STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

ST JUDE COMFORT CARE LLC

ST JUDE COMFORT CARE LLC
125 SUMAC DR
MONROE, WA 98272

RE: ST JUDE COMFORT CARE LLC License # 752272

Dear Provider:

This letter addresses Compliance Determination(s) 37852 (Completion Date 03/08/2024) and 36477 (Completion Date 02/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/08/2024 and found that you have corrected the violations listed in the Full report dated 02/14/2024. Your home is back in compliance as of 02/26/2024 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 388-112A-0610-1-a-iv, WAC 388-76-10015-1

The Department staff who did the off-site verification:
Shelly Scarboro, AFH Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 02/01/2024 and 02/01/2024 of:

ST JUDE COMFORT CARE LLC
125 SUMAC DR
MONROE, WA 98272

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:

Shelly Scarboro, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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) 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.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Resident Manager) completed twelve continuing education credits as required. This failure placed resident's at risk for being cared for by an unqualified caregiver.

Findings included...

Review of Staff B's personnel file, undated, showed five continuing education hours (CEU's) had been completed 9/8/2022 through 9/8/2023.

In an interview on 02/01/2024 at 3:47 PM, Staff B stated that they had forgotten to complete the remaining seven CEU's because they had traveled out of the country when they came due.

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, ST JUDE COMFORT CARE LLC 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 388-76-10015 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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to comply with the laws and regulations as required when 3 of 3 sampled staff (Staff B, Resident Manager, Staff C, Caregiver and Staff D, Caregiver) had no respirator fit testing. The AFH failed to obtain a medical test site waiver license as required. These failures placed AFH residents and staff at risk for illness, infection, and placed residents at risk for unmet care needs by unqualified caregivers.

Findings included…

<Respirator Fit Testing>

Review of Dear Provider Letter, dated 11/05/2021, reviewed the requirements necessary in developing a respiratory protection program in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing N95 respirators and the Washington State Department of Health website link to the Respiratory Protection Program for Long-Term Care Facilities.

Review of, Washington State Department of Health, “Respiratory Protection Program for Long-Term Care Facilities”, undated, showed healthcare employees must complete the facility’s site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Record review of Staff B’s employee file, undated, showed no record of a respirator fit test.

Record review of Staff C’s employee file, undated, showed no record of a respirator fit test.

In an interview on 02/01/2024 at 1:37 PM, Staff B stated that they were fit tested in 2020 and did not know of the yearly requirement for fit testing staff.

In a follow-up phone interview on 02/14/2024 at 9:12 AM, Staff B stated that Staff C and D, had not been fit tested as required.

<Medical Test Site Waiver>

Review of Dear Provider Letter, dated 04/01/2022, reviewed the requirements necessary for obtaining a medical test site waiver (MTSW) license. The Dear Provider Letter listed when a medical test site license is required to include; when the Adult Family Home provider administers a medical test (such as a COVID-19 (a virus that can cause difficulty breathing) test, blood glucose test (sugar in the blood), interprets the test result, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application.

Review of the AFH's disclosure of services, undated, showed the AFH provided blood glucose monitoring.

Record review of the AFH's undated facility records on 02/02/2024, showed no record of a MTSW license.

In an interview on 02/01/2024 at 1:19 PM, Staff B acknowledged the AFH admitted residents who required diabetes management including blood glucose testing. Staff B stated that the AFH would perform and interpret a nose swab test for residents as need to screen for infectious disease. Staff B stated that they did not know about the MTSW license requirement.

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, ST JUDE COMFORT CARE LLC 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

02/16/2024

ST JUDE COMFORT CARE LLC
ST JUDE COMFORT CARE LLC
125 SUMAC DR
MONROE, WA 98272

RE: ST JUDE COMFORT CARE LLC # 752272

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/14/2024 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:

Nicholette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100

Arlington, WA 98223

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) had unsecured cleaning products stored in the cabinet under the kitchen sink. The AFH promptly removed and secured the cleaning chemicals.

WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:

(1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(2) 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; and

(3) Rules of the home's operations.

The Adult Family Home (AFH) had not updated the Notice of Services (NOS) every 24 months after a resident's admission with a current signature. The AFH obtained the signed NOS before the end of the inspection.

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 (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
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:
Nicholette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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