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) 52466 (Completion Date 01/02/2025) and 50709 (Completion Date 11/21/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/02/2025 and found that you have corrected the violations listed in the Follow up report dated 11/21/2024. Your home is back in compliance as of 12/13/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10265-1-d, WAC 388-76-10895-1-a, WAC 388-76-10895-2-b, WAC 388-76-10895-3, WAC 388-76-10895-3-a, WAC 388-76-10895-3-b, WAC 388-76-10895-3-c, WAC 388-76-10895-3-d

The Department staff who did the on-site verification:
Melanie Hopkins, NHI-AFH 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

Statement of Deficiencies	License #: 752727	Compliance Determination #:50709
Plan of Correction	Char's Family Home	Completion Date
Page 1 of 4	Licensee: Charlene M. Olsen	11/21/2024

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 11/21/2024 and 11/21/2024 of:
Char's Family Home
1128 Castlerock Ave
Wenatchee, WA 98801

This document references the following SOD dated: 11/21/2024

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.

Selena Clemons
Residential Care Services

12/04/2024
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.

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 # 50709
Plan of Correction	Char's Family Home	Completion Date
Page 1 of 4	Licensee: Charlene M. Olsen	11/21/2024

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 11/21/2024 and 11/21/2024 of:
Char's Family Home
1128 Castlerock Ave
Wenatchee, WA 98801

This document references the following SOD dated: 11/21/2024

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.

Residential Care Services _____ 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 # 50709
Plan of Correction	Char's Family Home	Completion Date
Page 2 of 4	Licensee: Charlene M. Olsen	11/21/2024

Provider (or Representative) 12/13/24 Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was completed within three days of hire for 1 of 5 hired staff (Staff E). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

Review of personnel records on 11/21/2024 showed Staff E, Caregiver, was hired on 04/17/2023. There was no documentation to show that any TB testing had been completed within three days of hire at the current AFH.

In an interview on 11/21/2024 at 11:50 AM, Staff A, Provider, stated Staff E already had TB testing prior to date of hire and they thought testing was only required yearly for TB.

This is an uncorrected deficiency previously cited on 10/30/2024.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 12/13/24 .

This employee no longer works here as of 11/18/24

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

Provider (or Representative) 12/13/24 Date

Provider (or Representative) Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was completed within three days of hire for 1 of 5 hired staff (Staff E). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

Review of personnel records on 11/21/2024 showed Staff E, Caregiver, was hired on 04/17/2023. There was no documentation to show that any TB testing had been completed within three days of hire at the current AFH.

In an interview on 11/21/2024 at 11:50 AM, Staff A, Provider, stated Staff E already had TB testing prior to date of hire and they thought testing was only required yearly for TB.

This is an uncorrected deficiency previously cited on 10/30/2024.

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

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

Provider (or Representative) Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location; and

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

(d) Continuing to offer the resident a chance to participate in every evacuation drill.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 6 of 6 residents (Resident 1, 2, 3, 4, 5, & 6) participated in the annual evacuation drill and that 2 of 6 residents who refused to participate (Residents 4 & 6) had their refusal documented in their Negotiated Care Plan (NCP). These failures placed the residents at risk of harm in the event of an emergency.

Findings included . . .

On 10/08/2024 at 12:40 PM, Staff A, Provider, reported that all residents required assistance to evacuate safely, and used assistive devices for mobility as follows:

Resident 1 – [redacted] and wheelchair.
Resident 2 – [redacted] and wheelchair.
Resident 3 – Wheelchair.
Resident 4 – Walker.
Resident 5 – Cane.
Resident 6 – [redacted] and wheelchair.

Review of evacuation records for the AFH showed the annual drill log was dated 05/02/2024. The log did not indicate if any residents had participated and did not include an estimated time to evacuate each resident.

Statement of Deficiencies	License # 752727	Compliance Determination # 50709
Plan of Correction	Char's Family Home	Completion Date
Page 4 of 4	Licensee: Charlene M. Olsen	11/21/2024

Review of NCP dated 10/01/2024 for Resident 4 showed they were admitted to the AFH on [redacted]2024. The NCP showed the resident required assistance with evacuation. There was no information in the NCP to show the resident had refused to participate in evacuation drills.

Review of NCP dated 02/26/2024 for Resident 8 showed they were admitted to the AFH on [redacted]2023. The NCP showed the resident required assistance with evacuation. There was no information in the NCP to show the resident had refused to participate in evacuation drills.

In an interview on 11/21/2024 at 11:50 AM, Staff A, Provider, stated that they had not been told that when a resident refused or was unable to participate in evacuation drills, the information was to be documented in the NCP.

This is an uncorrected deficiency previously cited on 10/30/2024.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 12/13/24 .

