STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

LOCHMOOR ADULT FAMILY HOME INC
LOCHMOOR ADULT FAMILY HOME INC
1258 169TH PL NE
BELLEVUE, WA 98008

RE: LOCHMOOR ADULT FAMILY HOME INC License # 752542

Dear Provider:

This letter addresses Compliance Determination(s) 40042 (Completion Date 04/19/2024) and 37160 (Completion Date 03/08/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/19/2024 and found that you have corrected the violations listed in the Full report dated 03/08/2024. Your home is back in compliance as of 03/27/2024 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 388-76-10015-1, WAC 388-76-10161-2-b, WAC 388-76-10750-7, WAC 388-76-10810-2-b

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit K
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 752542	Compliance Determination #37160
Plan of Correction	LOCHMOOR ADULT FAMILY HOME INC	Completion Date
Page 1 of 6	Licensee: LOCHMOOR ADULT FAMILY HOME INC	03/08/2024

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 02/21/2024 and 02/21/2024 of:
LOCHMOOR ADULT FAMILY HOME INC
1258 169TH PL NE
BELLEVUE, WA 98008

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:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

03/13/2024
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.

IOAN BUTNAR — Provider (or Representative)

03/18/2024 — 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 staff (Staff A, Provider, Staff B, Resident Manager, and Staff C, Caregiver) had no record of respiratory training or respirator fit testing. The AFH failed to obtain a medical test site waiver license (MTSW) as required. These failures placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) and 3 of 3 staff at risk for illness, infection, and placed residents at risk for unmet care needs by unqualified caregivers.

Findings included...

NOTE: Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must include specific elements, including medical clearance approval to wear a respirator, initial and annual fit testing, annual training, record keeping, written program, designated administrator, and identification of respiratory hazards in the workplace. COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability, and death. Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094) and a duty to prevent the spread of infection to residents in their facility.
NOTE: Review of Washington (WA) State Department of Social and Health Services, "Dear Provider" letter dated 04/01/2022, titled "Medical Test Site Waiver Regulatory Requirements", showed certain types of medical testing require a state Medical Test Site Waiver (MTSW) license. One type of activity requiring a MTSW license is testing residents for COVID-19. Other types of medical testing requiring a MTSW license include, but are not limited to, blood glucose tests and urine tests."

<RPP>
Record review of the AFH's undated policy titled, "Respiratory Protection Plan" showed that all caregivers would be fit-tested annually with the make, model, and size of respirators that they will wear. Staff A (Provider), Staff B (Resident Manager), and Staff C (Caregiver) were not fit-tested annually for a N95 respirator. Staff A, B, and C were last fit-tested on 09/30/2022. The AFH had no records of Staff A, B or C being fit tested for a N95 respirator

in 2023 or 2024.

During an interview, on 02/21/2024 at 2:39 PM, Staff A stated that they no longer get fit-tested annually due to the DOSH (Division of Occupational Safety and Health) Directive that stated 11.80 Temporary Enforcement Guidance: Annual Fit-Testing, Respiratory Protection and Face Coverings during COVID-19 Pandemic. This DOSH Directive was rescinded on December 28, 2022.

<MTSW>
During an interview, on 02/21/2024 at 12:01 PM, Staff A (Provider) stated that the AFH does not have a MTSW license in place and that they were unaware of the MTSW license requirement. Staff A stated that the AFH staff conducted rapid COVID tests for the residents, when necessary. They last tested the residents for COVID-19 on 02/20/2024 after sending Resident 5 to the hospital for an upper respiratory tract infection.

Observation, on 02/21/2024 at 12:02 PM, showed several rapid antigen COVID test kits located in a file cabinet drawer in the dining room.

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, LOCHMOOR ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 03/27/2024 .

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

JOAN BUTNAR — Provider (or Representative)

03/18/2024 — Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure that 5 of 5 staff members (Staff A, B, C, D and E) had a national fingerprint background check. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of receiving care from staff and being exposed to individuals in the home whose criminal background history was unknown.

Findings included...

Record review of the AFH's personnel files showed that Staff A (Provider) first licensed the AFH on 12/18/2013. Staff B (Co-Provider and Resident Manager) began working on 12/18/2013. Staff C (Caregiver) was hired by the AFH on 08/24/2016. Staff D (former caregiver) was hired by the AFH on 12/24/2022. Staff E (former caregiver) was hired by the AFH on 08/21/2021. Record review showed no personnel records for Staff A, B, C, D, or E contained final results from a national fingerprint background check.

During an interview, on 03/05/2024 at 03:20 PM, Staff A stated that they cannot locate the records for the national fingerprint background checks. Staff A stated that they will need to get them done for the current employees.

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, LOCHMOOR ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 03/7/2024 .

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

IOAN BUTNAR — Provider (or Representative)

03/18/2024 — Date

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;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep the cleaning supplies in a locked storage and in the original containers. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of harm from exposure to toxic and hazardous materials.

Finding included...

A joint observation, on 02/21/2024 at 10:33 AM, with Staff A (Provider), showed an unlabeled plastic dispenser partially filled with a green solution on the kitchen sink.

During an interview, on 02/21/2024 at 10:33 AM, Staff A stated that the plastic dispenser contained liquid dishwashing detergent that was used to wash the dishes. Staff A stated that they didn't know that the container had to be labeled and kept in locked storage.

