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

JENNIFER PELL
LOVING HANDS ADULT FAMILY HOME
7504 W Chestnut Ave
Yakima, WA 98908

RE: LOVING HANDS ADULT FAMILY HOME License # 751882

Dear Provider:

This letter addresses Compliance Determination(s) 31403 (Completion Date 10/31/2023) and 27942 (Completion Date 08/23/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/31/2023 and found that you have corrected the violations listed in the Complaint, Full report dated 08/23/2023. Your home is back in compliance as of 10/01/2023 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 388-76-10176, WAC 388-76-10176-1, WAC 388-76-10176-2, WAC 388-76-10475-2, WAC 388-76-10475-2-a, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c

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

Residential Care Services
Investigation Summary Report

Provider/Facility: LOVING HANDS ADULT FAMILY HOME
License/Cert.#: 751882
Compliance Determination #: 27942
Investigator: Michelle Closner
Investigation Date(s): 08/10/2023 through 08/23/2023
Complainant Contact Date(s):

Provider Type: Adult Family Home

Intake ID: 94637
Region/Unit #: RCS Region 1 / Unit C

Allegation(s):

1) Residents tested [redacted] for COVID.
2) Adult Family Home (AFH) did not report to Complaint Resolution Unit (CRU).

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 6 Closed records sample size: 0
Observations:	Home environment for safety and quality of life, staff to resident interactions, provision of resident care, resident meal, medication assistance provided, cleaning and disinfection supplies in the home, personal protective equipment (PPE) supply and use, handwashing
Interviews:	Provider, staff, residents, collateral contacts
Record Reviews:	Resident record including assessment, negotiated care plan, medication log, prescriber notes and orders, house polices

Investigation Summary:

1) Named Resident taken to urgent care for SARS-CoV-2 evaluation after family visitor had confirmed infection; Named Resident tested [redacted]. AFH notified, they arranged for exposure testing of other residents, all showed [redacted] for infection. AFH initiated resident quarantine, staff PPE usage. Local Health Jurisdiction contacted for quarantine/isolation guidance. Representatives and visitors notified. AFH filed to notify the Complaint Resolution Unit of communicable disease outbreak. Failed practice identified. WAC 388-76-10225 Reporting Requirements.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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

AMENDED

JENNIFER PELL
LOVING HANDS ADULT FAMILY HOME
7504 W Chestnut Ave
Yakima, WA 98908

RE: LOVING HANDS ADULT FAMILY HOME # 751882

Dear Provider:

This document references the following complaint numbers 94637.

The Department completed a full inspection of your Adult Family Home on 08/23/2023 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
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 388-76-10225 Reporting requirement.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(b) The department's complaint toll-free hotline number.

On 08/10/2023, the Adult Family Home did not notify the Complaint Resolution Unit communicable disease was identified when residents tested [redacted] for SARS-CoV-2.

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

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

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

On 08/10/2023, the adult family home did not ensure Resident 3 and 6 or their representatives signed the home's Disclosure of Charges and kept a copy in file in home.

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

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 #: 751882	Compliance Determination # 27942
Plan of Correction	LOVING HANDS ADULT FAMILY HOME	Completion Date
Page 5 of 9	Licensee: JENNIFER PELL	08/23/2023

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 and complaint investigation on 08/10/2023 and 08/10/2023 of:
LOVING HANDS ADULT FAMILY HOME
7504 W Chestnut Ave
Yakima, WA 98908

This document references the following complaint numbers: 94637.

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

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor
Tamera Lapierre, Community Complaint Investigator
Michelle Closner, Complaint Nurse Field Manager

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 — 09/05/2023
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 #: 751882	Compliance Determination # 27942
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Page 6 of 9	Licensee: JENNIFER PELL	08/23/2023

Jennifer Webb
Provider (or Representative)

9.10.23
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

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff D) did not work when they did not obtain a fingerprint-based background result within 120 days of hire. This failure placed the residents at risk from an unqualified caregiver.

Findings included...

Staff D was hired on 01/03/2023. Their employee file included a non-disqualifying background check result dated 01/03/2023. On 08/10/2023, the file did not include a fingerprint-based background result, 220 days after hire.

On 08/10/2023 at 4:00 PM, Staff D, Caregiver, started their shift in the home relieving Staff B, Caregiver.

On 08/18/2023 at 3:22 PM, Staff A, Provider stated they had not noticed the fingerprinting process for Staff D's fingerprint was not completed within the 120 days of hire.

