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

From The Heart AFH Inc

From The Heart AFH Inc
4408 Artesia
Pasco, WA 99301

RE: From The Heart AFH Inc License # 752493

Dear Provider:

This letter addresses Compliance Determination(s) 45088 (Completion Date 08/12/2024) and 41854 (Completion Date 06/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/12/2024 and found that you have corrected the violations listed in the Full report dated 06/12/2024. Your home is back in compliance as of 07/27/2024 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 388-76-10146-2-b, WAC 388-76-10146-2-e, WAC 388-76-10265-1-d, WAC 388-76-10455-2

The Department staff who did the on-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 #: 752493	Compliance Determination # 41854
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 1 of 5	Licensee: From The Heart AFH Inc	06/12/2024

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 05/28/2024 and 05/28/2024 of:
From The Heart AFH Inc
4412 Artesia Dr
Pasco, WA 99301

The following sample was selected for review during the unannounced on-site visit: 5 of 5 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

06/14/2024
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)

6/18/24
Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure continuing education (CE) requirements and training was in place for 1 of 6 caregiving staff (Staff C). This failure place residents at risk from an unqualified caregiver.

Findings included . . .

Review of Provider Letter dated 05/05/2022 "Emergency Rules and Proposed Rules Files Regarding Long-Term Care Worker (LTCW) Training Requirements" showed the Department of Social and Health Services (department) filed emergency rules to begin reimplementation of long-term care training requirements that were suspended in response to the COVID-19 public health emergency. The rules extended the time in which LTCW must complete training and set specific dates for completing training based on the date of hire. In Provider Letters dated 11/04/2022 and 04/28/2023, the dates to complete the required training were extended. In the Provider Letter dated 10/13/2023 "Basic Training Deadlines and Home Care Aid Certification Deadline Changes for LTCW Qualifications Related to COVID-19" showed when the LTCW must complete training, including required specialty training based on date of hire. Continuing education (CE), 12 hours annually, was required by 08/31/2023.

Review of administrative records on 05/28/2024 showed Staff C, Caregiver, birth month and year 05/04, hired 12/09/2022, had not completed basic training requirements within 120 days of hire or CE requirements for the year 05/04/2023 through 05/04/2024.
In an interview on 05/28/2024 at 3:00 PM, Staff A, Provider, stated that they understood that caregivers did not need Home Care Aid Certification, rather that Nursing Assistant Registered would suffice.

Attestation Statement

Provider (or Representative) _____ Date _____

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure continuing education (CE) requirements and training was in place for 1 of 6 caregiving staff (Staff C). This failure place residents at risk from an unqualified caregiver.

Findings included . . .

Review of Provider Letter dated 05/05/2022 "Emergency Rules and Proposed Rules Files Regarding Long-Term Care Worker (LTCW) Training Requirements" showed the Department of Social and Health Services (department) filed emergency rules to begin reimplementation of long-term care training requirements that were suspended in response to the COVID-19 public health emergency. The rules extended the time in which LTCW must complete training and set specific dates for completing training based on the date of hire. In Provider Letters dated 11/04/2022 and 04/28/2023, the dates to complete the required training were extended. In the Provider Letter dated 10/13/2023 "Basic Training Deadlines and Home Care Aid Certification Deadline Changes for LTCW Qualifications Related to COVID-19" showed when the LTCW must complete training, including required specialty training based on date of hire. Continuing education (CE), 12 hours annually, was required by 08/31/2023.

Review of administrative records on 05/28/2024 showed Staff C, Caregiver, birth month and year 05/04, hired 12/09/2022, had not completed basic training requirements within 120 days of hire or CE requirements for the year 05/04/2023 through 05/04/2024.
In an interview on 05/28/2024 at 3:00 PM, Staff A, Provider, stated that they understood that caregivers did not need Home Care Aid Certification, rather that Nursing Assistant Registered would suffice.

