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

11/07/2024

From The Heart AFH Inc
From The Heart AFH Inc
4411 Segovia Dr
Pasco, WA 99301

RE: From The Heart AFH Inc # 752703

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 50013 (Completion Date 11/07/2024) and 44956 (Completion Date 09/09/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/07/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

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;

(3) Ensure the medication log includes:

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

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

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

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

The Department staff who did the On Site verification:
Jo Whitney, AFH Licensor
Carrie Wohlwend, AFH/ALF 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

From The Heart AFH Inc
From The Heart AFH Inc
4411 Segovia Dr
Pasco, WA 99301

RE: From The Heart AFH Inc # 752703

Dear Provider:

This document references the following complaint numbers 143400.

The Department completed a full inspection of your Adult Family Home on 09/09/2024 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:

Selena Clemons, 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

On 07/30/2024, the Adult Family Home (AFH) performed blood glucose testing for two residents (Resident 3, 5), obtained a result and administered medication based on the result. The AFH did not have a Medical Test Site Waiver license from the Department of Health (DOH) required to perform testing. Staff A, Provider, stated they thought the AFH had the license. The DOH did not have an application granted or in process for the AFH.

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

On 07/30/2024 at 5:00 PM, Staff A, Provider, brought their dog into the adult family home. [redacted] rabies vaccination record showed it was had expired 06/20/2024. Staff A was unaware it was expired.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

Resident 1 had diagnoses including [redacted]

[redacted]. Resident 1 was given 3 medications for seizure management. On 07/30/2024, Resident 1's negotiated care plan did not include seizure activity or staff interventions in the event of a seizure. Resident 2's negotiated care plan showed the resident required assistance with positioning and mobility including a [redacted] for transferring in and out of bed. Resident 2 was independent in their ability to get in/out of bed and walk around the adult family home.

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

Record review on 07/30/2024 showed Resident 1's representative had reviewed and signed the Adult Family Home (AFH) notice of services and house rules (Admission Agreement) on 07/16/2020. The AFH did not ensure the agreement was reviewed at least every 24 months.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

On 07/30/2024, Resident 1's record did not include a signed Disclosure of Charges.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

On 07/30/2024, the Adult Family Home (AFH) had less than 21 gallons of commercially bottled water stored as emergency water. The AFH needed to store 24 gallons of emergency water for a capacity of 7 residents and 1 staff.

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(3) Have a first aid manual.

On 07/30/2024 at Staff B, Caregiver, was unable to locate a first aid manual in the Adult Family Home (AFH).

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

On 07/30/2024 at 10:20 AM, Staff H, Activities Program lead, had a workspace located in the AFH's living room area. Staff H stated they had an orientation for their job but not for the AFH. Staff H stated they would go outside if the smoke alarm sounded but did not know the location of the safe meeting area. Staff H did not know if they were a mandatory reporter of abuse, neglect or exploitation.

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 07/30/2024, the Adult Family Home accepted a certificate from Staff E, Caregiver, for first aid and cardiopulmonary resuscitation (CPR) training completed in an online format without hands-on skills training.

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 07/31/2024, Resident 1's 2024 negotiated care plan was not reviewed and signed by the resident or their representative.

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)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, 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:
Selena Clemons, 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 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

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 the unannounced on-site full inspection and complaint investigation on 07/30/2024, 08/06/2024 and 08/21/2024 of:

From The Heart AFH Inc
4411 Segovia Dr
Pasco, WA 99301

This document references the following complaint numbers: 143400.

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.

Selena Clemons — Residential Care Services

09/19/2024 — 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) 9/27/24 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;

(3) Ensure the medication log includes:

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

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

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a medication system to support the needs of 2 of 2 residents (Resident 1 and Resident 3) ensuring each resident received prescribed medication and staff recorded (initialed) the medication log when medication was given per order. This failed practice placed the residents at risk complication from medication error.

Findings included...

The AFH medication log was created in an electronic program by administrative staff. The program listed medications to give at designated times. Staff checked a box to record their initials when medication was given. A reason for not giving a medication was shown by a symbol on the medication log such as rejected.

Resident 1
The assessment dated 02/24/2024 showed they needed medications administered by staff.
Diagnoses included [redacted].

