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

MARIAN ALI
ABOVE AND BEYOND ADULT FAMILY HOME
9612 S 194TH ST
RENTON, WA 98055

RE: ABOVE AND BEYOND ADULT FAMILY HOME License # 752105

Dear Provider:

This letter addresses Compliance Determination(s) 34805 (Completion Date 01/04/2024) and 29887 (Completion Date 10/23/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/04/2024 and found that you have corrected the violations listed in the Full report dated 10/23/2023. Your home is back in compliance as of 11/13/2023 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 388-76-10485-1, WAC 388-76-10530-1-g, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10380-4, WAC 388-76-10575-1-c, WAC 388-76-10585-2, WAC 388-76-10585-2-a, WAC 388-76-10585-2-b, WAC 388-76-10805-4, WAC 388-76-10810-2-b, WAC 388-76-10165-1-b, WAC 388-76-10146-1, WAC 388-76-10415-1, WAC 388-112A-0610-1-f, WAC 388-76-10191-1-a, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10740-2

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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***

| Statement of Deficiencies | License #: 752105 | Compliance Determination # 29887 |
|---|---|---|
| Plan of Correction | ABOVE AND BEYOND ADULT FAMILY HOME | Completion Date |
| Page 1 of 15 | Licensee: MARIAN ALI | 10/23/2023 |

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 on 09/19/2023 and 09/19/2023 of:
ABOVE AND BEYOND ADULT FAMILY HOME
9612 S 194TH ST
RENTON, WA 98055

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:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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

10/26/2023
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.

Provider (or Representative)

9-27-23
Date

**WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:**

(1) In locked storage;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the adult family home (AFH) failed to keep over the counter (OTC) medications in locked storage. This failure placed 3 of 4 current residents (Residents 1, 3, and 4) who could independently move around the AFH at risk of harm had they accessed and inappropriately taken and/or used a medication that was not prescribed for them.

Findings included...

During an entrance interview on 09/1/2023 at 11:10 AM, Staff A, Provider, stated that Residents 1, 3, and 4 were able to independently move around the AFH. Resident 1 was able to transfer themselves from bed to wheelchair and maneuver the wheelchair independently. Residents 3 and 4 was able to ambulate independently using a walker.

During a guided tour with Staff A, on 09/01/2023 at 11:43 AM, observation showed an unlocked drawer located in a common area between the dining room and living room. Inside the unlocked drawer were the following expired medications:

- One full bottle of Milk of Magnesia (medication used to relieve constipation or used as antacid) 12 ounces (oz) with an expiration date of 05/2011.
- One bottle of Docusate Sodium (medication used to treat constipation) 100 softgels per bottle with an expiration date of 10/2011.
- Two bottles of Acetaminophen (medication used to treat pain and fever) 100 caplets per bottle 500 milligrams (mg) with an expiration date of 08/2011.
- One bottle of Aspirin (medication used to treat mild to moderate pain, or inflammation) 81 mg. 400 tablets/bottle with an expiration date of 08/2010.
- One bottle of Tylenol (medication used to treat pain and fever) 500 mg, 60 caplets/bottle with an expiration date of 08/2009.
- Gyne-Lotrimin vaginal cream (medication used to treat vaginal yeast infections) 1% antifungal 1.5 oz 45 grams (g) with an expiration date of 1/2012.
- Imodium (medication used to treat occasional diarrhea) 42 chewable tablets with an expiration date of 04/2011.
- Diphenhydramine Hydrochloride (medication used to relieve allergies or common cold) 24 capsules with an expiration date of 07/2011.

Provider (or Representative) _____ Date _____

**WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:**

(1) In locked storage;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the adult family home (AFH) failed to keep over the counter (OTC) medications in locked storage. This failure placed 3 of 4 current residents (Residents 1, 3, and 4) who could independently move around the AFH at risk of harm had they accessed and inappropriately taken and/or used a medication that was not prescribed for them.

Findings included...

