and Staff Education. In the link “Hand Hygiene,” step number four indicated to rinse hands with water and use disposable towels to dry. Use disposable towel to turn off the faucet.

Observation on 09/18/2024 at 11:32 AM showed Staff C washed their hands with soap and water at the kitchen sink. Staff C turned off the faucet with their clean hands, obtained paper towel and dried their hands. Department staff pointed out the handwashing steps posted at the window above the kitchen sink area.

In an interview on 09/18/2024 at 11:34 AM. Staff C acknowledged that they missed the step of drying their hands with paper towel before turning off the faucet.

Changing gloves

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" was a guideline for Hand Hygiene and Staff Education. In the link for "When to change gloves and clean hands" it stated that to change gloves if moving from work on a soiled body site to a clean body site on the same patient.

Observation on 09/18/2024 at 1:18 PM showed that Staff D transferred Resident 3 from their wheelchair to the bed. Staff D removed Resident 3's soiled protective underwear and provided perineal care. Staff D still wearing the same gloves, attempted to obtain new clean adult protective underwear when department staff had informed them to stop. Staff D thanked department staff for the reminder. Staff D removed their soiled gloves and wore new gloves to complete the task.

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, LINAS ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 11-5-2024 .

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

Lina P. Navarro — Provider (or Representative)

11-5-2024 — Date

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;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 4 current staff (Staff D, Caregiver) had a Tuberculosis [(TB) communicable disease affecting lungs] testing within three days of employment. This failure placed all four

In an interview on 09/18/2024 at 11:34 AM, Staff C acknowledged that they missed the step of drying their hands with paper towel before turning off the faucet.

Changing gloves

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under “AFH Standard Precaution Table” was a guideline for Hand Hygiene and Staff Education. In the link for “When to change gloves and clean hands” it stated that to change gloves if moving from work on a soiled body site to a clean body site on the same patient.

Observation on 09/18/2024 at 1:18 PM showed that Staff D transferred Resident 3 from their wheelchair to the bed. Staff D removed Resident 3’s soiled protective underwear and provided perineal care. Staff D still wearing the same gloves, attempted to obtain new clean adult protective underwear when department staff had informed them to stop. Staff D thanked department staff for the reminder. Staff D removed their soiled gloves and wore new gloves to complete the task.

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, LINAS ADULT FAMILY HOME INC 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 388-76-10265 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;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 4 current staff (Staff D, Caregiver) had a Tuberculosis [(TB) communicable disease affecting lungs] testing within three days of employment. This failure placed all four

residents at risk of possible exposure to TB.

Findings included...

In an interview on 09/18/2024 at 10:17 AM, Staff C, Caregiver stated that there were four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 09/18/2024 at 10:55 AM, Staff A, Entity Representative, stated that the AFH had four full time staff members that consisted of them, Staff B, Resident Manager, Staff C, and Staff D, Caregiver.

Record review of AFH's personnel files on 09/18/2024 showed that Staff D was hired on 12/30/2022 and completed their orientation on the same day. Staff D had TB blood test completed on 12/02/2021 with a negative result. Staff D had no other TB test.

In an interview on 09/18/20247 at 5:07 PM, Staff A stated that there were no TB test completed for Staff D when they were hired to work on the AFH in 2022. Staff A acknowledged that they missed the TB testing for Staff D.

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, LINAS ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 11-5-2024 .

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

Lina P. Navarro — Provider (or Representative)

11-5-2024 — 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not follow medication laws and rules related to medications when they administered

residents at risk of possible exposure to TB.

Findings included…

In an interview on 09/18/2024 at 10:17 AM, Staff C, Caregiver stated that there were four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 09/18/2024 at 10:55 AM, Staff A, Entity Representative, stated that the AFH had four full time staff members that consisted of them, Staff B, Resident Manager, Staff C, and Staff D, Caregiver.

Record review of AFH's personnel files on 09/18/2024 showed that Staff D was hired on 12/30/2022 and completed their orientation on the same day. Staff D had TB blood test completed on 12/02/2021 with a negative result. Staff D had no other TB test.

