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

NAVALUNA CORPORATION
PEACE OF MIND ADULT FAMILY HOME
14227 117TH AVENUE NE
KIRKLAND, WA 98034

RE: PEACE OF MIND ADULT FAMILY HOME License # 752232

Dear Provider:

This letter addresses Compliance Determination(s) 43425 (Completion Date 06/28/2024) and 40407 (Completion Date 05/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/28/2024 and found that you have corrected the violations listed in the Full report dated 05/14/2024. Your home is back in compliance as of 06/24/2024 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 388-76-10165-1-a, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10825-3

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K
Residential Care Services

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

Statement of Deficiencies	License #: 752232	Compliance Determination # 40407
Plan of Correction	PEACE OF MIND ADULT FAMILY HOME	Completion Date
Page 1 of 6	Licensee: NAVALUNA CORPORATION	05/14/2024

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 04/25/2024 and 04/25/2024 of:
PEACE OF MIND ADULT FAMILY HOME
14404 119TH PLACE NE
KIRKLAND, WA 98034

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Alfredo Brown
Residential Care Services

5/16/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

Date

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Statement of Deficiencies	License #: 752332	Compliance Determination # 40407
Plan of Correction	PEACE OF MIND ADULT FAMILY HOME	Completion Date
Page 2 of 6	Licensee: NAVALUNA CORPORATION	05/14/2024

Provider (or Representative) 05/22/24 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:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 6 staff members (Staff C, Resident Manager) had a valid Washington State Name and Date of Birth Background Check (BGC). This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of receiving care from staff and being exposed to an individual in the home whose criminal background history was unknown.

Findings included...

Record review of the AFH records showed Staff C BGC was conducted, on 03/30/2022, with no findings. Staff C's BGC expired 03/30/2024.

During an interview on 04/25/2024 at 4:27 PM, Staff B (Co-Provider) stated that they weren't aware that Staff C's BCG expired because Staff H (Caregiver) handles the paperwork.

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, PEACE OF MIND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 04/26/24 .

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

Provider (or Representative) 05/22/24 Date

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:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 8 staff members (Staff C, Resident Manager) had a valid Washington State Name and Date of Birth Background Check (BGC). This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of receiving care from staff and being exposed to an individual in the home whose criminal background history was unknown.

Findings included…

Record review of the AFH records showed Staff C BGC was conducted, on 03/30/2022, with no findings. Staff C's BGC expired 03/30/2024.

During an interview on 04/25/2024 at 4:27 PM, Staff B (Co-Provider) stated that they weren't aware that Staff C's BCG expired because Staff H (Caregiver) handles the paperwork.

Attestation Statement

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

Provider (or Representative) 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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have an assessment in place for [redacted] that identified the resident's need for and ability to use a medical device with a known safety risk, representative consent for a the use of a medical device, and documentation on the Negotiated Care Plan (NCP) on how [redacted] would be used for 3 of 6 residents (Residents 1, 3, and 6). This failure placed Resident 1, Resident 3, and Resident 6 at risk for injury from improper use of the medical device.

Findings included…

NOTE: Washington (WA) State Department of Social and Health Services "May 15, 20213 AFH 'Dear Provider' Letters," was issued to AFH providers related to the safety risks associated with the use of all medical devices, including transfer poles, Posey or lap belts, and side bed rails. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Note: Washington (WA) State Department of Social and Health Services "Dear Provider" letter dated 10/12/2016 titled "Medical Device Requirements" stated, "the resident's negotiated care plan must also include how the resident will use the device." The provider letter added, "in addition to the resident assessment identifying the resident's need for the medical device, the resident must also be assessed for the ability to safely use the device."

Resident 1
A joint observation with Staff B (Co-Provider) on 04/25/2024 at 10:15 AM, showed Resident 1 in bed with upper [redacted] in a raise position.

Record review of Resident 1's Assessment dated 07/16/2023 showed a diagnosis of [redacted]. The Assessment showed Resident 1 was moderate assistance of one person with repositioning. The 07/16/2023 Assessment showed no information about Resident 1's ability to safely use the [redacted].

Record review of Resident 1's Negotiated Care Plan (NCP) dated 07/16/2023 showed the following statement written on August 1 (no year was written), "Resident insist on having [redacted] for transfer. Both resident & family aware of the risks and benefits of [redacted]". The NCP contained no information on how the resident would use the [redacted] while in the bed. Resident 1's NCP contained no information on instructions to caregivers on when the [redacted] should be elevated or lowered.

