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

Charlene M. Olsen
Char's Family Home
1128 Castlerock Ave
Wenatchee, WA 98801

RE: Char's Family Home License # 752727

Dear Provider:

This letter addresses Compliance Determination(s) 27486 (Completion Date 08/04/2023) and 26327 (Completion Date 07/11/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/04/2023 and found that you have corrected the violations listed in the Follow up report dated 07/11/2023. Your home is back in compliance as of 07/28/2023 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 388-76-10530-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c

The Department staff who did the off-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 #: 752727	Compliance Determination #:26327
Plan of Correction	Char's Family Home	Completion Date
Page 1 of 5	Licensee: Charlene M. Olsen	07/11/2023

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 an unannounced on-site follow-up on 07/07/2023 and 07/07/2023 of:
Char's Family Home
1128 Castlerock Ave
Wenatchee, WA 98801

This document references the following SOD dated: 07/11/2023

The following sample was selected for review during the unannounced on-site visit: 5 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

07/19/2023
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 #: 752727	Compliance Determination #:26327
Plan of Correction	Char's Family Home	Completion Date
Page 2 of 5	Licensee: Charlene M. Olsen	07/11/2023

Provider (or Representative) 7/27/23 Date

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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the residents and a representative from the AFH had the opportunity to read and review the AFH's admission agreement covering notice of rights and services at least every 24 months for 1 of 1 resident (Resident 5). This failure placed the resident at risk for lack of understanding of the AFH resident rights and services.

Findings included...

On 07/07/2023, review of Resident 5's record showed the resident admitted into the AFH on [redacted]/2018. The admission agreement/notice of rights and services was signed and dated on 05/05/2018. The record did not include an acknowledgement or signed document showing the notice of services was reviewed; a review had not occurred for almost 48 months.

On 07/11/2023 at 1:15 PM, Staff A, Provider, stated that they did not have any reason why Resident 5 was not offered the opportunity to review the admission agreement/notice of rights and services.

This is an uncorrected deficiency from 05/09/2023.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 7/28/23.

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

Statement of Deficiencies	License #: 752727	Compliance Determination #26327
Plan of Correction	Char's Family Home	Completion Date
Page 3 of 5	Licensee: Charlene M. Olsen	07/11/2023

Provider (or Representative) 7/27/23 Date

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure residents were assessed to safely use medical device attached to their beds ([redacted] for 2 of 4 residents (Resident 5 & 6). The AFH also failed to ensure the device was on their Negotiated Care Plan (NCP) for 2 of 4 residents (Resident 1 & 4). This failure placed residents and staff at risk for using medical devices unsafely and improperly.

Findings included...

Resident 6

Record review of Resident 6's assessment dated 07/25/2022 showed they had pain limiting their ability to move. Resident 6 required assistance to turn or reposition themselves in bed. The assessment did not show that any special equipment was used for Resident 6 to turn or reposition themselves. The NCP dated 04/20/2023 showed Resident 6 used the [redacted] for positioning and turning.

On 07/07/2023 at 1:00 PM, Resident 6 lay in bed with a [redacted] raised above mattress height on both sides of the bed. Record review showed the AFH had contacted the physician on 06/20/2023 for a "prescription/order for [redacted]." The physician order for "[redacted]" did not include an assessment showing the resident's need for or the ability to safely use [redacted] on their bed.

On 07/11/2023 at 1:15 PM, Staff A, Provider, stated the AFH had accepted physician orders in the past for placement of medical devices ([redacted]. Staff A stated the order did not show why the resident needed or if they could safely use the device. Staff A requested the therapist working with Resident 6 to complete the assessment per regulation but that had not occurred yet.

Resident 4

Record review of Resident 4's initial assessment dated 11/10/2022 included Resident 4's use of a [redacted] to reposition themselves when in bed.

Resident 4's NCP dated 01/11/2023 did not show the [redacted] or how Resident 4 used the [redacted] to move themselves in bed.

During an observation on 07/07/2023 at 1:00 PM, a large metal loop ([redacted]) was fastened on one side of Resident 4's bed with the other side of the bed next to the wall.

Resident 5

Record review of Resident 5's annual assessment dated 07/12/2022 showed it did not include the use of an assistive device ([redacted]). The NCP dated 07/28/2021 included when and how the resident would use the [redacted].

On 07/07/2023 at 1:15 PM, Resident 5's bed had a [redacted] attached to both sides of the bed. The [redacted] attached on the resident's left side was raised above the level of the bed; the [redacted] on the resident's right side was lowered.