In an interview on 09/18/20247 at 5:07 PM, Staff A stated that there were no TB test completed for Staff D when they were hired to work on the AFH in 2022. Staff A acknowledged that they missed the TB testing for Staff D.

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, LINAS ADULT FAMILY HOME INC 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not follow medication laws and rules related to medications when they administered

medication for 2 of 2 sampled residents (Resident 1 and Resident 3). This failure placed Resident 1 and Resident 3 at risk of medication errors.

Findings included…

In an interview on 09/18/2024 at 10:17 AM, Staff C, Caregiver stated that there were four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 09/18/2024 at 10:49 AM, Staff A, Entity Representative stated that Resident 1 and Resident 3 required medication assistance.

Observation on 09/18/2024 at 11:43 AM showed Staff C unlocked the medicine cabinet. Staff C stated that they were giving medication to Resident 1. Staff C stated that they do not use the medication log. Staff C said they read, followed the direction on the pharmacy dispensed bubble pack (medications are placed within small, clear plastic bubbles secured by a strong, paper-backed foil that protects the pills until dispensed), and then give the medication to Resident 1.

In an interview on 09/18/2024 at 11:45 AM, Staff C stated that they don't sign the medication log after giving Resident 1 their medication, as Staff B, Resident Manager would sign the medication log.

Observation on 09/18/2024 at 2:09 PM showed Staff C read the pharmacy dispensed bubble pack that belonged to Resident 3. Staff C did not use the medication log. Staff C read, followed the direction on the pharmacy dispensed bubble pack and gave the medication to Resident 3. Staff C did not sign the medication log.

In an interview on 09/18/2024 at 4:51 PM, Staff B, stated that the AFH process for medication pass was for Staff C to prepare and administer the medication to the resident. Staff B was the only person that signs the medication log. Staff B stated that they have not "endorsed the caregivers to properly sign the medication log." Department staff pointed out to Staff B that during medication pass, Staff B was not around to supervise and check that the process was completed properly. Staff B stated that they would teach Staff B in signing the medication log.

Statement of Deficiencies	License #: 751760	Compliance Determination # 47433
Plan of Correction	LINAS ADULT FAMILY HOME INC	Completion Date
Page 7 of 9	Licensee: LINAS ADULT FAMILY HOME INC	11/04/2024

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, LINAS ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 11-5-2024 .

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

Lina P. Navarro — Provider (or Representative)

11-5-2024 — Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to conduct a full emergency evacuation drill with all residents participating together for 4 of 4 residents (Residents 1, 2, 3, and 4). This failure placed all residents at risk for potential harm in the event of fire or other emergency requiring evacuation.

Findings included...

In an interview on 09/18/2024 at 10:17 AM, Staff C, Caregiver stated that there were four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Record review of the AFH's 2024 emergency evacuation drills showed drill completed on 02/05/2024, marked as every two months was participated by three staff members and four residents that lasted for four minutes. An emergency evacuation drill completed on 04/03/2024, marked as every two months was participated by four staff members and four residents that took three minutes. An emergency evacuation drill completed on 06/03/2024, marked as every two months was participated by three staff members and three staff that took three minutes. An emergency evacuation drill completed on 08/03/2024, marked as full evacuation/annually was participated by three staff members and four residents that took three minutes. Resident 1 was not on the list.

Record review of Resident 1's AFH records showed that they were admitted to the home on [redacted]2024.

In an interview on 09/18/2024 at 5:13 PM, Staff A, Entity Representative stated that

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, LINAS ADULT FAMILY HOME INC 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 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to conduct a full emergency evacuation drill with all residents participating together for 4 of 4 residents (Residents 1, 2, 3, and 4). This failure placed all residents at risk for potential harm in the event of fire or other emergency requiring evacuation.

Findings included…

In an interview on 09/18/2024 at 10:17 AM, Staff C, Caregiver stated that there were four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Record review of the AFH's 2024 emergency evacuation drills showed drill completed on 02/05/2024, marked as every two months was participated by three staff members and four residents that lasted for four minutes. An emergency evacuation drill completed on 04/03/2024, marked as every two months was participated by four staff members and four residents that took three minutes. An emergency evacuation drill completed on 06/03/2024, marked as every two months was participated by three staff members and three staff that took three minutes. An emergency evacuation drill completed on 08/03/2024, marked as full evacuation/annually was participated by three staff members and four residents that took three minutes. Resident 1 was not on the list.

