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

Tierra Village
Coyote House
11864 Sunitsch Canyon Road
Leavenworth, WA 98826

RE: Coyote House License # 752600

Dear Provider:

This letter addresses Compliance Determination(s) 25236 (Completion Date 06/20/2023) and 21508 (Completion Date 04/11/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/20/2023 and found that you have corrected the violations listed in the Full report dated 04/11/2023. Your home is back in compliance as of 05/18/2023 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 388-112A-0710, WAC 388-76-10265-1-c, WAC 388-76-10265-1-d, WAC 388-76-10485-1, WAC 388-76-10485-3

The Department staff who did the on-site verification:
Jo Whitney, 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

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 03/22/2023 and 03/22/2023 of:
Coyote House
11864 Sunitsch Canyon Road
Leavenworth, WA 98826

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:

Jo Whitney, AFH Licensor
Brittney Shull, Community Complaint Investigator
Michelle Closner, Complaint Nurse Field Manager

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

04/17/2023
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)

4-28-2023
Date

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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) did not ensure 5 of 5 staff (Staff A, B, C, D, E) completed a first aid and cardiopulmonary resuscitation (CPR) course that included hands on skill development. This deficient practice placed the five residents of the AFH at risk from untrained staff.

Findings included...

During the COVID pandemic many facility staff training requirements were waived. AFHs were notified 10/07/2022 training was waived from 3/16/2020-10/27/2022; beginning 10/27/2022, staff that require this training must have a valid certificate.

Employee file review on 03/22/2023 found:
- Staff A, Resident Manager, had a certificate of training from an online program completed 07/28/2021, good for two years.
-Staff B, Caregiver, had a certificate of training from an online training program completed in 01/2022.
-Staff C, Caregiver, had a certificate of training from an online training program completed 01/20/2021.
-Staff D, Caregiver, had an undated certificate of training from an online training program.
-Staff E, Caregiver, had a certificate of training from an online training program completed 06/28/2022.

The online training certificates showed the course was passed by exam. On 03/22/2023 at 1:45 PM, Staff A stated classroom programs were not available in 2021; he knew that it was "not a replacement for practical" training.

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, Coyote House is or will be in compliance with this law and / or regulation on (Date) 05-9-2023 .

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

Provider (or Representative) 4-28-2023 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:

(c) Resident manager;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) did not have a system to ensure four of five staff (Staff A, C, D, E) had a tuberculosis (TB) testing when hired and/or a second test as required. This deficient practice placed the residents at risk of exposure to a communicable disease.

Findings included...

During the COVID pandemic many facility staff training requirements were waived. AFHs were notified on 05/26/2022 that staff hired between 4/2/2020 and 6/30/2022 must initiate TB testing by 7/3/2022.

Employee file review completed on 03/22/2023 found:
-Staff A, Resident Manager, hired 06/28/2021 had one TB result from a test 06/28/2021.
-Staff C, Caregiver, hired 08/18/2020 had no TB testing results.
-Staff D, Caregiver, hired 06/10/2022, had no TB testing results.
-Staff E, Caregiver, hired 06/14/2022, had one TB test result for a test on 06/27/2022.

Staff D's file included an undated "Checklist for Newly Hired Employees." The page showed TB test #1 must be completed within 3 days of hire and TB test #2 must be completed from 1 to 3 weeks after first test.

On 03/22/2023 at 11:00 AM, Staff A stated he had not been aware two tests were 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, Coyote House is or will be in compliance with this law and / or regulation on (Date) 05-18-2023 .

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

Provider (or Representative) — Date: 4-28-23

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not ensure 1 of 1 resident (Resident 3) assessed to self-administer their medications kept the medications in locked storage. This deficient practice placed the other residents at potential risk of accidental ingestion of unordered medications.

Findings included...

Resident 3. The assessment dated 02/06/2023 showed Resident 3 could apply topical medications and set up to take his daily medications (supplements).

On 03/22/2023 at 11:06 AM, Resident 3 showed where he stored the supplements he took. Prescribed vitamins and nutritional supplements were stored on an open shelf in his room (Room G), in an unlocked cabinet and the refrigerator in a common use kitchenette.

Interviewed on 03/22/2023 at 11:10 AM, Staff A, Resident Manager, stated Resident 3's assessment was updated to show he managed his own medications because AFH staff could not track when supplements were delivered to the resident. Residents were not to go into other resident rooms per the house rules. The kitchenette by Room G was accessible to all residents in the home.

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, Coyote House 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
1200 Alder Street, Union Gap, WA 98903

AMENDED
04/17/2023

CERTIFIED MAIL

7022 0410 0001 0687 4943

Tierra Village
Coyote House
11864 Sunitsch Canyon Road
Leavenworth, WA 98826

RE: Coyote House # 752600

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/11/2023 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:

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 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

On 03/22/2023, per the February and March 2023 medication logs, Resident 2 was not receiving a daily supplement (Fish Oil/Omega-3 fatty acid) ordered by their physician on 04/28/2022. The logs showed the medication would be given only if needed.

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.

On 03/22/2023, the Notice of Rights and Services (Admission Agreement) for Resident #2 was signed and dated 09/16/2019. The home did not ensure the resident, or their representative reviewed and signed the document every 24 months.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

On 03/22/2023, the Adult Family Home (AFH) did not ensure Resident 2 and 3 or their representatives reviewed and signed the home's Disclosure of Charges.

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before

having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

On 03/22/2023, the Adult Family Home did not ensure two of three new staff (Staff D, E) completed a facility orientation per requirement.

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

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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 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