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, LOCHMOOR ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 02/22/2024 .

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

IOAN BUTNAR — Provider (or Representative)

03/18/2024 — Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that 1 of 1 fire extinguisher was serviced annually. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm during a fire.

Findings included...

Observation, on 02/21/2024 at 10:30 AM, showed a fire extinguisher mounted on the wall in the hallway by Bathroom 1. The fire extinguisher had a note taped on it that read "Buy and install September 2022".

During an interview, on 02/21/2024 at 10:31 AM, Staff A (Provider) stated that they don't have the fire extinguishers inspected annually. Instead, they purchase a new fire extinguisher every year. Staff A stated that they didn't purchase a new fire extinguisher in September 2023 because each fire extinguisher has a 10-year warranty.

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, LOCHMOOR ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 02/22/2024 .

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

IOAN BUTNAR

Provider (or Representative)

03/18/2024

Date

From: Ioan Butnar

Lochmoor Adult Family Home Inc.
DSHS License #752542
1258 169th. PL NE
Bellevue, WA 98008
Ph.; 425-747-0890 Fax; 425-643-2416 Mobil; 425-445-7644
Email ibafh@comcast.net

Date: 3/18/2024

Regarding: Adult Family Home inspection on 2-21-2024

To: JIMMIE JORDAN BSN, RN. AFH Licensor
Email: Jimmie.Jordan1@dshs.wa.gov

To: Tina Beattie R.C.S. Aging and Long-Term Support Administration WA. D.S.H.S.
Email: tina.beattie@dshs.wa.gov

Hard copy mailed to:

Renee Bourque, Field Manager Residential Care Services
Region 2, Unit K 20311 52nd. AVE W, Suite 100
Lynnwood, WA. 98036

Regarding: Adult Family Home inspection on 2-21-2024

Regarding: WAC 388-76-10015 (Respiratory Protection Program)

The Respiratory Protection Program Policy for our home was made by us in 2021 when was required by the WA. State. This program was in our home at the time of inspection on 2/21/2024 but misplace in a different folder. All staff and caregivers were fit tested in 2021 and 2022. In 2023 I obtain the new regulation based on this information than this program is no longer needed. The article find by me proves that I was wrong. This article stated the following:

DOSH DIRECTIVE
Department of Labor and Industries Division of Occupational Safety and Health *Keeping Washington Safe and Well Working*
11.80 - Temporary Enforcement Guidance:

Annual Fit-Testing, Respiratory Protection and Face Coverings during COVID-19 Pandemic
This DOSH Directive was rescinded on December 28, 2022.

To see L&I's latest workplace safety & health guidance on Coronavirus (COVID-19) visit [illegible]

Contact [illegible] for questions about this DOSH Directive.

Based on this article I was certain that this program is no longer needed. When the licensor investigated this issue, I found that this applies only to a different department in WA not in the Adult Family Home field.
As result we contacted the agency (SECURE ALLIANCE PS. LLC) which will perform the fit testing mask program on all our caregivers plus staff which will be tested on March 27th. 2024 at 3:00 PM. As soon as the test is available, I will forward the documentation to our AFH Licensor.
Regarding the MTSW license we apply for this on 2/22/2024 a copy of application together with the fee was sent via email to our AFH LICENSOR. I called DSHS for this application and I found that is still processing.
(This deficiency will be corrected by 3/27/2024)

WAC 388--76-10161 (Background and fingerprints)

On 2-25-2024 I send to our AFH LICENSOR the background with fingerprints of myself, my wife, and the caregiver in charge. My fingerprints together with my wife were done in 2013. Our caregiver was dated 2017. At the time of inspection those documents were not available to our licensor. To update on this issue, we reapply for a new background together with fingerprints for myself plus my wife. On March 7th. 2024. Those documents were sent via email to our AFH Licensor.

(This deficiency was corrected on 3/7/2024)

WAC 388-76-10750 (Safety and maintenance) (Keep all toxic substances and hazardous materials locked in storage and in their original containers.)

In our Adult Family Home all cleaning supplies are in the laundry room which is equipped with a secure lock. Only the providers and the caregivers have access to this room. In reference to the original container found by our licensor without label of cleaning solution, we replace this with a new container that is properly dated and labeled. In the future time We will assure than this will not happen again.

(This deficiency was corrected on 2/22/2024)

WAC 388-76-10810 (Fire extinguishers)

As a provider for so many years I went to the process of verifying and buying many fire extinguishers for our home.
In one event a few years ago this issue was approached by another AFH Licensor and together with the help from Olympia was determined that once you own a brand new fire extinguisher is valid for 10 years. This information was also obtained by me directly from the manufacturer of the fire extinguishers. (Kidde) Based on this 10 years warranty in 2023 we do not buy any fire extinguishers.
I did know at the time of inspection that once we have a new fire extinguisher it will be necessary to have them serviced annually.
Has been years in the road since we buy those just to be sure they are in order with the law and regulation. To solve this issue, we recently bought a new set of those.
A copy of receipt for new fire extinguishers bought on 2/22/2024 replacement for this year was sent to our AFH Licensor.
(This deficiency was corrected on 2/22/2024)

Thank you,