During an entrance interview on 09/1/2023 at 11:10 AM, Staff A, Provider, stated that Residents 1, 3, and 4 were able to independently move around the AFH. Resident 1 was able to transfer themselves from bed to wheelchair and maneuver the wheelchair independently. Residents 3 and 4 was able to ambulate independently using a walker.

During a guided tour with Staff A, on 09/01/2023 at 11:43 AM, observation showed an unlocked drawer located in a common area between the dining room and living room. Inside the unlocked drawer were the following expired medications:

- One full bottle of Milk of Magnesia (medication used to relieve constipation or used as antacid) 12 ounces (oz) with an expiration date of 05/2011.
- One bottle of Docusate Sodium (medication used to treat constipation) 100 softgels per bottle with an expiration date of 10/2011.
- Two bottles of Acetaminophen (medication used to treat pain and fever) 100 caplets per bottle 500 milligrams (mg) with an expiration date of 08/2011.
- One bottle of Aspirin (medication used to treat mild to moderate pain, or inflammation) 81 mg. 400 tablets/bottle with an expiration date of 08/2010.
- One bottle of Tylenol (medication used to treat pain and fever) 500 mg, 60 caplets/bottle with an expiration date of 08/2009.
- Gyne-Lotrimin vaginal cream (medication used to treat vaginal yeast infections) 1% antifungal 1.5 oz 45 grams (g) with an expiration date of 1/2012.
- Imodium (medication used to treat occasional diarrhea) 42 chewable tablets with an expiration date of 04/2011.
- Diphenhydramine Hydrochloride (medication used to relieve allergies or common cold) 24 capsules with an expiration date of 07/2011.

In an interview on 09/19/2023 at 11:54 AM, Staff A stated that the above medications belonged to the previous AFH Provider. Staff A further stated that the drawer where the medications were placed was unlocked because they lost the key.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 9/20/23 .

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

Provider (or Representative) 11/3/23 Date

**WAC 388-76-10530 Resident rights Notice of rights and services.**

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide 2 of 2 sampled residents (Residents 1 and 2), written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Residents 1 and 2 and/or their

In an interview on 09/19/2023 at 11:54 AM, Staff A stated that the above medications belonged to the previous AFH Provider. Staff A further stated that the drawer where the medications were placed was unlocked because they lost the key.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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 388-76-10530 Resident rights Notice of rights and services.**

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide 2 of 2 sampled residents (Residents 1 and 2), written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Residents 1 and 2 and/or their

representatives at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed staff interacted with and provided care to Residents 1 and 2 in the AFH.

RESIDENT 1
Review of Resident 1's records showed that Resident 1 and the AFH last reviewed and signed the notice of services on 10/25/2020.

RESIDENT 2
Review of Resident 2's records showed that the resident and/or their representative and the AFH last reviewed and signed the notice of services on 11/22/2019.

In an interview on 09/19/2023 at 5:33 PM, Staff A, Provider, stated that Residents 1 and 2's notice of services were not reviewed and signed every two years because they thought that it was every four years.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/17/23 .

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

Provider (or Representative) — Date: 11/3/23

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

(4) At least every twelve months.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 1 and 2) at

representatives at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed staff interacted with and provided care to Residents 1 and 2 in the AFH.

RESIDENT 1
Review of Resident 1's records showed that Resident 1 and the AFH last reviewed and signed the notice of services on 10/25/2020.

RESIDENT 2
Review of Resident 2's records showed that the resident and/or their representative and the AFH last reviewed and signed the notice of services on 11/22/2019.

In an interview on 09/19/2023 at 5:33 PM, Staff A, Provider, stated that Residents 1 and 2's notice of services were not reviewed and signed every two years because they thought that it was every four years.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

(4) At least every twelve months.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 1 and 2) at

least every twelve months. This failure placed Residents 1 and 2 at risk for unmet care needs.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed staff interacted and provided care to Residents 1 and 2.

Record review of Resident 1's most current NCP showed that it was developed, signed, and dated by the AFH and the resident and/or the resident's representative on 08/12/2022 (due on 08/12/2023 [38 days overdue]).