On 07/30/2024 at 3:30 PM, prescriber orders, the medication supply and the July 2024 log were reconciled. The following discrepancies were found:

-Atorvastatin (to help lower cholesterol) 80 milligrams (mg) give each day at 8:00 PM. Staff did not initial the log on 07/25/2024.
-Baclofen (to treat muscle spasms) 10 mg give three times daily at 8:00 AM, 12:00 PM and 8:00 PM. Staff did not initial the medication was given at 8:00 PM on 07/25/2024.
-Carbamazepine (to prevent and control seizures) 200 mg give two tablets at 8:00 AM and 8:00 PM. Staff did not initial the log showing the 8:00 PM dose was given at 07/25/2024.
-Ferrous Sulfate (iron supplement) 325 mg give three times daily at 8:00 AM, 2:00 PM and 8:00 PM. Staff did not initial the 8:00 PM dose on 07/25/2024 was given.
-Gabapentin (to prevent and control seizures) 300 mg give three times daily at 8:00 AM, 12:00 PM and 8:00 PM. Staff did not initial the 8:00 PM dose on 07/25/2024.
-Levetiracetam (to treat seizures) 500 mg give three times daily at 8:00 AM, 12:00 PM and 8:00 PM. Staff did not initial the 8:00 PM dose was given on 07/25/2024.
-Ropinirole (to treat neurological condition) 2 mg give daily at 8:00 PM. Staff did not initial the dose on 07/25/2024 was given.
-Tamsulosin (to treat enlarged prostrate) 0.4 mg give each day at 8:00 PM. Staff did not initial the 07/25/2024 dose was given.

On 07/30/2024 at 4:30 PM, Staff A, Provider, stated Staff C, Caregiver, reported they had “problems” logging into the electronic program on 07/25/2024 at the AFH and planned to complete recording their initials by the end of the day. Staff A stated the AFH had a binder of printed medication logs for use if there were computer problems.

On 08/21/2024 at 1:45 PM, a second medication reconciliation was completed for Resident 1. The August 2024 log showed the following discrepancies:

-Aspirin (used to reduce heart attack) 81 mg give daily at 8:00 AM was not initialed as given at 08/09/2024.
-Atorvastatin 80 mg give daily at 8:00 PM was not initialed as given on 08/09/2024.
-B Complex with Folate (nutritional supplement) give daily at 8:00 AM was not initialed as given on 08/20/2024.
-Baclofen 10 mg give three times daily at 8:00 AM, 12:00 PM and 8:00 PM was not initialed at 8:00 AM 08/20/2024, 12:00 PM on 08/08/2024 and 08/12/2024, and at 8:00 PM on 08/09/2024.
-Carbamazepine 200 mg give two tablets twice daily at 8:00 AM and 8:00 PM. Staff did not initial doses were given at 8:00 AM on 08/20/2024 and at 8:00 PM on 08/09/2024.
-Ferrous Sulfate 325 mg give three times daily at 8:00 AM, 2:00 PM, and 8:00 PM was not given at 8:00 AM on 08/20/2024, at 2:00 PM on 08/08/2024 and 08/12/2024 and at 8:00 PM on 08/09/2024.
-Gabapentin 300 mg give three times daily at 8:00 AM, 12:00 PM and 8:00 PM was not initialed as given at 8:00 AM on 08/20/2024, 12:00 PM on 08/08/2024 and 08/12/2024 and at 8:00 PM on 08/09/2024.
-Levetiracetam 500 mg give three times daily at 8:00 AM, 12:00 PM and 8:00 PM was not initialed as given at 8:00 AM on 08/20/2024, 12:00 PM on 08/08/2024 and 08/12/2024 and at 8:00 PM on 08/09/2024.
-Levothyroxine (a synthetic hormone) 100 micrograms (mcg) give daily at 8:00 AM was not initialed as given on 08/20/2024.
-Metformin (to control high blood sugar) 750 mg give daily at 8:00 AM was not initialed

as given on 08/20/2024.
-Omeprazole (to treat acid reflux) 40 mg give daily at 8:00 AM was not initialed as given on 08/20/2024.
-Ropinirole 2 mg give daily at 8:00 PM was not initialed as given on 08/09/2024.
-Tamsulosin 0.4 mg give daily at 8:00 PM was not initialed as given on 08/09/2024.

On 08/21/2024 at 2:10 PM, Staff E, Caregiver, stated staff had until midnight each day to record in the electronic log medication was given. The log could be amended by Administrative Staff (Staff A) to record medication was given. The AFH had paper logs as a back-up if staff were unable to log the medications.

Resident 1's August 2024 medication log was supplied by Staff A on 09/06/2024. Each medication listed on the August log was initialed as given including the lack of documented initials observed on 08/21/2024.

Resident 3
Their assessment dated 01/16/2024 showed they needed staff assistance with medications.