On 07/07/2023 at 1:15 PM, Staff C, Caregiver, stated Resident 5 preferred the right [redacted] lowered so not to block their view looking out into the hallway. Staff C stated when cued, Resident 5 would reach to the [redacted] on the left with staff assistance for turning. Resident 5 was unable to use the [redacted] to turn themselves without staff assistance.

On 07/11/2023 at 1:15 PM, Staff A stated the [redacted] had been on the resident's bed when they admitted in 2019. The department case managers had not included them as a device used by the resident on their annual assessments.

Resident 1

Record review of Resident 1's annual assessment dated 07/14/2022 included the use of a [redacted] on the bed as well as the need for staff assistance for positioning in the bed. The NCP dated 03/09/2022 did not include the use of an assistive device ([redacted]) on the bed.

During an observation on 07/07/2023 at 1:15 PM, a large metal loop ([redacted]) was

fastened on one side of Resident 1's bed with the other side next to the wall.

On 07/11/2023 at 1:15 PM, Staff A stated they had missed the addition of the bed cane on the NCP. Staff A reported Resident 1's department case manager was contacted to review the updated annual assessment completed on 05/02/2023 because the use of the bed cane was removed from this assessment.

This is an uncorrected deficiency from 05/09/2023.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 7/25/23.

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

Provider (or Representative) — Date 7/20/23

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 #: 752727	Compliance Determination # 22440
Plan of Correction	Char's Family Home	Completion Date
Page 1 of 10	Licensee: Charlene M. Olsen	05/09/2023

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 04/12/2023 and 04/21/2023 of:
Char's Family Home
1128 Castlerock Ave
Wenatchee, WA 98801

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

05/17/2023 — 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 #: 752727	Compliance Determination # 22440
Plan of Correction	Char's Family Home	Completion Date
Page 2 of 10	Licensee: Charlene M. Olsen	05/09/2023

Provider (or Representative) 5/24/23 Date

WAC 388-76-10163 Background checks Process Background authorization form. Before the adult family home employs, directly or by contract, a resident manager, entity representative, caregiver, or noncaregiving staff, or accepts as a caregiver any volunteer or student, or allows a household member over the age of eleven unsupervised access to residents, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit form to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) did not require 2 of 2 household members (Household 1, 2) over the age of eleven completed and submitted a background check authorization for a name and date of birth background check result before residing in the home. This deficient practice placed the residents at risk from an unqualified person.

Findings included...

On 04/12/2023 at 10:30 AM, Staff B, Caregiver, stated Household 1 and Household 2 lived in the lower level of the AFH; each over the age of 11 years old. At 11:00 AM, Staff B showed the stairwell to the lower level of the home from the AFH located on the main level was through a closed and locked door. Staff B stated the household members did not come into the AFH. At 12:00 PM, Staff B stated they were not aware a criminal background check was required and would talk with Staff A, Provider.

On 05/08/2023 at 2:00 PM, Staff A stated when they had moved out of the lower level of the home and Staff B and their household members had moved in, the submission of background check authorizations was missed.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 6/30/23.

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

Statement of Deficiencies	License #: 752727	Compliance Determination # 22440
Plan of Correction	Char's Family Home	Completion Date
Page 3 of 10	Licensee: Charlene M. Olsen	05/09/2023

Provider (or Representative) 5/24/23 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 ;

(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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff B) with unsupervised access to residents had a criminal background result not over two years old. This deficient practice placed the residents of the home at risk from disqualified staff.

Findings included...

On 04/12/2023 at 10:00 AM, Staff B, Caregiver, assisted residents with care needs; no other staff was in the home. At 11:45 AM, Staff B assisted Resident 2 with toileting. At 12:30 AM, Staff B assisted Resident 4 to walk to the couch from the dining table.

Employee file review on 04/21/2023 showed:
- Staff B was hired 06/12/2013. The name and date of birth background result available for review was dated 03/05/2021; it was over two years old.

Interviewed on 05/08/2023 at 2:00 PM, Staff A, Provider, stated that they were aware Staff B's background result was near the time to resubmit an authorization. Staff A stated they did not get it done when needed. They had submitted and received a new result for Staff B's unsupervised access to residents.

Attestation Statement

Statement of Deficiencies	License #: 752727	Compliance Determination # 22440
Plan of Correction	Char's Family Home	Completion Date
Page 4 of 10	Licensee: Charlene M. Olsen	05/09/2023

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 6/30/23.

