STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Crested Crane Adult Family Home Inc

Crested Crane Adult Family Home Inc
7715 Bernese Rd SW
Lakewood, WA 98498

RE: Crested Crane Adult Family Home Inc License # 752461

Dear Provider:

This letter addresses Compliance Determination(s) 34872 (Completion Date 01/10/2024) and 32168 (Completion Date 12/01/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/10/2024 and found that you have corrected the violations listed in the Full report dated 12/01/2023. Your home is back in compliance as of 12/11/2023 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 388-76-10475-3-a, WAC 388-76-10265-1-d, WAC 388-76-10198-4

The Department staff who did the on-site verification:
Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 11/06/2023 and 11/06/2023 of:

Crested Crane Adult Family Home Inc
7715 Bernese Rd SW
Lakewood, WA 98498

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:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Millie Nduweye
Provider (or Representative)

12/11/2023
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on record review and interview, The Adult Family Home failed to ensure staff initialed medication logs correctly for 2 of 2 residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk for not receiving medications correctly.

Findings included...

Record review on 11/06/2023 at 10:50 AM of Resident 1's Medication Administration Record (MAR) for November 2023 showed AFH staff had pre-signed on administration of all afternoon and night medications for 11/06/2023 before they were given to Resident 1.

Record review on 11/06/2023 at 10:55 AM of Resident 2's MAR for November 2023 showed AFH staff had pre-signed on administration of all afternoon and night medications for 11/06/2023 before they were given to Resident 2.

During interview with Provider on 11/06/2023 at 11:15 AM, they explained that their practice was to have caregivers sign off on resident MARs when medications were placed in the resident medication dosage cups in the morning for all of their medications for the day, not after the residents were given their medications.

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, Crested Crane Adult Family Home Inc is or will be in compliance with this law and / or regulation on (Date) 11/06/2023 .

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

Nillie Ahlweyer
Provider (or Representative)

12/11/2023
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 caregivers (Caregiver 2 and Caregiver 3) completed Tuberculosis testing within 3 days of employment. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of being cared for by a caregiver with unknown tuberculosis status.

RECEIVED
DEC 18 2023
DSHS RCS REGION 3
Tumwater Field Office

Findings included...

Record review of Caregiver 2's personnel file showed their date of hire was 04/03/2023 and their first Tuberculosis skin test was completed on 04/12/2023.

Record review of Caregiver 3's personnel file showed their date of hire was 10/19/2023 and the only tuberculosis record was from an x-ray dated 03/20/2023, before Caregiver 3 was hired. No Tuberculosis skin or blood test was on file.

During interview with Provider on 11/06/2023 at 11:50 AM, they confirmed that Caregiver 2 did get their tuberculosis test on 04/12/2023 and they did not have any record of Caregiver 3 completing a tuberculosis test after being hired.

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, Crested Crane Adult Family Home Inc is or will be in compliance with this law and / or regulation on (Date) 12/11/2023 .

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

Nillie Ahlweyer
Provider (or Representative)

12/11/2023
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to keep fingerprint background checks for 5 of 7 former employees (Former Employees 1, 3, 4, 5, and 7) for two years following employment. This failure prevented the department from being able to verify the criminal backgrounds of former employees.

Findings included...

Record review of personnel file of Former Employee 1 showed no fingerprint background check results or date of departure.

Record review of personnel file of Former Employee 3 showed no fingerprint background check results or date of departure.

Record review of personnel file of Former Employee 4 showed no fingerprint background check results or date of departure.

Record review of personnel file of Former Employee 5 showed no fingerprint background check results or date of departure.

Record review of personnel file of Former Employee 6 showed no fingerprint background check results or date of departure.

During interview with Provider on 11/06/2023 at 11:45 AM, they said the fingerprint results for all five former employees must have been misplaced or they accidentally got thrown away. Provider was given until 11/08/2023 at 5:00 PM to send the missing fingerprint background check results and dates of departure. As of 12/01/2023, no additional documentation had been received by the department.

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, Crested Crane Adult Family Home Inc is or will be in compliance with this law and / or regulation on (Date) 12/11/2023 .

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

Melissa Mulvey — Provider (or Representative)

12/11/2023 — Date

RECEIVED
DEC 18 2023
DSHS RCS REGION 3
Tumwater Field Office

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Crested Crane Adult Family Home Inc
Crested Crane Adult Family Home Inc
7715 Bernese Rd SW
Lakewood, WA 98498

RE: Crested Crane Adult Family Home Inc # 752461

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/01/2023 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:

Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1

Tumwater, WA 98501

• 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 388-76-10522 Resident rights-Notice-Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home failed to have a Medicaid policy form completed and signed for 1 of 5 residents (Resident 1). Provider completed the Medicaid Policy form with resident within 24 hours of inspection. Consultation provided.

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 failed to review the Notice of Services every 24 months for 1 of 5 residents (Resident 2). Provider had Resident 2's representative review and sign an updated Notice of Services within 48 hours on inspection. Consultation provided.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster, Field Manager
Region 3, Unit G
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:
Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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 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

Crested Crane Adult Family Home

License # 752461

12/11/2023

Plan of correction for cited deficiencies:

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s); This requirement was not met as evidenced by:

Based on record review and interview, The Adult Family Home failed to ensure staff initialed medication logs correctly for 2 of 2 residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk for not receiving medications correctly.

Correction: With effect from 11/06/2023 on the day of the full inspection staff are signing medications correctly.

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 caregivers (Caregiver 2 and Caregiver 3) completed Tuberculosis testing within 3 days of employment. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of being cared for by a caregiver with unknown tuberculosis status.

Correction: Provider will ensure that caregivers complete Tuberculosis testing within 3 days of employment.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the

staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to keep fingerprint background checks for 5 of 7 former employees (Former Employees 1, 3, 4, 5, and 7) for two years following employment. This failure prevented the department from being able to verify the criminal backgrounds of former employees.

Correction: Provider will ensure that records are readily accessible.

NB: Fingerprint background checks for former employees 1, 5, and 6 are available but employees 3 and 4 did not go for their appointment as they left employment, and the request was withdrawn.

Please find attached:

-The tuberculosis test for caregiver 3.

-The background fingerprint results for former employees 1, 5, and 6 and the withdrawn record for former employees 3 and 4.

Sincerely,

Millie Mulweye 12/11/2023

Millie Mulweye-Othieno

Provider/Entity representative