On 07/30/2024 at 4:00 PM, prescriber/physician orders, medication supply and the July 2024 medication logs were reconciled. The following discrepancies were found on the August 2024 log:

-Amlodipine (to treat high blood pressure) 10 milligrams (mg) give daily at 10:00 AM, was not initialed as given on 7/19/2024 and 07/23/2024.
-Bisacodyl (for constipation) 5 mg give one tablet twice daily at 10:00 AM and 9:00 PM was not initialed as given at 10:00 AM on 07/19/2024 and 07/23/2024. The 9:00 PM dose was not initialed as given on 07/12/2024 and 07/27/2024.
-Calcium Carbonate with Vitamin D (nutritional supplement) 600/10 mg give twice daily at 10:00 AM and 9:00 PM was not initialed as given at 10:00 on 07/19/2024 and 07/23/2024. The 9:00 PM dose was not initialed as given on 07/12/2024.
-Vitamin B12 (nutritional supplement) 1,000 micrograms (mcg) give daily at 10:00 AM was not initialed as given on 07/19/2024 and 07/23/2024.
-Diltiazem (for high blood pressure) 180 mg give daily at 10:00 AM was not initialed as given on 07/19/2024 and 07/23/2024.
-Ferrous sulfate (iron supplement) 325 mg give daily at 10:00 AM was not initialed as given on 07/19/2024 and 07/23/2024.
-Humalog insulin (rapid acting insulin-a hormone that helps regulate blood sugar levels and is used as a medication to treat diabetes) give a dosage based on a blood sugar test result three times daily before breakfast, lunch and dinner. Staff did not initial a blood sugar test result or if the insulin was given before lunch on 07/19/2024 and 07/23/2024.
-Lantus insulin (long-acting insulin- a hormone that helps regulate blood sugar levels and is used as a medication to treat diabetes) 30 units give at 8:00 PM each night was not initialed as given on 07/12/2024, 07/14/2024 or 07/28/2024.
-Melatonin (to promote sleep) 5 mg give each night at 9:00 PM was not initialed as given on 07/12/2024.

-Olanzapine (to treat mental/mood disorders) 5 mg given at 10:00 AM and 2:00 PM was not initialed as given at 10:00 AM on 07/19/2024 and 07/23/2024. The 9:00 PM dose was not initialed as given on 07/19/2024.
-Paliperidone (used to treat mental/mood disorders) 6 mg give two tablets daily at 10:00 AM was not initialed as given on 07/19/2024 and 07/23/2024.
-Potassium Chloride (mineral supplement) 20 Milliequivalents (mEq) give daily at 10:00 AM was not initialed as given on 07/19/2024 and 07/23/2024.
-Senna (for constipation) 8.6 mg give two tablets twice a day at 10:00 AM and 9:00 PM was not initialed as given at 10:00 on 07/19/2024 and 07/23/2024. The 9:00 PM dose was not initialed as given on 07/12/2024. The medication supply delivered from the pharmacy to home on 07/26/2024 showed instructions to give every night if needed for constipation. The AFH did not update the medication log with the new direction or contact the prescriber to verify the new order.
-Acetaminophen (for mild pain) give 500 mg every 4 hours as needed was listed on the July 2024 log. The AFH had two supplies of acetaminophen delivered from the pharmacy for Resident 3. Delivered on 04/08/2024, the supply directions were one tablet every 4 hours in needed. Delivered on 05/31/2024, the supply directions were one tablet every 6 hours if needed. The AFH did not have written documentation they had contacted the prescriber or pharmacy to clarify the order.
-Bisacodyl 5 mg give two tablets daily as needed for constipation was listed on the July 2024 log. The supply of Bisacodyl delivered from the pharmacy on 07/26/2024 showed directions to give one tablet (not 2) every day if needed. The AFH did not update the medication log with the new directions or contact the prescriber to verify the new order.

On 08/21/2024 at 2:00 PM, a second medication reconciliation was completed for Resident 3. The August 2024 medication log showed the following discrepancies:

-Atorvastatin (to help lower cholesterol) 20 mg give each night at 9:00 PM. Staff did not initial they gave the dose on 08/09/2024.
-Bisacodyl 5 mg give twice daily at 10:00 AM and 9:00 PM. Staff did not initial they gave the 9:00 PM dose on 08/09/2024.
-Calcium Carbonate with Vitamin D (nutritional supplement) 600/10 mg give twice daily at 10:00 AM and 9:00 PM was not initialed on 08/09/2024.
-Humalog insulin give a dosage based on a blood sugar test result three times daily before breakfast, lunch and dinner. Neither a blood glucose result or an initial showing what was given was recorded on 08/21/2024 at 11:30 AM and at 4:30 PM on 08/09/2024.
-Lantus insulin 30 units give daily at 8:00 PM was not initialed as given on 08/11/2024 and 08/18/2024
- Melatonin 5 mg give each night at 9:00 PM, was not signed as given on 08/09/2024.
-Potassium Chloride 20 mEq give daily at 10:00 AM, was not initialed as given on 08/12/2024.
-Senna 8.6 mg give twice daily at 10:00 AM and 9:00 PM was not initialed as given at 10:00 AM on 08/08/2024 and at 9:00 PM on 08/09/2024.