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

Provider (or Representative) 5/23/23 Date

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) did not complete a character, competency, and suitability review for 1 of 2 two current staff (Staff D) and 1 of 4 previous staff (Staff G) with non-disqualifying information on their background check result. This deficient practice potentially placed the vulnerable residents of the home at risk.

Findings included...

Record review on 04/21/2023 showed:
Staff D, Caregiver, did not have a date of hire available in their record. Their name and date of birth background result dated 10/31/2022 showed a non-disqualifying crime. The employee's file did not include a character, competency and suitability review determining Staff D could have unsupervised access to the residents in the home.

Staff G, Caregiver, was hired 01/01/2017; they left employment on 08/01/2022. Staff G's background check result when hired, 12/12/2016, showed they had no record. Their last background check dated 04/15/2021 showed their result required a review; their file did include the review. Staff G worked in the home between April 2021 and August 2022 without a character, competency and suitability review completed by Staff A, Provider, showing they could have unsupervised access to the residents.

On 05/08/2023 at 2:00 PM, Staff A, Provider stated that Staff D had started then were on a long leave of absence. When they returned the review was 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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 6/30/23.

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

Provider (or Representative) 5/24/23 Date

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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 resident (Resident 6) or their representative had the opportunity to read and review the home's admission agreement covering notice of services, fees/charges, and house rules at least every 24 months. This deficient practice placed the resident at potential risk for lack of understanding of what the home would provide and would not provide.

Findings included...

On 04/12/2023, review of Resident 6's record showed the resident admitted into the home [redacted]/2020. The admission agreement/notice of services was signed and dated on [redacted]/2020. The record did not include their acknowledgement of the notice of services by July 2022.

On 05/08/2023 at 2:15 PM, Staff A, Provider, stated that she was unaware the document needed review and signature.

This is a repeated deficiency from 08/21/2019 and 05/18/18.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 6/30/23.

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

Provider (or Representative) 5/24/23 Date

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:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) did not ensure the contents of negotiated care plans for 2 of 2 residents (Resident 4, 6) included who, when and how care and services would be provided for each of the residents assessed needs. This deficient practice placed the residents at risk for unmet needs.

Findings included...

Resident 4. Their assessment dated 11/10/2022 showed diagnoses including [redacted] and [redacted].
The preliminary service plan directed staff to put on a mask and turn on the CPAP machine (Continuous positive airway pressure therapy administered through a face mask worn at night; the face mask gently delivers positive airflow to keep the airways open at night). Resident 4 used a walker with caregiver physical assistance and

oversight. Before admitting into the AFH, Resident 4 was hospitalized for a seizure. The hospital's history and physical dated 11/30/2022 showed Resident 4 would follow-up with outpatient neurology and to continue the medication started at the hospital for seizure.

On 04/12/2023 at 11:30 AM, Staff B, Caregiver, was observed to cue Resident 4 to go to the bathroom before lunch. They assisted the resident to stand from the couch then grasp their walker. Staff B walked behind Resident 4 into the bathroom; afterwards Staff B followed the resident walking to the dining table.

On 04/12/2023 at 1:30 PM, a collateral contact visiting Resident 4 stated that Resident 4 was able to put the CPAP mask on and refill the water reservoir on the machine. They stated Resident 4 would not use the CPAP mask all night, they would take it off after about an hour.

Resident 4's negotiated care plan dated 01/11/2023 showed a medical history of seizures and dementia. The care plan did not include:
- a crisis plan if Resident 4 had a seizure; how to keep the resident safe, what to do or who to notify
- did not include the resident's need and use of CPAP; who would put the mask on, turn the machine on, refill the sterile water reservoir (for humidity) or cleaning of the mask/tubing
- did not include how and when staff would assist the resident with walking and their risk for falls.
- it did not include interventions to address symptoms of memory loss and poor decision making.

On 04/12/2023 at 4:30 PM, Staff B stated Resident 4 had not had a seizure. If they did, staff would check to see if the resident was safe and call an ambulance.

On 05/08/2023 at 2:05 PM, Staff A, Provider, stated that if Resident 4 had a seizure they expected staff to clear the immediate area for the resident's safety, to call 911 and to call the family.

Resident 6. Their assessment dated 07/25/2022 showed they were a diabetic with pain limiting their ability to move. The assessment showed they required assistance with nail care.

Resident 6's negotiated care plan dated 04/20/2023, showed staff assisted with diabetic medications per physician orders and monitored their health condition. The care plan did not include who would provide nail care for the diabetic resident, especially cutting toenails.

