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

From The Heart AFH Inc

From The Heart AFH Inc
4441 West Airport Freeway, Suite 160
Irving, TX 75062

RE: From The Heart AFH Inc License # 752695

Dear Provider:

This letter addresses Compliance Determination(s) 39693 (Completion Date 05/08/2024) and 34448 (Completion Date 02/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/08/2024 and found that you have corrected the violations listed in the Full report dated 02/14/2024. Your home is back in compliance as of 03/30/2024 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 388-76-10475-1, WAC 388-76-10475-3-a, WAC 388-76-10475-3-b, WAC 388-76-10475-3, WAC 388-76-10475-3-c, WAC 388-76-10475-3-c-i, WAC 388-76-10475-3-c-ii, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-3-c-iv, WAC 388-76-10475-4, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10280, WAC 388-76-10280-1, WAC 388-76-10280-2, WAC 388-112A-0081-1, WAC 388-112A-0610-1-a-iv, WAC 388-112A-0610-1-a-iii, WAC 388-112A-0610-1-f

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

Statement of Deficiencies	License #: 752695	Compliance Determination # 34448
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 1 of 10	Licensee: From The Heart AFH Inc	02/14/2024

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 12/27/2023 and 01/12/2024 of:
From The Heart AFH Inc
4407 Segovia Dr
Pasco, WA 99301

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:

Jo Whitney, 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.

Michelle Closner
Residential Care Services

02/21/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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

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Jo Whitney, AFH Licensor

From:
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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.

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.

Jenny Usher
Provider (or Representative)

2/26/24
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(b) If the medication was refused and the reason for the refusal; and

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

(4) Ensure that the changed or new medication is received from the pharmacy.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have system to ensure 2 of 2 residents (Resident 3, 5) had accurate medications log, the prescriber was contacted to clarify orders and they received medication as ordered. This failure placed the resident at risk of medication error.

Findings included....

Resident 5's assessment dated 09/12/2023, showed they needed assistance with medications and received services from a behavior support program. Physician's orders

Provider (or Representative) Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(b) Name of all prescribed and over-the-counter medications;

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This requirement was not met as evidenced by:

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Findings included….

Resident 5's assessment dated 09/12/2023, showed they needed assistance with medications and received services from a behavior support program. Physician's orders

dated 11/09/2023 included directions to give Citalopram (antidepressant) 20 milligrams (mg) daily and Melatonin (promotes sleep) 5 mg every night. On 12/27/2023, prescriber orders, the supply and the medication log were reconciled.

On 12/27/2023, the December 2023 medication log did not list the Citalopram order and no supply was in the cart. The December 2023 log listed Melatonin 3 milligrams (mg) give nightly; the supply was 3 mg. On 12/27/2023 at 3:00 PM, Staff G, Administrative Support, did not know why the Citalopram was not on the log.

On 02/16/2024 at 2:15 PM, Staff B, Caregiver, stated Resident 5 had a medication in storage they were not giving because they did not have an order. The pharmacy labeled supply of Citalopram 10 mg delivered to the AFH on 08/09/2023, showed to give daily. The stored supply was unused. Staff B stated they had contacted the prescriber to clarify the order.

On 12/27/2023 at 3:00 PM, Resident 5's December 2023 medication log was not initialed by staff showing medication was given or not given for an identified reason (rejected, away, given by family).

