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) 50818 (Completion Date 11/27/2024) and 46766 (Completion Date 10/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/27/2024 and found that you have corrected the violations listed in the Full report dated 10/07/2024. Your home is back in compliance as of 11/21/2024 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-c, WAC 388-76-10146-2-b, WAC 388-76-10146-2-e, WAC 388-76-10146-3, WAC 388-76-10146-3-a, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

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

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, 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 #: 752600	Compliance Determination # 46766
Plan of Correction	Coyote House	Completion Date
Page 1 of 6	Licensee: Tierra Village	10/07/2024

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 09/05/2024 and 09/12/2024 of:

Coyote House
11864 Sunitsch Canyon Road
Leavenworth, WA 98826

The following sample was selected for review during the unannounced on-site visit: 6 of 6 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.

Selena Clemons
Residential Care Services

10/14/2024
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)

10-22-2024
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;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure basic training, specialty training, and 12 hours of continuing education (CE) were completed within the required timeframe for 4 of 4 current caregiving staff (Staff A, B, C, & D). This failure resulted in residents receiving care from unqualified caregivers.

Findings included . . .

On 09/05/2024, Staff A, Provider, and Staff B, Caregiver, were observed providing care and services to residents in the AFH.

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,

Provider (or Representative) Date

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure basic training, specialty training, and 12 hours of continuing education (CE) were completed within the required timeframe for 4 of 4 current caregiving staff (Staff A, B, C, & D). This failure resulted in residents receiving care from unqualified caregivers.

Findings included . . .

On 09/05/2024, Staff A, Provider, and Staff B, Caregiver, were observed providing care and services to residents in the AFH.

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. A table attached to the letter of 10/13/2023 showed all LTCW hired between 08/17/2019 through 06/30/2023 would need to have completed basic and specialty trainings no later than 11/30/2023.

Review of Department's Secure Tracking and Reporting System (STARS) showed the AFH was approved for the developmental disabilities specialty only.

On 09/05/2024 review of Resident 3's record showed that the resident was admitted to the home on [redacted]/2023. The resident's Department assessment dated 10/30/2023 showed the resident had a diagnosis of [redacted].

On 09/05/2024 review of Resident 6's record showed that the resident was admitted to the home on [redacted]/2024. The resident's Department assessment dated 07/15/2024 showed the resident had a diagnosis of [redacted].

Review of administrative records on 09/05/2024 showed:

- Staff A, hired 06/18/2021, had not completed the required annual 12 hours of CE for period 06/01/2023 through 06/01/2024.
- Staff B, hired 09/15/2017, had not completed the required annual 12 hours of CE for period 05/17/2023 through 05/17/2024.
- Staff C, Caregiver, hired 08/18/2020, had not completed basic training requirements or the development disabilities specialty training.
- Staff D, Caregiver, hired 06/14/2022, had not completed basic training requirements.

In an interview on 09/12/2024 at 11:40AM, Staff A, Provider, stated that they had not completed their required CE hours, Staff B had not completed their required CE hours, neither Staff C nor Staff D had completed basic training for LTCW, and Staff C had not completed the developmental disability specialty 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) 11-21-2024.

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

Provider (or Representative) — Date: 10-22-24

including required specialty training based on date of hire. Continuing education (CE), 12 hours annually, was required by 08/31/2023. A table attached to the letter of 10/13/2023 showed all LTCW hired between 08/17/2019 through 06/30/2023 would need to have completed basic and specialty trainings no later than 11/30/2023.

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Review of administrative records on 09/05/2024 showed:

- Staff A, hired 06/18/2021, had not completed the required annual 12 hours of CE for period 06/01/2023 through 06/01/2024.
- Staff B, hired 09/15/2017, had not completed the required annual 12 hours of CE for period 05/17/2023 through 05/17/2024.
- Staff C, Caregiver, hired 08/18/2020, had not completed basic training requirements or the development disabilities specialty training.
- Staff D, Caregiver, hired 06/14/2022, had not completed basic training requirements.

In an interview on 09/12/2024 at 11:40AM, Staff A, Provider, stated that they had not completed their required CE hours, Staff B had not completed their required CE hours, neither Staff C nor Staff D had completed basic training for LTCW, and Staff C had not completed the developmental disability specialty training.

