STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

HEART TO HEART LOVING CARE INC
HEART TO HEART LOVING CARE
21329 9TH AVE SE
BOTHELL, WA 98021

RE: HEART TO HEART LOVING CARE # 752027

Dear Provider:

This document references Compliance Determination 35695 (03/05/2024), which included complaint number(s) 112147.

The Department completed a complaint investigation of your Adult Family Home on 03/05/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Nylay Quist, AFH Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10205 Medicaid or state funded residents. When the adult family home accepts medicaid or state funded residents, the home must follow the terms and conditions of the department contract and chapter 388-105 WAC.

The Adult Family Home (AFH) failed to follow the terms and conditions of the Medicaid contract for 1 of 4 residents (Resident 1). This failure resulted in Resident 1 not receiving

their full refund after discharging from the AFH. Staff A, Provider, stated that they would refund the correct amount to Resident 1 by the next day.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the home to determine if you have corrected all deficiencies.

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 (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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 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

Residential Care Services
Investigation Summary Report

Provider/Facility: HEART TO HEART LOVING CARE
Provider Type: Adult Family Home
License/Cert.#: 752027
Intake ID: 112147
Compliance Determination #: 35695
Region/Unit #: RCS Region 2 / Unit I
Investigator: Nylay Quist
Investigation Date(s): 01/23/2024 through 03/05/2024
Complainant Contact Date(s): 03/04/2024

Allegation(s):

1. The Adult Family Home (AFH) did not refund appropriate amount of participation fee to the Name Resident (NR).

Investigation Methods:

Sample:	Total residents: 3 Resident sample size: 2 Closed records sample size: 0
Observations:	Exterior/Interior General Tour
Interviews:	Reporter Sample resident staff Family
Record Reviews:	Resident record Abuse& Neglect policy financial record Medicaid Contract Disclosure of charge

Investigation Summary:

1.In an interview, the Public reporter stated the AFH did not refund the appropriate amount to the NR aster they left the AFH. Record review showed the NR was approved for a daily rate of $159.09 by [redacted] starting [redacted] 2023 to [redacted] 2023. In an interview the AFH Provider stated, the last day that the NR slept at the AFH was on [redacted] /2023. The AFH Provider did not notified DSHS and did not request a bed hold when the NR was admitted to the hospital on [redacted] 2024. The AFH Provider stated the NR's Representative paid their participation fee for November 2023 in the amount of $4931.79. Calculation for the NR's 5 days stay at the AFH based on [redacted] daily rate is $795.45. The total refund amount due from the AFH to Resident 1 should be $4,136.34. Record review shows, the AFH Provider refunded $2794.68 to the NR's Representative on 12/01/2024. AFH Provider stated they will refund the correct amount by tomorrow (03/05/2024). See consultation dated 03/05/2024.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ]

Failed Provider Practice Not Identified / No Citation Written

☐ N/A