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

Life Is Good AFH, Inc

Life Is Good AFH, Inc
4875 Shorecrest Dr NE
Moses Lake, WA 98837

RE: Life Is Good AFH, Inc License # 752816

Dear Provider:

This letter addresses Compliance Determination(s) 39618 (Completion Date 04/29/2024) and 33460 (Completion Date 12/22/2023).

The Department completed a follow-up inspection of your Adult Family Home on 04/29/2024 and found that you have corrected the violations listed in the Full report dated 12/22/2023. Your home is back in compliance as of 02/05/2024 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 388-76-10015-1, WAC 388-76-10135-4, WAC 388-76-10135-9, WAC 388-76-10475-4, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-3-c-iv, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10530-2

The Department staff who did the on-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 #: 752816	Compliance Determination # 33460
Plan of Correction	Life Is Good AFH, Inc	Completion Date
Page 1 of 7	Licensee: Life Is Good AFH, Inc	12/22/2023

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 12/05/2023 and 12/05/2023 of:

Life Is Good AFH, Inc
7582 McBeth Ln NE
Moses Lake, WA 98837

The following sample was selected for review during the unannounced on-site visit: 4 of 4 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.

Staci Dilley for Region 1C
Residential Care Services

March 12, 2024
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

3/27/24
Date
2/5/24

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to implement the Respiratory Protection Program (RPP) for annual fit testing as required. This failure placed residents and staff at risk of exposure to communicable diseases per compliance standards of safety.

Findings included . . .

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" and the Dear Provider Letter dated 09/14/2023 "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and Changes to Department of Health RPP Resources" showed the AFH is required to identify respiratory hazards in the workplace, provide appropriate respiratory protection equipment (fit tested N95 respirator), and follow regulations pertaining to respiratory protection against communicable diseases spread through droplets or air per WAC 296-842.

On 12/05/2023, Staff A, Provider, had a written RPP for the AFH. Records for Staff A and Staff B, Caregiver, showed they had medical clearance for respirator use completed 12/08/2021 and N95 fit testing completed 02/25/2022. The AFH did not ensure Staff A and B had annual fit testing in 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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 4/27/24 2/5/24

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

Provider (or Representative) _____ Date _____

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Findings included . . .

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On 12/05/2023, Staff A, Provider, had a written RPP for the AFH. Records for Staff A and Staff B, Caregiver, showed they had medical clearance for respirator use completed 12/08/2021 and N95 fit testing completed 02/25/2022. The AFH did not ensure Staff A and B had annual fit testing in 2023.

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

Provider (or Representative) 3/27/24 Date 2/5/24

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

(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;

(9) Meets the tuberculosis screening requirements of this chapter.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure employee qualification records were available when requested for 1 of 3 staff (Staff C). This failure placed the residents at risk from unqualified staff.

Findings included...

On 12/05/2023 at 11:10 AM, Staff A, Provider, stated Staff C worked weekends at the AFH.

Staff A provided a file containing training and qualifications of Staff C for review. The file did not contain:
-Record of a facility orientation including date of hire.
-Tuberculosis, serious illness that mainly affects the lungs, (TB) screen test results per requirement. The file contained one result from a test 08/24/2022. The AFH did not ensure Staff C had a second TB test or provided results of previous testing.
-Record of completed specialty trainings to meet resident needs in Mental Health and Dementia within 120 days of hire.

On 12/05/2023 at 04:30 PM, further training and qualification records were requested to show Staff C was qualified. On 12/07/2023, Staff A reported they had no more 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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 4/27/24 2/5/24

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Findings included...

On 12/05/2023 at 11:10 AM, Staff A, Provider, stated Staff C worked weekends at the AFH.

Staff A provided a file containing training and qualifications of Staff C for review. The file did not contain:
-Record of a facility orientation including date of hire.
-Tuberculosis, serious illness that mainly affects the lungs, (TB) screen test results per requirement. The file contained one result from a test 08/24/2022. The AFH did not ensure Staff C had a second TB test or provided results of previous testing.
-Record of completed specialty trainings to meet resident needs in Mental Health and Dementia within 120 days of hire.