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, LOVING HANDS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10.1.23 .

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

Statement of Deficiencies	License #: 751882	Compliance Determination # 27942
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Page 7 of 9	Licensee: JENNIFER PELL	08/23/2023

Jennifer Pell 9.10.23
Provider (or Representative) Date

WAC 388-76-10475 Medication Log. The adult family home must:

(2) Include in each medication log the:

(a) Name of the resident;

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure all prescribed medications had the directions for dosage, how and when to take included on the medication logs of 2 of 2 residents (Resident 3, and 6). This failure placed the residents at risk for medication errors.

Findings included...

Resident 3.

Record review of Resident 3's annual assessment dated 11/10/2022 showed they needed assistance with medication. The record included an "OTC Medication List" for ordered over-the-counter medications signed and dated by the prescriber on 02/22/2023. It directed staff to give "as directed on packaging unless special directions were given."

The OTC list included Tylenol (for pain relief) 500 milligrams (mg) 1-2 tabs give twice daily as needed. Other medications listed did not have specific direction for dosage, how often or when to give. They were: Pepto Bismol (relief for upset stomach), Imodium (treat diarrhea), Dimetapp or Robitussin cough medication and Halls cough drops.

On 08/10/12023 at 2:30 PM, the AFH had a stock supply of the over-the-counter medications. Resident 3's August 2023 medication log did not show the resident had prescribed medications for symptom management.

On 08/10/2023 at 2:30 PM, Staff A, Provider, stated they did not add an over-the-counter

medication to the log unless the resident requested/needed it.

Resident 6

Record review of Resident 6's significant change assessment dated 05/23/2023 showed they needed assistance with medication. The AFH had an "OTC Medications List" for ordered over-the-counter medications signed and dated by the prescriber on 02/22/2023.

The OTC list included Tylenol (for mild to moderate pain) 500 milligrams (mg) 1-2 tabs give twice daily as needed, Halls cough drops per package instructions as needed, and guaifenesin 10 milliliters (ml) every 4 hours if needed for cough. Other medications listed were: Pepto Bismol (relief for upset stomach), Imodium (treat diarrhea), and Dimetapp or Robitussin cough medication. The list did not include the dosage, how often or when staff would give the medications to residents needing assistance.

Resident 6's August 2023 medication log did not include the medications from the "OTC Medication List." On 08/10/12023 at 2:30 PM, a supply of the over-the-counter medications was in the home.

On 08/10/2023 at 2:30 PM, Staff A, Provider, stated they did not add an over-the-counter medication to the log unless the resident requested/needed it.

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, LOVING HANDS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10.1.23 .

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

Jennifer Webb — Provider (or Representative)

9.10.23 — Date

WAC 388-76-10650 Medical devices.

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

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

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

Statement of Deficiencies	License #: 751882	Compliance Determination # 27942
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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AF) failed to ensure residents were assessed for a medical device attached to their beds or include how the device would be used on their Negotiated Care Plan (NCP) for 1 of 1 resident (Resident 3). This failure placed the resident and staff at risk for using a medical device unsafely and improperly.

Findings included...

Resident 3's annual assessment dated 11/10/2022 showed they had limited motion in their right arm, hand, and leg. Resident 3 required assistance to turn or reposition in bed and was dependent on staff to transfer in or out of the bed into a wheelchair. The assessment did not show any special equipment (medical device) was used by Resident 3 to turn/reposition or transfer. The NCP dated 01/10/2023, did not include the use of assistive devices attached to or next to the bed.

During an observation on 08/10/2023 at 11:30 AM, Resident 3's bed was positioned with the left side against the wall. Attached on the right side of the bed was a half-length [redacted] raised above mattress height. Next to the mattress on the right side was a transfer pole (floor to ceiling grab bar).

On 08/10/2023 at 11:30 AM, Staff A, Provider, stated Resident 3 did not use the [redacted] At 11:45 AM, Staff B, Caregiver, stated the [redacted] was raised because they had cleaned it and it would be dropped below the mattress, Resident 3 did not use it. At 4:30 PM, Staff D, Caregiver, stated Resident 3 used the [redacted] at night when staff assisted them to turn in the bed.

On 08/21/2023, Staff A did not ensure an assessment, by a qualified assessor, had been completed that identified the resident's need and ability to safely use the medical devices.

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, LOVING HANDS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10·1·23.

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

Jennifer Webb
Provider (or Representative)

9.10.23
Date