STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

Ruth's Home LLC
Belair House
2811 Lambert Rd
Cle Elum, WA 98922

RE: Belair House License # 752404

Dear Provider:

This letter addresses Compliance Determination(s) 38991 (Completion Date 03/29/2024) and 35109 (Completion Date 02/01/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/29/2024 and found that you have corrected the violations listed in the Full report dated 02/01/2024. Your home is back in compliance as of 03/15/2024 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 388-76-10285-2, WAC 388-76-10135-8

The Department staff who did the off-site verification:
Melanie Hopkins, NHI-AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

| | | |
|---|---|---|
| Statement of Deficiencies | License #: 752404 | Compliance Determination # 35109 |
| Plan of Correction | Belair House | Completion Date |
| Page 1 of 4 | Licensee: Ruth's Home LLC | 02/01/2024 |

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 01/11/2024 and 01/11/2024 of:
Belair House
304 E 3rd St
Cle Elum, WA 98922

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner — Residential Care Services

02/07/2024 — 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.

| Statement of Deficiencies | License #: 752404 | Compliance Determination # 35109 |
|---|---|---|
| Plan of Correction | Belair House | Completion Date |
| Page 2 of 4 | Licensee: Ruth's Home LLC | 02/01/2024 |

Lori Kim Brown
Provider (or Representative)

2/7/24
Date

**WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:**

(2) A second test done one to three weeks after the first test.

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

Based on interview and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (infectious disease affecting primarily the lungs) (TB) 2-step screening was completed 1 to 3 weeks apart for 1 of 4 staff (Staff F). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

Review of administrative records on 01/14/2024 showed Staff F, Caregiver, was hired 01/13/2023. TB screening 1st Step for Staff F was completed on 01/16/2023 and the 2nd Step of screening was not completed.

In an interview on 01/16/2024 at 9:15 AM, Staff A, Provider, stated they had not realized that the 2nd Step of the TB screening needed to be between 1 and 3 weeks after the 1st Step.

In an interview on 01/22/2024 at 7:54 PM, Staff A stated that they had understood the placement and reading documentation provided by Staff F were the two steps of the screening required.

**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, Belair House is or will be in compliance with this law and / or regulation on (Date) 3-15-2024

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

| Statement of Deficiencies | License #: 752404 | Compliance Determination # 35109 |
|---|---|---|
| Plan of Correction | Belair House | Completion Date |
| Page 3 of 4 | Licensee: Ruth's Home LLC | 02/01/2024 |

Jori K. Brown — Provider (or Representative)

2/7/2024 — Date

**WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:**

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

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

Based on interview and record review, the Adult Family Home (AFH) failed to have in-person Cardiopulmonary Resuscitation (procedure performed to attempt to restore blood circulation and breathing of a person) and First Aid certifications (CPR/First Aid) for 2 of 6 staff (Staff A & C). This failure placed residents at risk during an emergency from an unqualified caregiver.

Findings included..

Review of Proclamation 20-10 pertaining to the COVID pandemic training requirement waiver for CPR/First Aid in effect from 03/16/2020-10/27/2022. This waiver ended and valid CPR/First Aid certification was required beginning 10/27/2022 per AFH Provider Letter, dated 06/30/2022, titled PREPARE FOR THE END OF PROCLAMATION 20-10 RELATED TO CPR TRAINING UNDER CHAPTER 388-112A WAC and the letter reference specifically to WAC 388-112A-0710:
What is CPR/first-aid training?
CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

Record review on 01/11/2024 showed CPR/First Aid certification for Staff C, Caregiver, was for an on-line class taken on 11/29/2022. Record review on 02/01/2024 showed CPR/First Aid certification for Staff A, Provider, was for on-line training taken on 05/31/2023.

In an interview on 01/11/2024 at 12:55 PM, Staff A, stated that they thought the requirement for CPR/First Aid had been waived at the time the class was taken and that there were no providers of in-person classes for CPR/First Aid in the city where the AFH was located.

**Attestation Statement**

| Statement of Deficiencies | License #: 752404 | Compliance Determination # 35109 |
|---|---|---|
| Plan of Correction | Belair House | Completion Date |
| Page 4 of 4 | Licensee: Ruth's Home LLC | 02/01/2024 |

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, Belair House is or will be in compliance with this law and / or regulation on (Date) 3-15-2024.

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

Jori K. Broom — Provider (or Representative)

2/7/2024 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

Ruth's Home LLC
Belair House
2811 Lambert Rd
Cle Elum, WA 98922

RE: Belair House # 752404

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/01/2024 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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

Union Gap, WA 98903

• 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 388-76-10350 Assessment Updates required.**

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

The Adult Family Home (AFH) failed to complete an assessment between 11/20/2021 and 12/04/2023 for Resident 1, a non-state funded resident admitted to the AFH on [redacted]2019.

**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.

The Adult Family Home (AFH) failed to have a review and revision of the Negotiated Care Plan between 01/22/2020 and 03/20/2023 for Resident 1, admitted to the AFH on [redacted]2019.

**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 have the Notice of Rights and Services (Admission Agreement) reviewed and signed at least every twenty-four months between admission on [redacted]2019 and 04/25/2023 for Resident 1.

**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 (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

**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

**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