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

Annaliese L. Krzyzanek
Careing Hands Adult Family Home
8610 W Bruneau Ave
Kennewick, WA 99336

RE: Careing Hands Adult Family Home License # 752706

Dear Provider:

This letter addresses Compliance Determination(s) 32912 (Completion Date 11/21/2023) and 31832 (Completion Date 11/07/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/21/2023 and found that you have corrected the violations listed in the Full report dated 11/07/2023. Your home is back in compliance as of 11/16/2023 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10165-1-a, WAC 388-76-10285-2

The Department staff who did the off-site verification:
Melanie Hopkins, NHI-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 #: 752706	Compliance Determination # 31832
Plan of Correction	Careing Hands Adult Family Home	Completion Date
Page 1 of 3	Licensee: Annaliese L. Krzyzanek	11/07/2023

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 10/27/2023 and 11/01/2023 of:
Careing Hands Adult Family Home
8610 W Bruneau Ave
Kennewick, WA 99336

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:

Melanie Hopkins, NHI-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

11/15/2023 — 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.

Statement of Deficiencies	License #: 752706	Compliance Determination # 31832
Plan of Correction	Careing Hands Adult Family Home	Completion Date
Page 2 of 3	Licensee: Annaliese L. Krzyzanek	11/07/2023

Provider (or Representative) — Date: 11-16-2023

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 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to renew the date of birth background check (BGI) for 1 of 5 staff (Staff D). This failed practice placed the residents at risk from a disqualified staff.

Findings included . . .

On 10/27/2023 at 12:45 PM, department record review of BGI for Staff D, Caregiver, hired 09/10/2021, had expired on 09/15/2023.

In an interview on 10/27/2023 at 1:00 PM, Staff A, Provider, stated that they were unable to find a BGI renewal for Staff D.

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, Careing Hands Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 11-16-2023

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

Provider (or Representative) — Date: 11-16-2023

Statement of Deficiencies	License #: 752706	Compliance Determination # 31832
Plan of Correction	Careing Hands Adult Family Home	Completion Date
Page 3 of 3	Licensee: Annaliese L. Krzyzanek	11/07/2023

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) screenings were completed within three days of hire for 2 of 5 staff (Staff B & E). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

Review of administrative records on 10/27/2023 for Staff B, caregiver, was hired 11/01/2021. TB screening 1st Step for Staff B was completed 11/01/2021 and no 2nd Step was completed. Records showed Staff E, Caregiver, was hired on 01/18/2022. TB screening 1st Step was completed on 1/20/2022 and no 2nd Step screening was completed.

In an interview on 11/01/2023 at 7:20 PM, Staff A, Provider, stated they thought TB 2nd Step was completed for both Staff B and Staff E though both caregivers had not had the 2nd Step of the 2-Step screening 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, Careing Hands Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 11-16-2023.

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

Provider (or Representative) — Date: 11-16-2023

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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1200 Alder Street, Union Gap, WA 98903

Annaliese L. Krzyzanek
Careing Hands Adult Family Home
8610 W Bruneau Ave
Kennewick, WA 99336

RE: Careing Hands Adult Family Home # 752706

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/07/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

The Adult Family Home (AFH) failed to have an assessment on record for Resident 3, admitted to AFH on [redacted]/2023, to use [redacted] or to have use of [redacted] written in negotiated care plan.

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 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 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