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

IMMACULATE ADULT FAMILY HOME LLP
IMMACULATE ADULT FAMILY HOME LLP
13009 SE 279TH PL
KENT, WA 98030

RE: IMMACULATE ADULT FAMILY HOME LLP License # 752249

Dear Provider:

This letter addresses Compliance Determination(s) 49653 (Completion Date 11/18/2024) and 45574 (Completion Date 08/27/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/18/2024 and found that you have corrected the violations listed in the Full report dated 08/27/2024. Your home is back in compliance as of 10/04/2024 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 388-76-10685-11, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10750-1, WAC 388-76-10161-1, WAC 388-76-10161-1-a, WAC 388-76-10161-1-b, WAC 388-76-10176, WAC 388-76-10176-1, WAC 388-76-10176-2

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

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 08/12/2024 and 08/12/2024 of:

IMMACULATE ADULT FAMILY HOME LLP
13009 SE 279TH PL
KENT, WA 98030

The following sample was selected for review during the unannounced on-site visit: 2 of 5 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 — 08/27/2024 (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.

Provider (or Representative) 09/04/2024 Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) did not ensure a call system was available to 2 of 5 current residents (Residents 3 and 4) as the living room area where awake caregivers stay at night was not on a hearing distance from Resident 3 and 4's bedroom. This failure placed Residents 3 and 4 at risk of needs not being met in a timely manner.

Findings included...

During a guided tour of the home with Staff B, Co-Provider, on 08/12/2024 at 1:25 PM, observation showed Residents 3 and 4 shared a bedroom. There was no call system available for neither Resident 3 nor Resident 4.

In an interview on 08/12/2024 at 1:27 PM, Staff B stated that they asked Staff A, Co-Provider, who stated that the reason why they had no call system for Residents 3 and 4 was because they had an awake staff. Staff B further stated that Staff stayed in the living room at night which was not within a hearing distance from Residents 3 and 4's bedroom. Staff B further stated that staff may not be able to hear the residents if they called at night due to both Residents 3 and 4 had soft voices.

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, IMMACULATE ADULT FAMILY HOME LLP is or will be in compliance with this law and / or regulation on (Date) 08/12/2024 .

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

Provider (or Representative) 09/04/2024 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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide and ensure that 1 of 2 sampled residents (Resident 2) signed and dated the 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 Resident 2 and/or their representative at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included...

During an unannounced visit to the AFH on 08/12/2024 from 10:44 AM to 5:30 PM, observation showed Staff B, Co-Provider, Staff D and E, Caregivers, interacted and provided care to Resident 2.

Review of admission records dated [redacted]/2021 showed that the AFH admitted Resident 2 on [redacted]/2021. Further record review showed Resident 2 and/or its representative and the AFH last reviewed and signed the notice of services on [redacted]/2021 (402 days overdue).

In telephone interview on 08/13/2024 at 1:03 PM, Staff A, Entity Representative, stated that Resident 2's notice of services was not reviewed, signed, and dated every two years as required because Resident 2's representative was in a hurry when visited the AFH.

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, IMMACULATE ADULT FAMILY HOME LLP is or will be in compliance with this law and / or regulation on (Date) 9/2/2024 .

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

Provider (or Representative) 09/04/2024 Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) did not ensure the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 1 and 2) were signed by the resident and/or representative and the AFH representative. These failures placed Residents 1 and 2 at risk of unmet care needs and receiving services that was not negotiated and agreed.

Findings included...

During an unannounced visit to the AFH on 08/12/2024 from 10:44 AM to 5:30 PM, observation showed Staff B, Co-Provider, Staff D and E, Caregivers, interacted and provided care to Residents 1 and 2.

RESIDENT 1

Review of records showed Resident 1's NCP, dated 02/16/2024, was signed by the AFH representative on 02/17/2024. Further record review showed Resident 1's current NCP dated 02/16/2024 contained no resident and/or resident's representative's signature.

In a telephone interview on 08/13/2024 at 11:36 AM, Staff A, Entity Representative, stated that Resident 1's representative forgot to sign the resident's NCP.

RESIDENT 2

During review of Resident 2's records, on 08/12/2024 at 4:21 PM, the 2023 and 2024 NCP could not be located.

In an interview on 08/12/2024 at 4:21 PM, Staff B stated that they could not locate Resident 2's 2023 and 2024 NCP but thought that there was another file and would asked Staff A.

In a telephone interview on 08/13/2024 at 11:36 AM, Staff A stated that Resident 2's 2023 and 2024 were sent to the resident's representative via email. They were not signed by the AFH representative and Resident 2's representative because there were no spaces for signing.

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, IMMACULATE ADULT FAMILY HOME LLP is or will be in compliance with this law and / or regulation on (Date) 09/02/2024 .