On 04/21/2023 at 12:45 PM, Resident 6 stated that their spouse trimmed their toenails.

On 05/08/2023 at 2:15 PM, Staff A stated staff did not cut/trim toenails of a diabetic; Resident 6 saw a podiatrist or physician for toenail care. If needed they contacted a family member other than the spouse to assist with the nail care.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 6/30/23.

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

Provider (or Representative) 5/24/23 Date

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not ensure 2 of 2 residents (Resident 4, 6) with a medical device attached to their beds ([redacted]) were assessed safe and capable to use the device and/or included the device as an intervention on each resident's negotiated care plan. This deficient practice placed the residents at risk from an un needed device.

Findings included...

Resident 6. Their assessment dated 07/25/2022 showed they had pain limiting their ability to move. They required assistance to turn or reposition in bed; the assessment did not show that any special equipment was used for turning/positioning by Resident 6. The negotiated care plan dated 04/20/2023, showed the resident needed staff assistance to reposition in bed; the plan did not include the use of any devices for turning or repositioning.

Statement of Deficiencies	License #: 752727	Compliance Determination # 22440
Plan of Correction	Char's Family Home	Completion Date
Page 9 of 10	Licensee: Charlene M. Olsen	05/09/2023

On 04/12/2023 at 10:50 AM, Resident 6 lay in bed with a [redacted] raised above the mattress height on each side of the bed. Ten inches from the outside edge of the bed was a vertical pole extended from floor to ceiling ([redacted]). At 12:45 PM, Resident 6 stated that they pulled on the [redacted] to shift weight off their shoulders and used the [redacted] when turning. Staff assisted when asked.

On 05/04/2023, at 3:30 PM, Staff B, Caregiver, stated the [redacted] was removed and taken out of the resident's room per Resident 6's request.

On 05/08/2023 at 2:05 PM, Staff A stated they thought there was a physician statement for the [redacted] use; it was not located. Resident 6's record included a "[redacted] Informed Consent and Release" form signed and dated on 08/04/2020 by the resident representative. The form described the risks and benefits of a medical device for the resident; it was not completed/signed by a qualified assessor or registered therapist.

The record did not include an assessment showing the resident's need and ability to safely use [redacted] or a [redacted]. When how and/or why Resident 6 would use [redacted] was not in the negotiated care plan.

Resident 4. Their assessment dated 11/10/2022 showed diagnoses including [redacted], and [redacted]. A preliminary service plan Intervention for bed mobility included Resident 4's use of a "[redacted]" (medical device attached to the bed to grasp for support) to reposition themselves when in bed.

On 04/12/2023 at 10:45 AM, a large padded metal loop ([redacted]) was fastened on one side of Resident 4's bed with other side next to the wall.

On 04/12/2023, Resident 4's negotiated care plan dated 01/11/2023 did not include the [redacted] and/or how they used it, such as to balance when sitting, standing from or when turning in the bed.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 6/23/23 .

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

Statement of Deficiencies	License #: 752727	Compliance Determination # 22440
Plan of Correction	Char's Family Home	Completion Date
Page of 10	Licensee: Charlene M. Olsen	05/09/2023

Provider (or Representative)

5/24/23
Date

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

Charlene M. Olsen
Char's Family Home
1128 Castlerock Ave
Wenatchee, WA 98801

RE: Char's Family Home # 752727

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/09/2023 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 388-76-10230 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 04/12/2023 at 10:00 AM, two small dogs (Shaggy, Bella) interacted with the residents of the home sharing couch/chairs with the residents. On 4/12/2023, Staff B, Caregiver, provided a vaccination record for their dog Shaggy; the rabies vaccination had expired 02/02/2023. Bella, belonging to Staff A, Provider, did not have a rabies vaccination record.

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:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

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

On 04/12/2023, the Adult Family Home did not have a signed Medicaid Policy in the records of Residents 4 and 6.

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 04/12/2023, Residents 4 and 6's records did not include a signed/dated copy of the

Adult Family Home's Disclosure of Charges.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

On 04/12/2023, Resident 6's negotiated care plan was dated 12/28/2021; it did not show it was updated and/or reviewed by the resident or their representative at least every 12 months.

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 04/21/2023, employee file review showed Staff C and Staff D, Caregivers, did not have a record of a facility orientation that ensured they had the training to perform their job duties.

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.

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

On 04/21/2023, three of four staff (Staff A, B, C) did not complete either a half hour food safety course or have a valid food handler's permit by 10/27/2022 when the COVID training waivers ended.

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

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