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

Provider (or Representative) 3|27|24 Date 2|5|24

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

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

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

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

(4) Ensure that the changed or new medication is received from the pharmacy.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure prescribed medication for symptom management was in the home and available for 2 of 2 residents (Resident 1, 3). The AFH used the medication supply of another resident (Resident 2) instead of ensuring each resident had a supply. This failure placed the residents at risk for unmanaged symptoms and misappropriation of property.

Findings included...

Resident 3.
The annual assessment dated 04/19/2023 showed they needed assistance with medication. The December 2023 medication log listed currently ordered medications including medications ordered for symptom management.

On 12/05/2023 at 03:20 PM, the AFH did not have ordered medications available in the AFH for use when requested or needed by Resident 3 including:
-Docusate sodium (medication to soften stool when constipated) 100 milligrams (mg) give 2 as needed for constipation.
-Hydroxyzine (medication to relieve symptoms of allergies, itch) 25 mg give 4 times daily as needed.
-Ondansetron ODT (medication to relieve nausea) 4 mg every 6 hours as needed for nausea.
-Polyethylene glycol (medication used as a laxative) 1 capful daily as needed for constipation.

The November 2023 medication log showed Resident 3 needed medication for constipation. The November 2023 medication log recorded AFH staff gave a dose of

Provider (or Representative) Date

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(3) Ensure the medication log includes:

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

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

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Findings included...

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-Polyethylene glycol (medication used as a laxative) 1 capful daily as needed for constipation.

The November 2023 medication log showed Resident 3 needed medication for constipation. The November 2023 medication log recorded AFH staff gave a dose of

polyethylene glycol on 11/01, 11/12, 11/13, 11/20, 11/22 and 11/27/2023. On 12/05/2023 at 04:00 PM, Staff A, Provider stated when Resident 3 needed the polyethylene glycol for constipation, they used the supply delivered to Resident 2.
The AFH did not contact the prescriber to refill or discontinue the unused as needed medications on the medication log to ensure a supply was available per regulation.

Resident 1.
The annual assessment dated 10/18/2023 showed they needed assistance with medication. The December 2023 medication log listed currently ordered medications including polyethylene glycol given daily as needed for constipation. The log recorded polyethylene glycol was given to the resident on 12/01 and 12/04/2023.

On 12/05/2023 at 03:30 PM, Resident 1 did not have a supply of polyethylene glycol. Staff A stated they had no supply because the resident usually did not need the as needed medication. Per Staff A, the medication could be refilled by the pharmacy, but it would expire before it was used.

On 12/05/2023 at 04:00 PM, Staff A showed the supply of polyethylene glycol used for Resident 1 and 3; the label showed it was Resident 2's.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 4/27/24 2|5|24

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

Provider (or Representative) 3|27|24 Date 2|5|24

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:

(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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the residents or the representative had signed and dated the AFH's Medicaid Policy kept in each resident record for 2 of 2 residents (Resident 1,3). This failure placed the residents at risk of knowing the Medicaid policy and placement.

polyethylene glycol on 11/01, 11/12, 11/13, 11/20, 11/22 and 11/27/2023. On 12/05/2023 at 04:00 PM, Staff A, Provider stated when Resident 3 needed the polyethylene glycol for constipation, they used the supply delivered to Resident 2.
The AFH did not contact the prescriber to refill or discontinue the unused as needed medications on the medication log to ensure a supply was available per regulation.

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The annual assessment dated 10/18/2023 showed they needed assistance with medication. The December 2023 medication log listed currently ordered medications including polyethylene glycol given daily as needed for constipation. The log recorded polyethylene glycol was given to the resident on 12/01 and 12/04/2023.

On 12/05/2023 at 03:30 PM, Resident 1 did not have a supply of polyethylene glycol. Staff A stated they had no supply because the resident usually did not need the as needed medication. Per Staff A, the medication could be refilled by the pharmacy, but it would expire before it was used.

On 12/05/2023 at 04:00 PM, Staff A showed the supply of polyethylene glycol used for Resident 1 and 3; the label showed it was Resident 2's.