In an interview, on 04/25/2024 at 3:07 PM, Staff B stated that they could not locate an Assessment from a qualified assessor which showed Resident 1's ability to safely use the [redacted] Staff B stated that they could not locate where the resident or family provided informed consent for the use of the [redacted].

Resident 3
A joint observation with Staff B, on 04/25/2024 at 10:10 AM showed Resident 3 in bed with upper [redacted] in a raised position and observed Resident 3 used the [redacted] for repositioning.

Record review of Resident 3's NCP dated 02/09/2024, showed in "Sleep Patterns" section, Resident 3 was able to turn and reposition themselves safely without devices. Resident 3's NCP contained no instructions or information on when AFH caregivers should raise or lower Resident 3's [redacted].

Record review of Resident 3's record showed no assessment had been completed that identified Resident 3's need for and ability to use a medical device with a known safety risk.

Record review of Resident 3's record showed no representative consent for the use of a medical device.

Resident 6
A joint observation with Staff B, on 04/25/2024 at 4:00 PM showed Resident 6 in bed with upper [redacted] in a raised position.

Record review of Resident 6's NCP dated 07/20/2023 did not mention the usage of [redacted].

Record review of Resident 6's record showed no assessment had been completed that identified Resident 6's ability to safely use a medical device with a known safety risk.

During an interview, on 04/25/2024 at 4:00 PM, Staff B stated that they could not find any record of an Assessment for Resident 6 showing their ability to safely use the [redacted].

Statement of Deficiencies	License #: 752232	Compliance Determination # 40407
Plan of Correction	PEACE OF MIND ADULT FAMILY HOME	Completion Date
Page 5 of 6	Licensee: NAVALUNA CORPORATION	05/14/2024

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, PEACE OF MIND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 06/24/24

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

Provider (or Representative) 05/22/24 Date

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the heating source (space heater) in 2 of 6 bedrooms (Bedroom [redacted] and [redacted]) had a flame-resistant barrier that did not get too hot to touch. This failure placed Residents 1 and 6 at risk for getting burned.

Findings included...

A joint observation with Staff B (Co-Provider), on 04/25/2024 at 10:15 AM, showed a space heater in Bedroom [redacted] and a space heater in Bedroom [redacted]. Space heaters in Bedroom [redacted] and Bedroom [redacted] were both plugged in, and hot to touch.

During an interview on 04/25/2024 at 5:40 PM, Resident 1 stated that they have had the space heater in their room since shortly after admitting to the AFH. Resident 1 stated that they don't want the space heater because they prefer blankets and warm clothing.

During an interview with Staff B, on 04/25/2024 at 6:50 PM, Staff B stated that Resident 1's family wanted them to have a space heater in their bedroom (Bedroom [redacted]) during the winter months. Staff B stated that Resident 6 wanted a space heater in their bedroom (Bedroom [redacted]) to keep them comfortable. Staff B stated that they had no barrier to prevent the residents from touching the hot space heater.

Attestation Statement

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, PEACE OF MIND 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.

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Provider (or Representative) Date

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Attestation Statement

Statement of Deficiencies	License #: 752232	Compliance Determination # 40407
Plan of Correction	PEACE OF MIND ADULT FAMILY HOME	Completion Date
Page 6 of 6	Licensee: NAVALUNA CORPORATION	05/14/2024

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Provider (or Representative) Date

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

05/16/2024

NAVALUNA CORPORATION
PEACE OF MIND ADULT FAMILY HOME
14227 117TH AVENUE NE
KIRKLAND, WA 98034

RE: PEACE OF MIND ADULT FAMILY HOME # 752232

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/14/2024 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:

Alfredo Brown, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The Adult Family Home (AFH) failed to ensure the resident representative for 1 of 2 sampled residents (Resident 2) had signed and dated the Notice of Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 2 and their representative at risk of not being aware of the rules of the home, resident rights, the care, and services available in the home, and the charges associated with the care services. Resident 2's Admission Agreement was signed and dated by their representative on 03/13/2017 and 02/26/2024.

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)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K
Residential Care Services

Lynnwood, WA 98036

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• 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)341-7376.

Sincerely,

Alfredo Brown, Field Manager
Region 2, Unit K
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:
Alfredo Brown, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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