



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Rite Choice Ventilator Specialty AFH LLC
Rite Choice Ventilator Specialty AFH LLC
15208 NE 25th Circle
Vancouver, WA 98684

RE: Rite Choice Ventilator Specialty AFH LLC License # 752667

Dear Provider:

This letter addresses Compliance Determination(s) 43949 (Completion Date 07/10/2024) and 42045 (Completion Date 05/30/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/10/2024 and found that you have corrected the violations listed in the Follow up report dated 05/30/2024. Your home is back in compliance as of 06/30/2024 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 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2

The Department staff who did the on-site verification:
Hongyan Cluer, RN, ALF Licenser

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 752667	Compliance Determination # 42045
Plan of Correction	Rite Choice Ventilator Specialty AFH LLC	Completion Date
Page 1 of 3	Licensee: Rite Choice Ventilator Specialty AFH LLC	05/30/2024

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 an unannounced on-site follow-up on 05/30/2024 and 05/30/2024 of:

Rite Choice Ventilator Specialty AFH LLC
15208 NE 25th Circle
Vancouver, WA 98684

This document references the following SOD dated: 05/30/2024

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hongyan Cluer, RN, ALF Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

06/04/2024

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.

This document was prepared by Residential Care Services for the Locator website.

06.12.2024 14:02:28

State of Washington

4/5

Statement of Deficiencies	License #: 752667	Compliance Determination # 42045
Plan of Correction	Rite Choice Ventilator Specialty AFH LLC	Completion Date
Page 2 of 3	Licensee: Rite Choice Ventilator Specialty AFH LLC	05/30/2024



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 interview and record review, adult family home (AFH) provider failed to develop a system to ensure the negotiated care plan was agreed upon and signed for 2 of 2 sampled residents (Resident 1 /R1 and Resident 2/R2). This failure put the residents at risk for being cared for in a manner that was not agreed upon by them or their representatives.

Findings included....

An unannounced, follow up visit was conducted on 05/30/2024.

Review of R1's medical record showed R1 moved into the AFH on [REDACTED]/2022 with multiple diagnoses including [REDACTED]. The negotiated care plan (NCP) dated 04/01/2022 was signed by the AFH provider on 01/30/2024. No signature from R1 or their representative was found on the NCP document.

Review of R2's medical record showed R2 moved into the AFH on [REDACTED]/2021 with multiple diagnoses including [REDACTED]. The negotiated care plan (NCP), dated 10/04/2021, was signed by an AFH staff and R2 on 04/20/2023. The record review did not show a current NCP with signatures from the AFH or R2 or their representative.

During interview at 02:08 PM, Staff A, AFH Office Manager, stated that they did not have any other NCP with signatures from R1, R2, or their representatives.

During interview at 02:50 PM, Staff B, AFH Office Manager Assistant, stated that they did not have any other NCP with signature from R1, R2, or their representatives.

This is an uncorrected deficiency which previously cited on 05/07/2024.

Attestation Statement

This document was prepared by Residential Care Services for the Locator website.

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 interview and record review, adult family home (AFH) provider failed to develop a system to ensure the negotiated care plan was agreed upon and signed for 2 of 2 sampled residents (Resident 1 /R1 and Resident 2/R2). This failure put the residents at risk for being cared for in a manner that was not agreed upon by them or their representatives.

Findings included....

An unannounced, follow up visit was conducted on 05/30/2024.

Review of R1's medical record showed R1 moved into the AFH on [REDACTED]/2022 with multiple diagnoses including [REDACTED]. The negotiated care plan (NCP) dated 04/01/2022 was signed by the AFH provider on 01/30/2024. No signature from R1 or their representative was found on the NCP document.

Review of R2's medical record showed R2 moved into the AFH on [REDACTED]/2021 with multiple diagnoses including [REDACTED]. The negotiated care plan (NCP), dated 10/04/2021, was signed by an AFH staff and R2 on 04/20/2023. The record review did not show a current NCP with signatures from the AFH or R2 or their representative.

During interview at 02:08 PM, Staff A, AFH Office Manager, stated that they did not have any other NCP with signatures from R1, R2, or their representatives.

During interview at 02:50 PM, Staff B, AFH Office Manager Assistant, stated that they did not have any other NCP with signature from R1, R2, or their representatives.

This is an uncorrected deficiency which previously cited on 05/07/2024.

