STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Golden Community Care Adult Family Home LLC
Golden Community Care Adult Family Home, LLC
820 N Bates Rd
Spokane Valley, WA 99206

RE: Golden Community Care Adult Family Home, LLC License # 752707

Dear Provider:

This letter addresses Compliance Determination(s) 26892 (Completion Date 07/19/2023) and 24187 (Completion Date 06/23/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/19/2023 and found that you have corrected the violations listed in the Complaint, Full report dated 06/23/2023. Your home is back in compliance as of 07/14/2023 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 388-76-10225-2-b, WAC 388-76-10225-2-c

The Department staff who did the on-site verification:
Jacqueline Block, AFH Licensor

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Golden Community Care Adult Family Home, LLC
License/Cert.#: 752707
Compliance Determination #: 24187
Investigator: Jacqueline Block
Provider Type: Adult Family Home
Intake ID: 81792
Region/Unit #: RCS Region 1 / Unit E
Investigation Date(s): 05/18/2023 through 06/23/2023
Complainant Contact Date(s): 05/17/2023, 06/23/2023

Allegation(s):

1. The home may have abused or neglected a named resident.
2. The home did not notify a Guardian of a fall.

Investigation Methods:

Sample:	Total residents: 8 Resident sample size: 8 Closed records sample size: 0
Observations:	Physical environment, resident to staff interactions, staff to resident interactions
Interviews:	Staff, residents, persons not associated with the home
Record Reviews:	Staff records, resident records, incident logs

Investigation Summary:

1. The home may have abused or neglected a named resident. Staff and resident interviews completed show resident had a fall out of bed on the morning of 05/01/2023 and attempted to get up independently, scraping toes and causing skin tear and bruises to right arm and shin. Residents and representatives have no concerns regarding care and services.
2. The home did not notify Guardian of a fall. Interview with staff show that Guardian and Healthcare Provider were not notified of a fall with named resident that happened on 05/01/2023.

The home was found to have deficient practice and were cited under the following WACs: WAC 388-76-10165 (1) (a) Expired background check; WAC 388-76-10225 (2) (b) (c) Reporting requirements. Consultation received for WAC 388-76-10355 (7) (d) Negotiated care plans.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Golden Community Care Adult Family Home LLC
Golden Community Care Adult Family Home, LLC
820 N Bates Rd
Spokane Valley, WA 99206

RE: Golden Community Care Adult Family Home, LLC # 752707

Dear Provider:

This document references the following complaint numbers 81792, 84614, 84150.

The Department completed a full inspection of your Adult Family Home on 06/23/2023 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:

Tamara Tredo, Field Manager
Residential Care Services

Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• 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 388-76-10355 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:

(7) If needed, a plan to:

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

The home did not ensure that 1 of 8 residents negotiated care plan was personalized to reflect what to do in the situation of refusal of care. This was corrected during the inspection.

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)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
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:
Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 752707	Compliance Determination # 24187
Plan of Correction	Golden Community Care Adult Family Home, LLC	Completion Date
Page 5 of 8	Licensee: Golden Community Care Adult Family	06/23/2023

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 and complaint investigation on 05/18/2023 and 06/16/2023 of:
Golden Community Care Adult Family Home, LLC
820 N Bates Rd
Spokane Valley, WA 99206

This document references the following complaint numbers: 81792, 84614, 84150.

The following sample was selected for review during the unannounced on-site visit: 8 of 8 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jacqueline Block, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo
Residential Care Services

07/03/2023
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 #: 752707	Compliance Determination # 24187
Plan of Correction	Golden Community Care Adult Family Home, LLC	Completion Date
Page 6 of 8	Licensee: Golden Community Care Adult Family	08/23/2023

Provider (or Representative) 7/14/23 Date

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 interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth background check was completed every two years on 2 of 13 staff (Staff A & B). This placed the residents at risk for being cared for by a person with a disqualifying crime.

Findings included...

Record review of employee file showed Staff A, Provider, had a name and date of birth background check that expired on 03/17/2023.

Record review of employee file showed Staff B, Resident Manager, had a name and date of birth background check that expired on 03/17/2023.

During an interview on 05/18/2023 at 10:20 AM, Staff B, stated that she thought the name and date of birth background checks had been done in March 2023. Staff B said the Resident Managers are responsible for checking expiration dates on staff records.

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, Golden Community Care Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 7/14/23 .

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

Provider (or Representative) 7/14/23 Date

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(b) The resident's representative, if one exists;

(c) The resident's health care provider;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to notify the resident representative and health care provider of a fall with injury for 1 of 8 residents (Resident 1). This failure placed Resident 1 at risk for not receiving desired follow up care.

Findings included...

Review of pictures received by the department on 05/10/2023 showed Resident 1 had a skin tear to right elbow, purple bruise to right forearm, scab to the right shin, scabs to 2nd, 3rd and 4th toes on the right foot and yellowish green bruise with a scab on the left knee.

In an interview on 05/17/2023 at 10:15 AM, Collateral Contact 1, Resident Representative, stated that they had not been notified about Resident 1's fall in the home.

In an interview on 05/18/2023 at 11:10 AM, Staff B, Resident Manager, stated the AFH notifies resident representatives of falls. Staff B stated that she thought Staff F, On Call Resident Manager, had called the Resident 1's representative about the fall. Staff A stated she was unaware the representative had not been called until the representative called during a scheduled doctor's appointment, and questioned her about the bruises on the resident.

On 05/18/2023 at 11: 38 AM, Staff B stated that notification of falls to the healthcare provider is done via fax. Staff B stated that Staff F did not send a fax to the healthcare provider about the Resident 1's fall.

Attestation Statement

Statement of Deficiencies	License #: 752707	Compliance Determination # 24187
Plan of Correction	Golden Community Care Adult Family Home, LLC	Completion Date
Page 8 of 8	Licensee: Golden Community Care Adult Family	06/23/2023

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, Golden Community Care Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 7/14/23 .

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

Provider (or Representative) Date 7/14/23