12/01/2023 at 8:00 PM Melatonin 3 mg
12/04/2023 at 5:00 PM Donepezil (treatment of dementia) 5 mg
12/07/2023 at 8:00 PM Melatonin 3 mg
12/11/2023 at 5:00 PM Donepezil 5 mg. At 8:00 PM Melatonin 3 mg
12/13/2023 at 8:00 PM Melatonin 3 mg
12/14/2023 at 5:00 PM Donepezil 5 mg. At 8:00 PM Melatonin 3 mg
12/15/2023 at 5:00 PM Donepezil 5 mg. At 8:00 PM Melatonin 3 mg
12/18/2023 at 7:30 AM Glipizide (blood sugar management) 2.5 mg. At 8:00 AM Atorvastatin (reduces cholesterol) 10 mg, Vitamin D3 (nutritional supplement) 2000 units, Lisinopril (lower blood pressure) 5 mg.
12/19/2023 at 5:00 PM Donepezil 5 mg. At 8:00 PM Melatonin 3 mg
12/20/2023 at 5:00 PM Donepezil 5 mg. At 8:00 PM Melatonin 3 mg
12/21/2023 at 5:00 PM Donepezil 5 mg. At 8:00 PM Melatonin 3 mg
12/26/2023 at 7:30 AM Glipizide (blood sugar management) 2.5 mg. At 8:00 AM Atorvastatin (reduces cholesterol) 10 mg, Vitamin D3 (nutritional supplement) 2000 units, Lisinopril (lower blood pressure) 5 mg. At 5:00 PM Donepezil 5 mg

Resident 3's assessment dated 01/06/2023 showed they needed assistance with medications. On 12/27/2023, prescriber orders, the supply and the medication log were reconciled.

On 12/27/2023 at 3:15 PM, Resident 3's December 2023 medication log was not initialed by staff showing medication was given or not given for an identified reason (rejected, away, given by family, held, missing).

12/07/2023 at 8:00 PM Lisinopril (medication for high blood pressure) 20 mg
12/08/2023 at 8:00 PM Lisinopril 20 mg

12/09/2023 at 8:00 PM Senna (treat constipation) 8.6 mg.
12/13/2027 at 8:00 PM Lisinopril 20 mg,, and Senna 8.6 mg.
12/14/2027 at 8:00 PM Fish oil (nutritional supplement) 1,000 mg, Lisinopril 20 mg, and Senna 8.6 mg.
12/18/2023 at 7:00 AM Levothyroxine (hormone replacement) 75 micrograms. At 8:00 AM Clotrimazole (antifungal) cream, Loratadine (antihistamine) 10 mg, Meloxicam (anti-inflammatory) 7.5 mg, Metoprolol succinate (lower blood pressure) 75 mg, MiraLAX (laxative) 17 gram, Olopatadine (relieve itchy eyes) drop each eye, Senna 8.6 mg, Terazosin (blood pressure management). At 4:00 PM Diclofenac (topical pain relief) gel. At 8:00 PM Diclofenac (topical pain relief) gel, Fish oil (nutritional supplement) 1,000 mg, Lisinopril 20 mg, Olopatadine drop each eye, and Senna 8.6 mg.
12/19/2023 at 4:00 PM Diclofenac (topical pain relief) gel. At 8:00 PM Diclofenac (topical pain relief) gel, Fish oil (nutritional supplement) 1,000 mg, Lisinopril 20 mg, Olopatadine drop each eye, and Senna 8.6 mg.
12/20/2023 at 4:00 PM Diclofenac (topical pain relief) gel. At 8:00 PM Diclofenac (topical pain relief) gel, Olopatadine drop each eye, and Senna 8.6 mg.
12/21/2023 at 4:00 PM Diclofenac (topical pain relief) gel. At 8:00 PM Diclofenac (topical pain relief) gel, Fish oil (nutritional supplement) 1,000 mg, Lisinopril 20 mg, Olopatadine drop each eye, and Senna 8.6 mg.
12/22/2023 at 4:00 PM Diclofenac (topical pain relief) gel. At 8:00 PM Diclofenac (topical pain relief) gel, and Olopatadine drop each eye.
12/24/2023 at 8:00 PM Diclofenac (topical pain relief) gel, Fish oil (nutritional supplement) 1,000 mg, Olopatadine drop each eye, Lisinopril 20 mg, and Senna 8.6 mg.
12/26/2023 at 7:00 AM Levothyroxine (hormone replacement) 75 micrograms. At 8:00 AM Clotrimazole (antifungal) cream, Loratadine (antihistamine) 10 mg, Meloxicam (anti-inflammatory) 7.5 mg, Metoprolol succinate (lower blood pressure) 75 mg, MiraLAX (laxative) 17 gram, Olopatadine (relieve itchy eyes) drop each eye, Senna 8.6 mg, Terazosin (blood pressure management). At 4:00 PM Diclofenac (topical pain relief) gel. At 8:00 PM Diclofenac (topical pain relief) gel, Olopatadine drop each eye, and Senna 8.6 mg.