Record review of Resident 2's most current NCP showed that it was developed on 08/07/2022 and the resident and/or the representative signed on 08/09/22 (due on 08/07/2023 [41 days overdue]).

In an interview on 09/19/2023 at 5:55 PM, Staff A, Provider, stated that Residents 1 and 2's NCP were not reviewed and signed timely as the time went fast and did not realize that the NCP's expired.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/15/23.

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

Provider (or Representative) — Date 11/3/23

**WAC 388-76-10575 Resident rights Privacy.**

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

**This requirement was not met as evidenced by:**

least every twelve months. This failure placed Residents 1 and 2 at risk for unmet care needs.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed staff interacted and provided care to Residents 1 and 2.

Record review of Resident 1's most current NCP showed that it was developed, signed, and dated by the AFH and the resident and/or the resident's representative on 08/12/2022 (due on 08/12/2023 [38 days overdue]).

Record review of Resident 2's most current NCP showed that it was developed on 08/07/2022 and the resident and/or the representative signed on 08/09/22 (due on 08/07/2023 [41 days overdue]).

In an interview on 09/19/2023 at 5:55 PM, Staff A, Provider, stated that Residents 1 and 2's NCP were not reviewed and signed timely as the time went fast and did not realize that the NCP's expired.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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 388-76-10575 Resident rights Privacy.**

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep the former residents' records in a confidential manner. This failure placed the residents at risk for violation of privacy.

Findings included...

During an environmental tour of the AFH with Staff A, Provider, on 09/19/2023 at 2:41 PM, observation showed a brown envelope labeled "STATE LAST INSPECTION" was pinned unto the wall near the entrance door. The brown envelope contained multiple residents' lists dated 10/27/2015, 05/08/2018, and 08/01/2018, along with its corresponding statement of deficiencies (SOD). The brown envelope that contained the SODs with the residents' lists was placed in a common area that was visible and accessible by anyone.

Record review showed that the residents' list included former residents' names on it. The residents' list had a notation that says, "... CONFIDENTIAL - DO NOT POST ..."

In an interview on 09/19/2023 at 2:50 PM, Staff A stated that someone told them to post everything including the residents and staff lists.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 9/20/23.

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

Provider (or Representative) — Date: 11/3/23

**WAC 388-76-10585 Resident rights Examination of inspection results.**

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep the former residents' records in a confidential manner. This failure placed the residents at risk for violation of privacy.

Findings included...

During an environmental tour of the AFH with Staff A, Provider, on 09/19/2023 at 2:41 PM, observation showed a brown envelope labeled "STATE LAST INSPECTION" was pinned unto the wall near the entrance door. The brown envelope contained multiple residents' lists dated 10/27/2015, 05/08/2018, and 08/01/2018, along with its corresponding statement of deficiencies (SOD). The brown envelope that contained the SODs with the residents' lists was placed in a common area that was visible and accessible by anyone.

Record review showed that the residents' list included former residents' names on it. The residents' list had a notation that says, "... CONFIDENTIAL - DO NOT POST ..."

In an interview on 09/19/2023 at 2:50 PM, Staff A stated that someone told them to post everything including the residents and staff lists.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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 388-76-10585 Resident rights Examination of inspection results.**

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

**This requirement was not met as evidenced by:**

Based on observation and interview, the adult family home (AFH) failed to post a notice that copies of each inspection report and any complaint investigation reports and related cover letters received during the past three years were available for review if requested by the residents, resident representatives, the Department, and anyone interested. This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4), their representatives at risk of not being able to make an informed decision due to lack of information regarding AFH's compliance with the regulation.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

During a guided tour of the home with Staff A, Provider, on 09/19/2023 at 2:55 PM, observation showed there was no notice that copies of each inspection report and any complaint investigation reports and related cover letters received during the past three years were available for review if requested by the residents, resident representatives, the Department, and anyone interested.