Record review of Resident 1's AFH records showed that they were admitted to the home on [redacted] 2024.

In an interview on 09/18/2024 at 5:13 PM, Staff A, Entity Representative stated that

Resident 1 was out of the home on the day of 08/03/2024 the emergency evacuation drill was completed. Department staff informed Staff A that full emergency evacuation meant all residents of the home.

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, LINAS ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 11-5-2024.

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

Lina P. Navarro — Provider (or Representative)

11-5-2024 — Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to include in the Negotiated Care Plan (NCP) the care and services provided for 1 of 2 sampled resident (Resident 3). This failure placed Resident 3 at risk of unmet care needs.

Findings included...

In an interview on 09/18/2024 at 10:17 AM, Staff C, Caregiver stated that there were four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Record review of Resident 3's 03/20/2024 annual assessment showed that AFH to provide monthly vital signs and range of motion twice a day. The annual assessment showed that Resident 3 had Morphine (prescription pain killer used to relieve moderate to severe pain) medication as needed for pain management.

Record review on 09/18/2024 of Resident 3's AFH records showed they were admitted to the home on [redacted] 2019. Resident 3's 06/20/2024 NCP did not include providing the monthly vital signs, passive range of motion twice a day and the Morphine medication for pain management.

Resident 1 was out of the home on the day of 08/03/2024 the emergency evacuation drill was completed. Department staff informed Staff A that full emergency evacuation meant all residents of the home.

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, LINAS ADULT FAMILY HOME INC 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 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to include in the Negotiated Care Plan (NCP) the care and services provided for 1 of 2 sampled resident (Resident 3). This failure placed Resident 3 at risk of unmet care needs.

Findings included…

In an interview on 09/18/2024 at 10:17 AM, Staff C, Caregiver stated that there were four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Record review of Resident 3's 03/20/2024 annual assessment showed that AFH to provide monthly vital signs and range of motion twice a day. The annual assessment showed that Resident 3 had Morphine (prescription pain killer used to relieve moderate to severe pain) medication as needed for pain management.

Record review on 09/18/2024 of Resident 3's AFH records showed they were admitted to the home on [redacted]/2019. Resident 3's 06/20/2024 NCP did not include providing the monthly vital signs, passive range of motion twice a day and the Morphine medication for pain management.

Statement of Deficiencies	License #: 751760	Compliance Determination # 47433
Plan of Correction	LINAS ADULT FAMILY HOME INC	Completion Date
Page 9 of 9	Licensee: LINAS ADULT FAMILY HOME INC	11/04/2024

In an interview on 09/18/2024 at 4:20 PM, Staff A, Entity Representative stated that they checked Resident 3's vital signs daily. Staff A stated that they will update Resident 3's NCP to include the missing staff interventions.

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, LINAS ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 11-5-2024.

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

Lina P. Navarro — Provider (or Representative)

11-5-2024 — Date

In an interview on 09/18/2024 at 4:20 PM, Staff A, Entity Representative stated that they checked Resident 3's vital signs daily. Staff A stated that they will update Resident 3's NCP to include the missing staff interventions.

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, LINAS ADULT FAMILY HOME INC 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

11/05/2024

LINAS ADULT FAMILY HOME INC
LINAS ADULT FAMILY HOME INC
1833 S 243RD ST
DES MOINES, WA 98198

RE: LINAS ADULT FAMILY HOME INC # 751760

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/04/2024 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:

Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 388-76-10370 Negotiated care plan Persons involved in development. The adult family home must involve the following people in developing the negotiated care plan:

(4) Professionals involved in the care of the resident;

The Adult Family Home (AFH) failed to obtain an order from the 1 of 1 resident's (Resident 1) Primary Care Provider (PCP) to show they were on fluid restriction, as written in the resident's negotiated care plan. AFH provider sent a written order from the PCP to the department the next working day, following the 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)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, 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:
Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 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