Attestation Statement

Statement of Deficiencies	License # 752493	Compliance Determination # 41854
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 3 of 5	Licensee: From The Heart AFH Inc	06/12/2024

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 7/29/24 .

07/27/2027

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

Jena Usher
Provider (or Representative)

6/18/24
Date

Per telephone call with facility Provider, Jena Usher, on 06/18/2024, the BIC date has been changed to: 07/27/2024. ME

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 interview and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (infectious disease affecting primarily the lungs) (TB) testing was completed within three days of hire for 1 of 7 staff (Staff C). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

Review of administrative records on 05/28/2024 showed Staff C, Caregiver, was hired 12/09/2022. No TB testing was provided for Staff C upon request.

Review of provided administrative records on 06/11/2024 showed TB screening 1st Step for Staff C was completed on 01/12/2024 and the 2nd Step of screening was completed on 01/27/2024, more than a year after date of hire.

In an interview on 06/12/2024, Staff A, Provider, stated that the TB testing requirement had been missed for Staff C as they had been on a leave of absence, not dismissed and rehired, sometime between 01/2023 and 01/2024.

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, From The Heart AFH Inc 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

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(d) Caregiver;

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) testing was completed within three days of hire for 1 of 7 staff (Staff C). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

Review of administrative records on 05/28/2024 showed Staff C, Caregiver, was hired 12/09/2022. No TB testing was provided for Staff C upon request.

Review of provided administrative records on 06/11/2024 showed TB screening 1st Step for Staff C was completed on 01/12/2024 and the 2nd Step of screening was completed on 0127/2024, more than a year after date of hire.

In an interview on 06/12/2024, Staff A, Provider, stated that the TB testing requirement had been missed for Staff C as they had been on a leave of absence, not dismissed and rehired, sometime between 01/2023 and 01/2024.

Attestation Statement

Statement of Deficiencies Plan of Correction Page 4 of 5	License # 752493 From The Heart AFH Inc Licensee: From The Heart AFH Inc	Compliance Determination # 41854 Completion Date 06/12/2024

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) ~~7/29/24~~ 07/27/2024.

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

Provider (or Representative) — Date: 6/18/24

Per telephone call with facility Provider, Jena Usher, on 06/18/2024, the BIC date has been changed to: 07/27/2024. ME

WAC 388-76-10465 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure valid credentials for administration of medication with nurse delegation for 1 of 6 caregiving staff (Staff C). This failure placed residents at risk from an unqualified caregiver.

Findings included . . .

Department of Health credential search on 05/28/2024 showed Staff C, Caregiver, had Nursing Assistant Registered (NAR) credentials that had expired on 06/04/2024.

In an interview with Staff C at 3:00PM, they stated that they did perform Nurse Delegated medication administration of insulin (hormone that regulates blood glucose) to a resident with diabetes (chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces) as recent as the morning of 05/28/2024.

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) ~~7/29/24~~ 07/27/2024.

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

Per telephone call with facility Provider, Jena Usher, on 06/18/2024, the BIC date has been changed to: 07/27/2024. ME

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, From The Heart AFH Inc 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 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure valid credentials for administration of medication with nurse delegation for 1 of 6 caregiving staff (Staff C). This failure placed residents at risk from an unqualified caregiver.

Findings included . . .

Department of Health credential search on 05/28/2024 showed Staff C, Caregiver, had Nursing Assistant Registered (NAR) credentials that had expired on 05/04/2024.

In an interview with Staff C at 3:00PM, they stated that they did perform Nurse Delegated medication administration of insulin (hormone that regulates blood glucose) to a resident with diabetes (chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces) as recent as the morning of 05/28/2024.

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

Statement of Deficiencies Plan of Correction Page 5 of 5	License # 752493 From The Heart AFH Inc Licensee: From The Heart AFH Inc	Compliance Determination # 41854 Completion Date 08/12/2024

Jenny Ulhen
Provider (or Representative)

6/18/24
Date

Provider (or Representative) _____ Date _____