In an interview 09/19/2023 at 2:56 PM, Staff A stated that no one told them that they had to put up a sign or notice regarding the inspection results availability.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 9/20/23.

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

Provider (or Representative) — Date 11/3/23

**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:**

**This requirement was not met as evidenced by:**

Based on observation and interview, the adult family home (AFH) failed to post a notice that copies of each inspection report and any complaint investigation reports and related cover letters received during the past three years were available for review if requested by the residents, resident representatives, the Department, and anyone interested. This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4), their representatives at risk of not being able to make an informed decision due to lack of information regarding AFH's compliance with the regulation.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

During a guided tour of the home with Staff A, Provider, on 09/19/2023 at 2:55 PM, observation showed there was no notice that copies of each inspection report and any complaint investigation reports and related cover letters received during the past three years were available for review if requested by the residents, resident representatives, the Department, and anyone interested.

In an interview 09/19/2023 at 2:56 PM, Staff A stated that no one told them that they had to put up a sign or notice regarding the inspection results availability.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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 388-76-10805 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 1 of 3 licensed bedroom (BR-C) used by 1 of 4 residents (Resident 3) had a working smoke detector. This failure placed all the residents at risk of harm in the event of a fire.

Findings included...

During an environmental tour on 09/19/2023 at 3:36 PM with Staff A, Provider, observation showed that BR-C's smoke detector did not work when pressed by staff for activation.

In an interview on 09/19/2023 at 3:36 PM, Staff A stated that they did not know why BR C's smoke detector did not activate.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/9/23.

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

Provider (or Representative) — Date 11/3/23

**WAC 388-76-10810 Fire extinguishers.**

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

**This requirement was not met as evidenced by:**

Based on observations, record reviews, and interview, the Adult Family Home (AFH) failed to ensure that the fire extinguisher was inspected and serviced yearly. This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4) at risks of harm in an event of fire.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 licensed bedroom (BR-C) used by 1 of 4 residents (Resident 3) had a working smoke detector. This failure placed all the residents at risk of harm in the event of a fire.

Findings included...

During an environmental tour on 09/19/2023 at 3:36 PM with Staff A, Provider, observation showed that BR-C's smoke detector did not work when pressed by staff for activation.

In an interview on 09/19/2023 at 3:36 PM, Staff A stated that they did not know why BR C's smoke detector did not activate.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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 388-76-10810 Fire extinguishers.**

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

**This requirement was not met as evidenced by:**

Based on observations, record reviews, and interview, the Adult Family Home (AFH) failed to ensure that the fire extinguisher was inspected and serviced yearly. This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4) at risks of harm in an event of fire.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

During a guided tour with Staff A, Provider, on 09/19/2023 at 4:12 PM, observation showed a fire extinguisher that was mounted on the wall in the laundry room.

Review of the fire extinguisher tag showed that it was serviced in August 2022 and expired in August 2023.

In an interview on 09/19/2023 at 4:13 PM, Staff A stated that they thought the fire extinguisher did not expire until September.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 9/20/23 .

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

Provider (or Representative) — Date 11/3/23

**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:

(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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington State background check (BGC) for 1 of 2 staff (Staff A, Provider) and 3 of 3 Household Members (HM)/Volunteers (HM 1, 2, and 3). This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4) at risk of harm from staff and HM with unknown current criminal background.

Findings included...

During a guided tour with Staff A, Provider, on 09/19/2023 at 4:12 PM, observation showed a fire extinguisher that was mounted on the wall in the laundry room.

Review of the fire extinguisher tag showed that it was serviced in August 2022 and expired in August 2023.

In an interview on 09/19/2023 at 4:13 PM, Staff A stated that they thought the fire extinguisher did not expire until September.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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 388-76-10165 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:

(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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington State background check (BGC) for 1 of 2 staff (Staff A, Provider) and 3 of 3 Household Members (HM)/Volunteers (HM 1, 2, and 3). This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4) at risk of harm from staff and HM with unknown current criminal background.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff A interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

On 09/19/2023 at 4:38 PM, Staff A stated that HM 1, 2, and 3, were volunteers at the AFH.