On 08/21/2024 at 2:00 PM, Resident 3's medications included a pharmacy delivered supply of docusate sodium (stool softener) 100 mg dated 08/08/2024. Directions on the label showed to give twice daily. The medication was not listed on the log. The AFH did

not have written documentation they attempted to clarify or verify the new order. Staff E was unaware of the new supply and order. After physician office visits, the medical office sent new orders direct to the pharmacy and not to the AFH.

Resident 3's August 2024 medication log was supplied by Staff A on 09/06/2024. Each medication listed on the August log was initialed as given including the medications without documentation reviewed on 08/21/2024.

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) 10/24/24 .

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

Provider (or Representative) — Date: 9/27/24

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 staff (Staff B, F) hired since the last inspection with unsupervised access to residents completed the process to obtain fingerprint-based background results within 120 days of hire. This failed practice placed the residents at risk from a disqualified person.

Findings included...

On 07/30/2024 at 10:17 AM, Staff B, Caregiver, worked unsupervised at the AFH providing care and services for 6 residents.

Staff B was hired 01/18/2024. They had a non-disqualifying background result dated

01/18/2024. On 07/30/2024, 194 days after hire, Staff B did not have a completed fingerprint-based background result.

Staff F, Caregiver was hired on 04/16/2024. They had a non-disqualifying background result dated 04/16/2024. Staff F did not have a finger-print based background result on 07/30/2024.

On 07/30/2024 at 3:50 PM, Staff A, Provider showed Staff B had appointments to submit their fingerprints on 02/20/2024, 03/14/2024, 03/15/2024 and 05/30/2024 but was unable to complete the process. Per Staff A the AFH had submitted Staff B's name for the Washington name and date of birth background result. That name did not match what Staff B provided at the fingerprint appointment; the fingerprint submission process was halted. Staff B continued to work at the AFH without the required result.

On 09/09/2024, Staff A provided a fingerprint-based background result for Staff F dated 09/06/2024; completed 143 days after hire.

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) 10/24/24 .

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

Provider (or Representative) — Date: 9/27/24

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the hot water temperature at handwashing sinks used by residents at least 105 degrees Fahrenheit (F) and not more than 120 degrees F. This failed practice placed the 6 residents in the AFH at risk of injury.

Findings included...

On 07/30/2024 at 11:20 AM, the hot water temperature at the handwashing sink in Room [redacted] occupied by Resident 6 was 100.1 F. At 11:30 AM the water temperature at the handwashing sink in Room C measured 102 F. At 11:40 AM the water temperature at the handwashing sink in Room [redacted] was 100.4 F. At 11:50 AM the water temperature at the handwashing sink in Room E was 101.4 F. At 12:00 PM the water temperature at the handwashing sink in Room F was 97 F. At 12:00 PM, Staff I, Maintenance, adjusted the thermostat on the hot water heater to raise the water temperature. Staff I stated the AFH hot water heater was replaced in the previous 6 months.

On 07/30/2024 at 3:40 PM, the hot water temperature measured at the handwashing sink in Room [redacted] was 128.4 F and at the handwashing sink in Room F was 124.2 F. At 3:45 PM Staff B, Caregiver, tested the hot water in Room F with the AFH thermometer; it measured 123.8 F. Staff B contacted Staff I to adjust the temperature.

On 08/06/2024 at 3:50 PM, the hot water temperature at the handwashing sink in Room [redacted] measured 128.2 F. At 3:58 PM, the hot water in Room C measured 127 F. At 4:02 PM, the hot water in Room [redacted] measured 127.2.

On 08/06/2024 at 4:05 PM, Resident 4, the occupant of Room [redacted], stated they knew the water was too hot. They stated they turned the cold-water faucet on with the hot to adjust for comfort.

On 08/21/2024 at 12:05 PM, Staff I checked the hot water temperature at the kitchen sink; it was 117 F. Staff I stated the AFH staff checked the water temperature. At 12:50 PM, the water temperature in Room E was 123 F. The water temperature in Room [redacted] was 124 F at 1:00 PM. Room [redacted] at 1:13 PM was 126.2 F. Staff I verified the hot water temperature was 127 F. at 3:15 PM and more adjustment was 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) 10/24/24.

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

Provider (or Representative)

9/27/24.
Date