Attestation Statement

06.12.2024 14:02:28

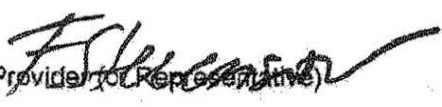
State of Washington

5/5

Statement of Deficiencies	License #: 752667	Compliance Determination # 42045
Plan of Correction	Rite Choice Ventilator Specialty AFH LLC	Completion Date
Page 3 of 3	Licensee: Rite Choice Ventilator Specialty AFH LLC	05/30/2024

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, Rite Choice Ventilator Specialty AFH LLC is or will be in compliance with this law and / or regulation on
(Date) 6/30/2024.

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


Provider (or Representative)

6/18/2024
Date

This document was prepared by Residential Care Services for the Locator website.

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, Rite Choice Ventilator Specialty AFH LLC 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



DSHS REGIONAL
VANCOUVER

MAY 29 2024

RECEIVED

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 752667	Compliance Determination # 40964
Plan of Correction	Rite Choice Ventilator Specialty AFH LLC	Completion Date
Page 1 of 3	Licensee: Rite Choice Ventilator Specialty AFH LLC	05/10/2024

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 05/07/2024 and 05/10/2024 of:

Rite Choice Ventilator Specialty AFH LLC
15208 NE 25th Circle
Vancouver, WA 98684

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hongyan Cluer, RN, ALF Licenser

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

05/15/2024

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.

This document was prepared by Residential Care Services for the Locator website.

F. Stevenson
Provider (or Representative)

5/29/2024
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 interview and record review, adult family home (AFH) provider failed to develop a system to ensure the negotiated care plan was agreed upon and signed for 1 of 2 sampled residents (Resident 2 / R2) reviewed for current negotiated care service agreements. This failure put the resident/their representatives at risk for not having informed consent to their plan of care.

Findings included...

An unannounced inspection visit was conducted on 05/07/2024.

Review of R2's medical record showed R2 moved into the AFH on [REDACTED]/2024 with multiple diagnoses including [REDACTED]. No signature from R2 or their representative was found on the negotiated care plan (NCP) dated [REDACTED] 2024.

During interview at 01:24 PM, Staff A, office manager assistant, stated that she will get care plans signed as soon as possible from R2 and their representative.

This deficiency was consulted on last full inspection on 4/21/2022.

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, Rite Choice Ventilator Specialty AFH LLC is or will be in compliance with this law and / or regulation on

(Date) 5/29/2024

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

F. Stevenson
Provider (or Representative)

5/29/2024
Date

Statement of Deficiencies	License #: 752667	Compliance Determination # 40964
Plan of Correction	Rite Choice Ventilator Specialty AFH LLC	Completion Date
Page 3 of 3	Licensee: Rite Choice Ventilator Specialty AFH LLC	05/10/2024

We have corrected the deficiencies that were found from our inspection on May 7th 2024. The inspector was on site May 7th completing the inspection, we were given a deadline of faxing over the requested inventory sheet, NCP documents to the inspector by May 8th at 2:00 pm. The inventory sheet was completed and signed by POA the 7th of May. The NCP was updated by RN and signed by POA on the 7th. All requested documents were faxed the morning of May 8th 2024.

We have created a quarterly plan review of all required resident documentation The process is pulling up the tracking spreadsheet, reviewing the documentation in all resident binders, archiving out dated information into the google drive, updating documentation as needed, using DocuSign to get the POA signatures in a timely manner, adding due dates to the calendar for management to track progress of updated renewals.

Thank you,

Fairuza Steveson, Owner, RN, BSN



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

05/15/2024

Rite Choice Ventilator Specialty AFH LLC
Rite Choice Ventilator Specialty AFH LLC
15208 NE 25th Circle
Vancouver, WA 98684

RE: Rite Choice Ventilator Specialty AFH LLC # 752667

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/10/2024 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

- 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

- (a) The resident; and
- (b) The adult family home.

No record of personal belongings inventory was found in Resident 1 and Resident 2's files during the onsite inspection visit on 05/07/2024. The AFH completed it and signed and dated on 05/07/2024 after this licensor's departure.

WAC 388-76-10650 Medical devices.

- (2) Before a medical device with a known safety risk is used by a resident, the home must:
- (c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

Resident 1 and Resident 2's negotiated care plan did not include how they would use the [REDACTED] while this licensor was onsite on 05/07/2024. The AFH updated the care plans and signed on them on 05/08/2024.

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 (360)450-1218.

Sincerely,



Michael Burdick, Field Manager
Region 3, Unit F
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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 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