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

GOLDENVILLE ADULT FAMILY HOME LLC
GOLDENVILLE ADULT FAMILY HOME II
3914 172ND ST SW
LYNNWOOD, WA 98037

RE: GOLDENVILLE ADULT FAMILY HOME II # 752206

Dear Provider:

This document references Compliance Determination 33823 (12/27/2023), which included complaint number(s) 108444.

The Department completed a complaint investigation of your Adult Family Home on 12/27/2023 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 388-76-10015 License Adult family home Compliance required.**

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

The Adult Family Home (AFH) failed
to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens, and interpreted results when they conducted home testing. The AFH has applied for the MTSW license.

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

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

The
Adult Family Home failed to update their N-95 masks available in the home for all staff after the most recent fit test. Staff A, Provider
stated, they would place an order for the correct N-95 mask based on the staff's current fit test information today.

**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

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 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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** GOLDENVILLE ADULT FAMILY HOME II
**License/Cert.#:** 752206
**Compliance Determination #:** 33823
**Investigator:** Nylay Quist
**Investigation Date(s):** 12/13/2023 through 12/27/2023
**Complainant Contact Date(s):**

**Provider Type:** Adult Family Home

**Intake ID:** 108444
**Region/Unit #:** RCS Region 2 / Unit I

**Allegation(s):**

1. All Residents at the Adult Family Home (AFH) tested [redacted] for COVID-19.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 6<br>Resident sample size: 2<br>Closed records sample size: 0 |
| **Observations:** | Exterior/Interior home Screening Hands washing and discard General Tour Cleaning Signage in PPE use |
| **Interviews:** | Complainant/RP AV Sample resident staff Resident rep/Family |
| **Record Reviews:** | Resident record IPC policy/plan Incident log Progress note Fit test certification |

**Investigation Summary:**

1.AFH provider placed the home in quarantine after all residents tested [redacted] for COVID-19. The AFH provider made the required notifications to the Department of Health, the residents' families, medical providers, case managers, and the State Department Complaint Hotline. All residents were observed in their rooms, and all reported they are doing well. The AFH had an ample supply of PPE, disinfectant wipes, hand sanitizers, and testing kits. The AFH had their COVID plan in place, screened all visitors at the door, limited visitation to essential visitors only. Staff screened daily prior to start of shift. Residents' vitals, and symptoms monitored daily. AFH did not have correct N-95 mask available in the home base on the staff 2023 fit test document and did not complete the site waiver application. See consultation dated 12/27/2023.

**Conclusion / Action:**

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

☐ N/A