On 02/16/2024 at 2:15 PM, Staff B stated Staff G would review the medication logs for accuracy. Staff B stated that it was expected that staff initial/record when they gave medication to a resident or note a reason why it was not given.

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date)_ 3/30/24

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

Jenny Ulmer
Provider (or Representative)

2/24/24
Date

12/09/2023 at 8:00 PM Senna (treat constipation) 8.6 mg.
12/13/2027 at 8:00 PM Lisinopril 20 mg,, and Senna 8.6 mg.
12/14/2027 at 8:00 PM Fish oil (nutritional supplement) 1,000 mg, Lisinopril 20 mg, and Senna 8.6 mg.
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12/20/2023 at 4:00 PM Diclofenac (topical pain relief) gel. At 8:00 PM Diclofenac (topical pain relief) gel, Olopatadine drop each eye, and Senna 8.6 mg.
12/21/2023 at 4:00 PM Diclofenac (topical pain relief) gel. At 8:00 PM Diclofenac (topical pain relief) gel, Fish oil (nutritional supplement) 1,000 mg, Lisinopril 20 mg, Olopatadine drop each eye, and Senna 8.6 mg.
12/22/2023 at 4:00 PM Diclofenac (topical pain relief) gel. At 8:00 PM Diclofenac (topical pain relief) gel, and Olopatadine drop each eye.
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Provider (or Representative) Date

Statement of Deficiencies	License # 752695	Compliance Determination # 34448
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 5 of 19	Licensee: From The Heart AFH Inc	02/14/2024

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 record review and interview, the Adult Family Home (AFH) failed to have system that ensured background check results were not over two years for 1 of 4 current staff (Staff D, G) and 1 of 4 former staff (Staff O). This failure placed the residents at risk from disqualified staff.

Findings included...

Current and former staff records reviewed on 12/27/2023 showed:

Staff D, Caregiver, was hired 09/03/2021. Their background check result dated 09/08/2021 was over two years old before it was renewed on 01/09/2024.

Staff G, Caregiver, was hired 02/10/2020. Their background result was dated 02/10/2021, it was over two years old before it was renewed on 01/29/2024.

Staff O, Caregiver, was rehired 02/22/2021 and left employment 05/24/2022. Their background result was dated 06/21/2019, expiring on 06/21/2021. Staff O worked without a current background result for 337 days before they left employment.

On 01/29/2024 at 10:00 AM, Staff A, Provider, stated they thought they had reviewed for expiring background checks and were unaware of those over two years old.

Attestation Statement

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Jena Ulmer — Provider (or Representative)

2/26/24 — 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:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

(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 and interview, the Adult Family Home (AFH), failed to have a system to ensure 2 of 5 staff (Staff C, E) hired since the last inspection had tuberculosis (TB) testing within 3 days of hire, a second step or provided a record of previous test results. This failure placed the residents at risk of exposure to communicable disease.

Findings included...

Employee file review on 12/27/2023 showed:

Staff C, Caregiver, was hired 10/05/2023. Their employee file did not include a TB test result completed within 3 days of starting work and a second result completed 1-3 weeks later.

Staff E, Caregiver, was hired 11/02/2023. Their employee file did not include a TB test result completed within 3 days of starting work, a second result completed within 1-3 weeks or a record of two previous results.