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

Provider (or Representative) 09/04/2024 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain the home in a homelike manner. This failure placed 3 of 5 current residents (Residents 3, 4, and 5) at risk for decreased quality of life.

Findings included...

An unannounced visit was conducted at the AFH on 08/12//2024 between 10:44 AM to 5:30 PM,

During a guided tour with Staff B, Co-Provider, on 08/12/2024 at 1:20 PM, observation showed Residents 3 and 4's bedroom window blinds covering had five broken panels that caused some gaps that measured two feet long and four inches high even when the blinds were in a close position.

In an interview on 08/12/2024 at 1:20 PM, Staff B stated that Resident 4 broke the window blinds approximately two months ago.

During a guided tour with Staff B, on 08/12/2024 at 1:35 PM, observation showed Resident 5's bedroom window blinds covering had five broken panels that caused some gaps that measured seven inches long and six inches high even when the blinds were in a close position.

In an interview on 08/12/2024 at 1:34 PM, Staff B stated that Resident 5's window blinds were broken approximately six months ago but forgot to repair 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, IMMACULATE ADULT FAMILY HOME LLP 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 388-76-10161 Background checks Who is required to have.

(1) An adult family home applicant and anyone affiliated with an applicant must have the following background checks before licensure:

(a) A Washington state name and date of birth background check; and

(b) If applying after January 7, 2012, a national fingerprint background check.

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 Washington State Name date of birth background check (BGC) and national fingerprint BGC performed for 1 of 3 Co-Owners (Staff C, Co-Owner) of the AFH. This failure placed the residents at risk of exposure to an individual whose

criminal background was unknown.

Findings included...

During an unannounced visit to the AFH on 08/12/2024 from 10:44 AM to 5:30 PM, Staff C was not observed in the home.

Department's record review showed Staff C was listed as one of the three Co-Owners of the home.

Personnel record review showed Staff C did not have a Washington State Name date of birth BGC and national fingerprint BGC.

In an interview on 08/12/2024 at 5:21 PM, Staff B, Co-Provider, stated that Staff C was a Co-Owner of the AFH but lived outside the state and did not work or come to the AFH.

In a telephone interview on 08/13/2024 at 12:48 PM, Staff A, Entity Representative, stated that Staff C was a Co-Owner, but they did not know that a BGC was needed.

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, IMMACULATE ADULT FAMILY HOME LLP is or will be in compliance with this law and / or regulation on (Date) 10/04/2024.

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

Provider (or Representative) 09/04/2024 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.

Statement of Deficiencies	License #: 752249	Compliance Determination # 45574
Plan of Correction	IMMACULATE ADULT FAMILY HOME LLP	Completion Date
Page 8 of 8	Licensee: IMMACULATE ADULT FAMILY HOME LLP	08/27/2024

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not ensure a national fingerprint background check/inquiry (FBGC) was completed within 120 days of hire for 1 of 5 caregiving staff (Staff E, Caregiver) who were hired after January 7, 2012. This failure placed 5 current residents at risk of being cared for by unqualified staff.

Findings included...

During an unannounced visit to the AFH on 08/12/2024 from 10:44 AM to 5:30 PM, observation showed Staff E, Caregiver, interacted and provided care to Residents 1, 2, 3, 4, and 5..

Record review of personnel file showed the AFH hired Staff E as a caregiver on 03/04/2024. Further review of records showed Staff E did not have a FBGC result.

In a telephone interview on 08/27/2024 at 9:49 AM, Staff B, Co-Provider, stated that the AFH did not conduct a FBGC in a timely manner because they just kept on postponing 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, IMMACULATE ADULT FAMILY HOME LLP is or will be in compliance with this law and / or regulation on (Date) 08/15/2024 .

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

Provider (or Representative) 09/04/2024 Date

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

08/27/2024

IMMACULATE ADULT FAMILY HOME LLP
IMMACULATE ADULT FAMILY HOME LLP
13009 SE 279TH PL
KENT, WA 98030

RE: IMMACULATE ADULT FAMILY HOME LLP # 752249

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/27/2024 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

During an environmental tour with Staff B, Co-Provider, on 08/12/2024 at 12:46 PM, observation showed the Adult Family Home's inspection reports were posted on the wall high enough that could not be reached and/or read by staff or residents or anyone interested. Staff B immediately corrected this issue.

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;

During the tour of the home with Staff B, Co-Provider, on 08/12/2024 at 12:46 PM, the residents' lists dated 08/10/2021 and 08/02/2018 were observed together with the statement of deficiencies that were posted on the wall. Staff B immediately removed the documents when notified about the residents' violation of privacy.

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)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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