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Provider (or Representative) Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain an updated Washington state name of date of birth background check (BGI) result every two years for 2 of 4 staff (Staff C & D). This failure placed residents at risk from receiving care from a staff member with a potentially disqualifying finding.

Findings included...

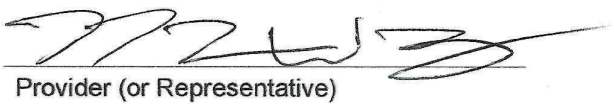
Record review on 09/05/2024 showed Staff C, Caregiver, had a BGI that expired on 09/03/2024 (two days overdue) and that Staff D, Caregiver, had a BGI that expired on 06/30/2024 (sixty-seven days overdue).

In an interview on 09/12/2024 at 11:40 AM, Staff A, Provider, stated that some administrative tasks were now being done by another person and the BGIs for these staff were missed.

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) 9-19-24 .

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



Provider (or Representative)

10-22-24

Date

WAC 388-76-10430 Medication system.

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

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain an updated Washington state name of date of birth background check (BGI) result every two years for 2 of 4 staff (Staff C & D). This failure placed residents at risk from receiving care from a staff member with a potentially disqualifying finding.

Findings included...

Record review on 09/05/2024 showed Staff C, Caregiver, had a BGI that expired on 09/03/2024 (two days overdue) and that Staff D, Caregiver, had a BGI that expired on 06/30/2024 (sixty-seven days overdue).

In an interview on 09/12/2024 at 11:40 AM, Staff A, Provider, stated that some administrative tasks were now being done by another person and the BGIs for these staff were missed.

Attestation Statement

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

Provider (or Representative) Date

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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have current medication orders, medication logs, and medication supply for 1 of 6 residents (Resident 3). This failed practice placed the resident at risk for medication errors.

Findings included . . .

The medication logs were created at the AFH and were divided into two logs, one with scheduled medications and one for as needed (PRN) medications.

<Resident 3>

Resident 3's Department assessment dated 04/16/2024 showed the resident required assistance with medications.

On 09/05/2024 at 2:15 OM, the August 2024 and September 2024 medication logs, medication supply, and primary care physician orders (dated 08/14/2024) were reconciled.

- Dicyclomine (treatment of intestinal spasms) 20 milligrams (mg) by mouth (PO) three times daily (TID) PRN was ordered and on medication logs though no supply seen in home.
- Magnesium (supplement) 1 gram (G) PO daily PRN was ordered though not on medication logs and no supply seen in the home.
- Vitamin C (supplement) oral powder daily was on the medication log with no dosage and was initialed as given daily at 6:00 PM 08/01/2024, 08/10/2024 through 08/24/2024, 08/26/2024 through 08/31/2024 and 09/01/204 through 09/04/2024 though was not on physician order list.
- Vitamin D3 (supplement) 25 micrograms (mcg) PO daily was on the medication logs with no dosage and was initialed as given daily at 8:00 AM 08/01/2024, 08/10/2024 through 08/31/2024, and 09/01/204 through 09/05/2024 though was not on physician order list.
- Bisocodyl (treatment of constipation) 5 mg PRN with no frequency listed was on the medication logs though was not on the physician order list.
- Lysine (supplement) 500 mg PO PRN with no frequency listed was on the medication

logs though was not on the physician order list.
- Fish Oil (supplement) 1,200 mg PO PRN with no frequency listed was on the medication logs though was not on the physician order list.
- Tumeric (supplement) 400 mg PO PRN with no frequency listed was on the medication logs though was not on the physician order list.

In an interview on 09/12/2024 at 11:30 AM, Staff A, Provider, acknowledged there was no supply of Dicyclomine and Magnesium for Resident 3. Staff A stated that the other medications on medication logs may have been ordered by another physician at the request of Resident 3's family.

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) 11-21-2024 .

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

Provider (or Representative)

10-22-2024
Date

logs though was not on the physician order list.
- Fish Oil (supplement) 1,200 mg PO PRN with no frequency listed was on the medication logs though was not on the physician order list.
- Tumeric (supplement) 400 mg PO PRN with no frequency listed was on the medication logs though was not on the physician order list.

In an interview on 09/12/2024 at 11:30 AM, Staff A, Provider, acknowledged there was no supply of Dicyclomine and Magnesium for Resident 3. Staff A stated that the other medications on medication logs may have been ordered by another physician at the request of Resident 3's family.

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)_____ .

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Provider (or Representative) _____ Date _____