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

Provider (or Representative) 12/13/24 Date

Review of NCP dated 10/01/2024 for Resident 4 showed they were admitted to the AFH on [redacted]/2024. The NCP showed the resident required assistance with evacuation. There was no information in the NCP to show the resident had refused to participate in evacuation drills.

Review of NCP dated 02/26/2024 for Resident 6 showed they were admitted to the AFH on [redacted]/2023. The NCP showed the resident required assistance with evacuation. There was no information in the NCP to show the resident had refused to participate in evacuation drills.

In an interview on 11/21/2024 at 11:50 AM, Staff A, Provider, stated that they had not been told that when a resident refused or was unable to participate in evacuation drills, the information was to be documented in the NCP.

This is an uncorrected deficiency previously cited on 10/30/2024.

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

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

_____ _____

Provider (or Representative) Date

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 # 48434
Plan of Correction	Char's Family Home	Completion Date
Page 1 of 11	Licensee: Charlene M. Olsen	10/30/2024

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 10/08/2024 and 10/09/2024 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:

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.

Selena Clemons — Residential Care Services

11/05/2024 — 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.

Statement of Deficiencies	License #: 752727	Compliance Determination # 48434
Plan of Correction	Char's Family Home	Completion Date
Page 2 of 11	Licensee: Charlene M. Olsen	10/30/2024

Provider (or Representative) 11/11/24 Date

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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure facility orientation was completed by 4 of 5 current caregivers (Staff B, D, E & F). This failure resulted in residents receiving care from caregivers that had not been oriented to the AFH.

Findings included . . .

On 10/08/2024, Staff B, Caregiver, and Staff E, Caregiver, were observed providing care to residents in the AFH.

Record review on 10/08/2024 at 1:50 PM showed the AFH had no record of orientation to the AFH for Staff B, hired 08/01/2024, Staff D, Caregiver, hired 10/01/2024, Staff E, hired 04/17/2023, and Staff F, Caregiver, hired 06/14/2023.

In an interview on 10/08/2024 at 2:15 PM, Staff A,

Statement of Deficiencies	License #: 752727	Compliance Determination # 48434
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Provider, stated they did not realize that orientation paperwork had not been completed for Staff B, Staff D, Staff E, and Staff F.

This is a repeated deficiency previously cited on 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) 11/11/24 .

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

Provider (or Representative) ..... Date 11/11/24

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(2) Has a clear understanding of the caregiver job responsibilities and knowledge of each resident's negotiated care plan to provide care specific to the needs of each resident;

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure training and certification requirements were completed for nursing assistant credentials, CPR (cardiopulmonary resuscitation)/First Aid training, and food safety for 2 of 6 staff (Staff A & E). This failure resulted in residents receiving care from unqualified caregivers and being at risk from foodborne illness.

Findings included . . .

On 10/08/2024, Staff A, Provider, and Staff E, Caregiver,
were observed providing care and food services to residents in the AFH.

Administrative record review on 10/08/2024 showed:

- Staff A had a Nursing Assistant Registered (NAR)
credential from that had expired on 12/09/2023, a CPR/First Aid certification
that had been expired from 04/29/2023 until 04/29/2024, and a food handler card
that expired on 05/18/2020.

- Staff E, Caregiver, had a Nursing Assistant Certified
(NAC) credential that was expired from 02/09/2024 until 06/10/2024 and food
safety education that was not renewed by 06/26/2024.

In an interview on 10/08/2024 at 3:00PM, Staff A stated they
did not realize that their NAR credentials were not current, and Staff E had
been reminded to renew their NAC license prior to the expiration date on their
birthday, 02/09/2024.

In an interview with Staff A on 10/09/2024 at 9:55 AM, they
stated that they did not realize they and Staff G had not renewed their food
safety education.

Statement of Deficiencies	License #: 752727	Compliance Determination # 48434
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Page 5 of 11	Licensee: Charlene M. Olsen	10/30/2024

In an interview on 10/16/2024 at 8:35 AM, Staff A stated that it appeared their CPR/First Aid had lapsed during the year from 04/29/2023 to 04/29/2024.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 11/11/24.

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

Provider (or ~~Representative~~) Date 11/11/24

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to ensure a fingerprint background check result and a completed Character, Competency, and Suitability review (CCSR) were available to the Department during an inspection for 1 of 9 staff (Staff G). This resulted in a delay in determining if staff were qualified to care for residents in the home.

Findings included . . .

Review of staff records on 10/08/2024 showed the AFH had no record of fingerprint results or CCSR for Staff G, Former Caregiver, employed from 10/30/2022 to 09/20/2024.