On 01/29/2024 at 1:30 PM, Staff A stated Staff C had a TB testing, but the record was misplaced, and they started the test series over. Staff E was also tested; Staff A did not know where the record was.

Attestation Statement

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Provider (or Representative) _____ Date _____

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Staff E, Caregiver, was hired 11/02/2023. Their employee file did not include a TB test result completed within 3 days of starting work, a second result completed within 1-3 weeks or a record of two previous results.

On 01/29/2024 at 1:30 PM, Staff A stated Staff C had a TB testing, but the record was misplaced, and they started the test series over. Staff E was also tested; Staff A did not know where the record was.

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

Provider (or Representative) 2/20/24 Date

WAC 388-112A-0081 When must long-term care workers who were working or hired during the COVID-19 public health emergency complete training, including required specialty training?

(1) Unless exempt from training as described in WAC 388-71-0839 or WAC 388-112A-0090 , a long-term care worker affected by the COVID-19 public health emergency must complete training, including required specialty training, as follows: Worker hired or rehired during the time frame of: Must complete basic training no later than: 8/17/2019 to 9/30/2020 10/31/2022 10/1/2020 to 4/30/2021 1/31/2023 5/1/2021 to 9/31/2022 4/30/2023 4/1/2022 to 9/30/2022 8/31/2023 10/1/2022 - 12/31/2022 or the end of the COVID-19 training waivers established by gubernatorial proclamation, whichever is later 9/30/2023 or within 120 days after the end of the COVID-19 training waivers established by gubernatorial proclamation, whichever is later After the end of the COVID-19 training waivers established by gubernatorial proclamation or beginning 1/1/2023, whichever is later Standard training

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff B) completed the Long-Term-Care Worker training requirements in the allowed timeframe. This failure placed the residents at risk from untrained/unqualified staff.

Findings included .

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 04/26/2023, 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. Currency in continuing education (CE), 12 hours annually, was required by 08/31/2023.

Employee file review on 12/27/2023 showed.

Staff B, Caregiver, was rehired in 07/1/2023, they worked daily at the AFH. Staff B did not complete a basic training course and required specialty training within 120 days of hire (11/01/2023).

Provider (or Representative) _____ Date _____

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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. Currency in continuing education (CE), 12 hours annually, was required by 08/31/2023.

Employee file review on 12/27/2023 showed:

Staff B, Caregiver, was rehired in 07/1/2023, they worked daily at the AFH. Staff B did not complete a basic training course and required specialty training within 120 days of hire (11/01/2023).

On 12/27/2023 at 4:00 PM, Staff G, Administrative Support, stated they had contacted a local instructor to teach the basic training modules. The class scheduling had been delayed by the instructor.

On 01/29/2024 at 10:00 AM, Staff A, Provider stated Staff B was enrolled in the basic training program and registered to take the specialty trainings.

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 3/30/24.

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

Provider (or Representative) — Date 2/24/24

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure annual continuing education including food safety training for 3 of 3 staff (Staff A, D, F) was completed. This failure placed the residents at risk from unqualified staff.

On 12/27/2023 at 4:00 PM, Staff G, Administrative Support, stated they had contacted a local instructor to teach the basic training modules. The class scheduling had been delayed by the instructor.

On 01/29/2024 at 10:00 AM, Staff A, Provider stated Staff B was enrolled in the basic training program and registered to take the specialty trainings.

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, From The Heart AFH Inc 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 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure annual continuing education including food safety training for 3 of 3 staff (Staff A, D, F) was completed. This failure placed the residents at risk from unqualified staff.

Statement of Deficiencies	License # 752695	Compliance Determination # 34448
Plan of Correction	From The Heart AFH inc	Completion Date
Page 9 of 10	Licensee: From The Heart AFH inc	02/14/2024

Findings included...