Record review of personnel file showed the BGC for Staff A expired on 02/27/2022 and HM1, 2, and 3 on 04/22/2023.

In An interview on 09/19/2023 at 4:44 PM, Staff A stated that they thought the BGCs did not expire until end of 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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 9/22/23.

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

Provider (or Representative) — Date 11/3/23

**WAC 388-76-10146 Qualifications Training and home care aide certification.**

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure one of two sampled staff (Staff A, Provider) had a current basic caregiving certification or nursing assistant registered (NAR) license. This failure placed 4 of 4 current residents (Residents 1, 2, 3 and 4) at risk of receiving care and services from unqualified staff.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff A interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

On 09/19/2023 at 4:38 PM, Staff A stated that HM 1, 2, and 3, were volunteers at the AFH.

Record review of personnel file showed the BGC for Staff A expired on 02/27/2022 and HM1, 2, and 3 on 04/22/2023.

In An interview on 09/19/2023 at 4:44 PM, Staff A stated that they thought the BGCs did not expire until end of 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, ABOVE AND BEYOND ADULT FAMILY HOME 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 388-76-10146 Qualifications Training and home care aide certification.**

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure one of two sampled staff (Staff A, Provider) had a current basic caregiving certification or nursing assistant registered (NAR) license. This failure placed 4 of 4 current residents (Residents 1, 2, 3 and 4) at risk of receiving care and services from unqualified staff.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff A, Provider, interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

Department record review showed that Staff A has been an AFH Provider for this AFH since 2011.

Review of Staff A's personnel records included a NAR licensed which expired on 12/05/2021.

In a telephone interview on 10/02/2023 at 2:12 PM, Staff A stated that their NAR licensed expired because they thought that it was already renewed, and it slipped their mind.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/23/23.

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

Provider (or Representative) | Date 10/23/23

**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.

(f) Continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 for a long-term worker who does not maintain a food handler's permit, and completed basic or modified basic caregiver training before June 30, 2005. A long-term* care worker who completed basic or modified basic training after June 30, 2005 is not required to have a food handler's permit.

**WAC 388-76-10415 Food services. The adult family home must:**

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

**This requirement was not met as evidenced by:**

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff A, Provider, interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

Department record review showed that Staff A has been an AFH Provider for this AFH since 2011.

Review of Staff A's personnel records included a NAR licensed which expired on 12/05/2021.

In a telephone interview on 10/02/2023 at 2:12 PM, Staff A stated that their NAR licensed expired because they thought that it was already renewed, and it slipped their mind.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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 388-112A-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.

(f) Continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 for a long-term worker who does not maintain a food handler's permit, and completed basic or modified basic caregiver training before June 30, 2005. A long-term* care worker who completed basic or modified basic training after June 30, 2005 is not required to have a food handler's permit.

**WAC 388-76-10415 Food services. The adult family home must:**

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the adult family home failed to ensure 1 of 2 staff (Staff A, Provider) had a current food handler's permit and/or half an hour of continuing education (CE) for food safety training. This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4) at risk for food borne illnesses related to food handling issues.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff A, Provider, interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

Record review of Staff A's personnel file showed that their food handler's permit expired on 08/09/2021. Further record review showed that Staff A did not have a current CE for food safety.

In an interview on 09/19/2023 at 5:55 PM, Staff A stated that they did not have a current food handler's permit and/or food safety CE because they thought that they were not expired yet.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/6/23.

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

Provider (or Representative) — Date: 11/3/23

**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

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the adult family home (AFH) failed to maintain a liability insurance. This failure placed 4 of 4 current residents (Residents 1, 2, 3,

Based on observation, interview, and record review, the adult family home failed to ensure 1 of 2 staff (Staff A, Provider) had a current food handler's permit and/or half an hour of continuing education (CE) for food safety training. This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4) at risk for food borne illnesses related to food handling issues.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff A, Provider, interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

Record review of Staff A's personnel file showed that their food handler's permit expired on 08/09/2021. Further record review showed that Staff A did not have a current CE for food safety.

