STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Assurecare Adult Home, LLC
Assurecare Adult Home LLC #1
4813 144th Street E
Tacoma, WA 98446

RE: Assurecare Adult Home LLC #1 License # 752659

Dear Provider:

This letter addresses Compliance Determination(s) 27112 (Completion Date 07/18/2023) and 24809 (Completion Date 06/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/18/2023 and found that you have corrected the violations listed in the Full report dated 06/05/2023. Your home is back in compliance as of 06/27/2023 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 388-76-10280-2, WAC 388-76-10375-2, WAC 388-76-10375-1, WAC 388-76-10375

The Department staff who did the off-site verification:
Ibe Hatch, Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 05/31/2023 and 06/05/2023 of:

Assurecare Adult Home LLC #1
10902 47th Ave SW
Lakewood, WA 98499

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Ibe Hatch, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Provider (or Representative) Date

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record reviews the adult family home failed to ensure two of two caregivers (Staff A and Staff B) completed tuberculosis [(TB), a respiratory communicable disease] testing as required. This failure placed four residents at risk of exposure to an infectious disease.

Findings included...

On 05/31/2023, at 11:00 a.m., observation showed Staff A and Staff B providing care to residents.

Review of Staff A's file showed they completed a TB test 12/23/2020. Review of Staff B's file showed they completed a TB test 12/23/2020. Their files did not include documentation a second TB test was done.

On 05/312023, at 2:00 p.m., the Entity Representative said because their tests were negative, they did not think a second test was 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, Assurecare Adult Home LLC #1 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home (AFH) failed to ensure 1 of 2 residents [Resident 3 (R3)] negotiated care plan (NCP) was signed and dated. This failure potentially prevented R3 from having input into, or being in agreement with R3's plan of care.

Findings included...

On 05/31/2023, at 10:30 a.m., observation showed R3 in bed. Record review noted R3 was admitted to the AFH on [redacted]/2021. Review of R3's NCP, dated 12/01/2022, showed it was not signed or dated.

On 05/31/2023, at 2:10 p.m., the Entity Representative said they overlooked getting the NCP signed.

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, Assurecare Adult Home LLC #1 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
PO Box 99250, Lakewood, WA 98496

Assurecare Adult Home, LLC
Assurecare Adult Home LLC #1
4813 144th Street E
Tacoma, WA 98446

RE: Assurecare Adult Home LLC #1 # 752659

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/05/2023 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10165 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 .

Review of Staff A's employee file showed their background check expired 12/16/2022, was not renewed until 02/17/2023, and showed no negative findings. Review of Staff B's file showed their background check expired 04/30/2023. Staff B's background check was renewed during the inspection and showed no negative findings.

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 (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A

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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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