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. Currency in continuing education (CE), 12 hours annually, was required by 08/31/2023

Employee file review on 12/27/2023 showed:

Staff A, Provider. Credential: Nursing Assistant Registered. Their file did not include certificates of CE hours completed between July 2021-July 2022 and between July 2022-2023. They did not have current food safety training.

Staff D, Caregiver, was hired 09/03/2021. Credential: Nursing Assistant Registered. Their file did not certificates showing 12 hours of CE were completed between March 2022 and March 2023.

Staff F, Caregiver, was hired 06/19/2019. Credential: Nursing Assistant Certified. Their file did not certificates showing 12 hours of CE were completed between November 2021- 2022 and between November 2022 and 2023. They did not have current food safety training.

On 01/29/2024 at 10:00 AM, Staff A stated they had done training without documentation of hours of training completed. Staff A stated Staff D and F had not completed 12 hours of CE when needed.

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, From The Heart AFH inc is or will be in compliance with this law and / or regulation on (Date)_ 3/30/24___.

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

Findings included…

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. Currency in continuing education (CE), 12 hours annually, was required by 08/31/2023.

Employee file review on 12/27/2023 showed:

Staff A, Provider. Credential: Nursing Assistant Registered. Their file did not include certificates of CE hours completed between July 2021-July 2022 and between July 2022-2023. They did not have current food safety training.

Staff D, Caregiver, was hired 09/03/2021. Credential: Nursing Assistant Registered. Their file did not certificates showing 12 hours of CE were completed between March 2022 and March 2023.

Staff F, Caregiver, was hired 06/19/2019. Credential: Nursing Assistant Certified. Their file did not certificates showing 12 hours of CE were completed between November 2021- 2022 and between November 2022 and 2023. They did not have current food safety training.

On 01/29/2024 at 10:00 AM, Staff A stated they had done training without documentation of hours of training completed. Staff A stated Staff D and F had not completed 12 hours of CE when needed.

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, From The Heart AFH Inc 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.

Statement of Deficiencies	License # 752695	Compliance Determination # 34448
Plan of Correction	From The Heart AFH Inc	Completion Date
Page of 18	Licensee: From The Heart AFH Inc	02/14/2024

Provider (or Representative)

2/26/24.
Date

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

From The Heart AFH Inc
From The Heart AFH Inc
4441 West Airport Freeway, Suite 160
Irving, TX 75062

RE: From The Heart AFH Inc # 752695

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/14/2024 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:

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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

(2) Ensure staff has access to the parts of residents' records needed by staff to provide care and services; and

On 12/27/2023, the Adult Family Home (AFH) did not have Resident 5's behavior support plan available for staff and when requested.

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

On 12/27/2023, Resident 3 admitted [redacted]/2023, their Negotiated Care Plan was completed [redacted]/2023, more than 30 days after admit.

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

On 12/27/2023, record review showed Resident 5's Negotiated Care Plan dated 10/05/2023 was not signed by the resident.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(6) Be signed and dated by the resident and kept in the resident record after signature.

On 12/27/2023, record review showed Resident 3 did not review, sign and date the Adult Family Home's Medicaid Policy.

WAC 388-76-10740 Lighting. The adult family home must provide:

(2) Emergency lighting, such as working flashlights for staff and residents that are readily accessible.

On 12/27/2023, the Adult Family Home (AFH), did not have functioning emergency lighting available for staff to support the needs of the residents in the AFH in the event of a loss of power.

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.

On 12/27/2023, Staff E, Caregiver, did not have first aid and cardiopulmonary resuscitation training that included skills demonstration.

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

WAC 388-76-10740 Lighting. The adult family home must provide:

(2) Emergency lighting, such as working flashlights for staff and residents that are readily accessible.

On 12/27/2023, the Adult Family Home (AFH), did not have functioning emergency lighting available for staff to support the needs of the residents in the AFH in the event of a loss of power.

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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, 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 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