Statement of Deficiencies	License #: 752727	Compliance Determination # 48434
Plan of Correction	Char's Family Home	Completion Date
Page 6 of 11	Licensee: Charlene M. Olsen	10/30/2024

In an interview on 10/08/2024 at 3:20 PM, Staff A, Provider stated they were sure that a fingerprint background search and CCSR had been completed for Staff G and were unable to find a hardcopy. Staff A provided a CCSR for Staff G on 10/21/2024.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 11/11/24.

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

Provider (or Representative) 11/11/24 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 interview and record review, the Adult Family Home (AFH) failed to complete a background check for 1 of 1 household members (HH1) over the age of eleven. This failure placed the residents at risk from a person living in the home with unsupervised access to residents.

Findings included...

Record review showed a name and date of birth background

for HH1 was completed on 06/06/2024 (nine months after HH1 had moved into the home.)

On 10/08/2024 at 3:10 PM, Staff A stated HH1 moved into the home in September 2023. Staff A reported they had missed renewing an expired background check for HH1.

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) 11/11/24.

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

Provider (or Representative) Date 11/11/24

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was completed within three days of hire for 1 of 5 hired staff (Staff E). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

On 10/08/2024, Staff E, Caregiver, was observed providing

care to residents in the AFH.

Review of
personnel records on 10/08/2024 showed Staff E was hired on 04/17/2023. There was no documentation to show that any TB testing had been completed within three days of hire at the current AFH

In an interview on 10/08/2024 at 3:20 PM, Staff A, Provider, stated Staff E already had TB testing prior to date of 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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 11/11/24 .

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

Provider (or Representative) 11/11/24 Date

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

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 6 caregivers (Staff A & Staff E) held the required credentials prior to completion of a nurse delegated task for a resident. This failure resulted in the resident receiving care from unqualified caregivers.

Findings included . . .

Observation on 10/08/2024 at 4:20 PM, showed Staff A, Provider, checked the blood sugar for Resident 1. Staff A then administered an insulin (a medication to treat high blood sugar) injection to Resident 1.

In an interview with Staff A on 10/08/2024 at 12:40 PM, Resident 1 was identified as having a diagnosis of [redacted] requiring insulin and needing nurse delegation for insulin administered by AFH staff.

Administrative record review on 10/08/2024 showed Staff A had Nursing Assistant Registered (NAR) credential that had expired on 12/09/2023. Staff E, Caregiver, had Nursing Assistant Certified (NAC) credential that was expired from 02/09/2024 until 06/10/2024.

Review of "Nurse Delegation: Nursing Visit" record for Resident 1 dated 10/03/2024 showed Staff A was documented as having active credentials. The form was checked by the Nurse Delegator despite Staff A's NAR credential being expired.

In an interview with Staff A on 10/08/2024 at 3:00PM, they stated that they performed tasks requiring nurse delegation and did not realize their NAR credential had expired. Staff A stated Staff E also worked and performed nurse delegated tasks. Staff A stated they had asked Staff E to renew their NAR when it expired in February 2024.

Attestation Statement

Statement of Deficiencies	License #: 752727	Compliance Determination # 48434
Plan of Correction	Char's Family Home	Completion Date
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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) 11/11/24.

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

Provider (or Representative) 11/11/24 Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location; and

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

(d) Continuing to offer the resident a chance to participate in every evacuation drill.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 6 of 6 residents (Resident 1, 2, 3, 4, 5, & 6) participated in the annual evacuation drill. This failure placed the residents at risk of harm in the event of an emergency.

Findings included . . .

Statement of Deficiencies	License #: 752727	Compliance Determination # 48434
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Page of 11	Licensee: Charlene M. Olsen	10/30/2024

Review of evacuation records for the AFH showed the annual drill log was dated 05/02/2024. The log did not indicate if any residents had participated and did not include an estimated time to evacuate each resident.

Review of Negotiated Care Plan (NCP) dated 10/01/2024 for Resident 4 showed they were admitted to the AFH on [redacted]/2024. The NCP showed the resident required assistance with evacuation. There was no information in the NCP to show the resident had refused to participate in evacuation drills.

Review of Negotiated Care Plan (NCP) dated 02/26/2024 for Resident 6 showed they were admitted to the AFH on [redacted]/2023. The NCP showed the resident required assistance with evacuation. There was no information in the NCP to show the resident had refused to participate in evacuation drills.

In an interview on 10/08/2024 at 2:10 PM, Staff A, Provider, stated that all residents had declined to participate in the 05/02/2024 annual evacuation drill. Staff A stated they did not realize that resident refusal and estimated time to evacuate needed to be recorded on the drill log.

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) 11/11/24.

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

Provider (or Representative) Date 11/11/24

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 10/30/2024 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

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

The Adult Family Home (AFH) failed to have a Medical Test Site Waiver through the Department of Health. The staff at the AFH routinely provided blood glucose testing. The Provider sent in an application for the MTSW on 10/15/2024. There was no negative outcome to the residents.

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