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) 47453 (Completion Date 09/04/2024) and 42914 (Completion Date 07/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/04/2024 and found that you have corrected the violations listed in the Complaint report dated 07/10/2024. Your home is back in compliance as of 07/13/2024 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 388-76-10360

The Department staff who did the on-site verification:
Sarah Clark, Community Complaint Investigator

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***



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 complaint investigation on 06/20/2024 and 06/20/2024 of:

From The Heart AFH Inc
4407 Segovia Dr
Pasco, WA 99301

This document references the following complaint number(s): 131707, 133028

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Sarah Clark, Community Complaint Investigator

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

07/10/2024
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) 7/19/24 Date

**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.**

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure Negotiated Care Plans (NCP) were developed within thirty days of admission for 1 of 3 sampled residents (Resident 1). This failure placed Resident 1 and other newly admitted residents at risk for having unmet care needs and staff's lack of knowledge of resident's preferences.

Review of Resident 1's records, on 06/20/2024 at 01:41 PM, showed that Resident 1 was admitted to the AFH on [redacted] 2024 with diagnoses of [redacted] and [redacted]. Record review also showed a blank NCP in the front of Resident 1's chart. Date of record review was fifty-seven days after resident admission.

During an interview on 6/20/2024 at 12:04 PM Staff A, House Manager/Caregiver, stated that Resident 1's NCP had not been done yet and they would complete it tomorrow.

During an interview on 07/03/2024 at 12:13 PM, Staff B, Executive Director, stated that they were aware the NCP had not been completed and "there is nothing to be said about it." Staff B also stated facility staff communicate, "just provide care," and read chart notes to know how to take care of a resident if the NCP is not completed.

**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) 7/13/24.

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

Provider (or Representative) 7/19/24. Date

Provider (or Representative) _____ Date _____

**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.**

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure Negotiated Care Plans (NCP) were developed within thirty days of admission for 1 of 3 sampled residents (Resident 1). This failure placed Resident 1 and other newly admitted residents at risk for having unmet care needs and staff's lack of knowledge of resident's preferences.

Review of Resident 1's records, on 06/20/2024 at 01:41 PM, showed that Resident 1 was admitted to the AFH on [redacted]/2024 with diagnoses of [redacted] and [redacted]. Record review also showed a blank NCP in the front of Resident 1's chart. Date of record review was fifty-seven days after resident admission.

During an interview on 6/20/2024 at 12:04 PM Staff A, House Manager/Caregiver, stated that Resident 1's NCP had not been done yet and they would complete it tomorrow.

During an interview on 07/03/2024 at 12:13 PM, Staff B, Executive Director, stated that they were aware the NCP had not been completed and "there is nothing to be said about it." Staff B also stated facility staff communicate, "just provide care," and read chart notes to know how to take care of a resident if the NCP is not completed.

**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 _____