In an interview on 09/19/2023 at 5:55 PM, Staff A stated that they did not have a current food handler's permit and/or food safety CE because they thought that they were not expired yet.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the adult family home (AFH) failed to maintain a liability insurance. This failure placed 4 of 4 current residents (Residents 1, 2, 3,

and 4) unprotected against claims arising from bodily injuries and/or damages to their personal property.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

In an interview on 09/19/2023 at 11:10 AM, Staff A, Provider, stated that the AFH had four current residents.

Review of records showed that the AFH's liability insurance was expired on 07/27/2023.

In a telephone call on 10/02/2023 at 2:12 PM, Staff A stated that the AFH's liability insurance was not renewed in a timely manner because the reminder email that the insurance company sent to them went to the junk mail folder.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/15/23.

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

Provider (or Representative) — Date 11/6/23

**WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:**

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to

and 4) unprotected against claims arising from bodily injuries and/or damages to their personal property.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

In an interview on 09/19/2023 at 11:10 AM, Staff A, Provider, stated that the AFH had four current residents.

Review of records showed that the AFH's liability insurance was expired on 07/27/2023.

In a telephone call on 10/02/2023 at 2:12 PM, Staff A stated that the AFH's liability insurance was not renewed in a timely manner because the reminder email that the insurance company sent to them went to the junk mail folder.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:**

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to

have a current personal belongings inventory filled out for 2 of 2 sampled residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk of personal belongings being lost and not being accounted for.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed staff interacted with and provided care to Residents 1 and 2.

Review of Resident 1 and 2's records showed that there were no personal belongings inventory filled out.

In a telephone interview on 10/23/2023 at 4:45 PM, Resident 2's Representative stated that the resident owned their clothes and walker.

In an interview on 09/19/2023 at 5:29 PM, Staff A, Provider, stated that Resident 1 owned their clothes, computer, and wheelchair. Staff A further stated that they did not have an inventory list because some of their clothes were replaced.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/7/23.

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

Provider (or Representative) — Date 11/3/23

**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 have a system in place to ensure adequate emergency lighting during a power outage situation. This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4) at risk for injury during an emergency.

have a current personal belongings inventory filled out for 2 of 2 sampled residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk of personal belongings being lost and not being accounted for.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed staff interacted with and provided care to Residents 1 and 2.

Review of Resident 1 and 2's records showed that there were no personal belongings inventory filled out.

In a telephone interview on 10/23/2023 at 4:45 PM, Resident 2's Representative stated that the resident owned their clothes and walker.

In an interview on 09/19/2023 at 5:29 PM, Staff A, Provider, stated that Resident 1 owned their clothes, computer, and wheelchair. Staff A further stated that they did not have an inventory list because some of their clothes were replaced.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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 have a system in place to ensure adequate emergency lighting during a power outage situation. This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4) at risk for injury during an emergency.

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

During an environmental tour with Staff A, Provider, on 09/19/2023 at 11:40 AM, observation showed that the AFH had three flashlights that did not work and/or turn on.

In an interview on 09/19/2023 at 11:40 PM, Staff A stated that the flashlight batteries were not working, and they did not have extra.

**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, ABOVE AND BEYOND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/5/23.

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

Provider (or Representative) — Date: 11/3/23

Findings included...

During an unannounced visit on 09/19/2023 between 10:34 AM to 6:03 PM, observation showed Staff interacted with and provided care to Residents 1, 2, and 3. Resident 4 was out of the home at the time of the visit.

During an environmental tour with Staff A, Provider, on 09/19/2023 at 11:40 AM, observation showed that the AFH had three flashlights that did not work and/or turn on.

In an interview on 09/19/2023 at 11:40 PM, Staff A stated that the flashlight batteries were not working, and they did not have extra.

**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, ABOVE AND BEYOND ADULT FAMILY HOME 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