Attestation Statement

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Provider (or Representative) _____ Date _____

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Based on record review and interview, the Adult Family Home (AFH) failed to ensure the residents or the representative had signed and dated the AFH's Medicaid Policy kept in each resident record for 2 of 2 residents (Resident 1,3). This failure placed the residents at risk of knowing the Medicaid policy and placement.

Findings included...

Resident 1 admitted into the AFH on [redacted]/2014. The resident record did not include the AFH's Medicaid Policy on a separate page signed and dated by the resident.

Resident 3 admitted into the AFH on [redacted]/2021. The resident record did not include the AFH's Medicaid Policy on a separate page signed and dated by the resident.

On 12/05/2023 at 03:30 PM, Staff A, Provider showed the AFH's Medicaid Policy was included within the admission agreement and not a separately signed and dated document. Staff A stated they were unaware of the requirement for a separate page.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 4/27/24 . 2/5/24

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

Provider (or Representative) 3/27/24 Date 2/5/24

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 residents, or their representatives received and reviewed the notice of rights and services (admission agreement) and house rules of the AFH every 24 months for 2 of 2 residents (Resident 1, 3). This failure placed the residents at risk of loss of rights.

Findings included...

Resident 1. The Notice of Services (admission agreement) in the record was signed and

Findings included...

Resident 1 admitted into the AFH on [redacted]/2014. The resident record did not include the AFH's Medicaid Policy on a separate page signed and dated by the resident.

Resident 3 admitted into the AFH on [redacted]/2021. The resident record did not include the AFH's Medicaid Policy on a separate page signed and dated by the resident.

On 12/05/2023 at 03:30 PM, Staff A, Provider showed the AFH's Medicaid Policy was included within the admission agreement and not a separately signed and dated document. Staff A stated they were unaware of the requirement for a separate page.

Attestation Statement

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Provider (or Representative) Date

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Findings included...

Resident 1. The Notice of Services (admission agreement) in the record was signed and

dated on 08/23/2019, over 4 years ago.

Resident 3. The Notice of Services (admission agreement) in the record was signed and dated on [redacted]/2021, [redacted] months ago.

On 12/05/2023 at 04:00 PM, Staff A, Provider did not have a reason why they had not had residents in the home more than 2 years review and sign the agreement. Staff A had amended the agreement in 2023 to include a change in the medication disposal policy that did not result in additional cost to the resident.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 4/27/24 - 2/5/24

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

Provider (or Representative)

3/27/24
Date

dated on 08/23/2019, over 4 years ago.

Resident 3. The Notice of Services (admission agreement) in the record was signed and dated on [redacted]/2021, [redacted] months ago.

On 12/05/2023 at 04:00 PM, Staff A, Provider did not have a reason why they had not had residents in the home more than 2 years review and sign the agreement. Staff A had amended the agreement in 2023 to include a change in the medication disposal policy that did not result in additional cost to the resident.

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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

AMENDED
03/12/2024

Life Is Good AFH, Inc
Life Is Good AFH, Inc
4875 Shorecrest Dr NE
Moses Lake, WA 98837

RE: Life Is Good AFH, Inc # 752816

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/22/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

You requested an Informal Dispute Resolution (IDR) review. The IDR review resulted in the enclosed amended Statement of Deficiencies.

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 388-76-10198 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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

On 12/05/2023, Staff A, Provider was unaware they did not have a current food worker permit available for review. The file contained a training record that had expired 06/10/2019.

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

On 12/05/2023 at 02:35 PM, the Adult Family Home (AFH) stored Resident 3's medication on a shelf in the refrigerator door. Resident 4 opened and closed the refrigerator door to get what they wanted when Staff A, Provider was not in the kitchen. The AFH did not ensure medication was in a locked storage container in the refrigerator.

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 12/05/2023, the Adult Family Home (AFH) did not have a copy of the Disclosure of Charges signed and dated by Resident 1 in their file.

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

(4) Is chlorinated or commercially bottled;

(5) Is replaced every six months, unless it is sealed and commercially bottled; and

On 12/05/2023, the Adult Family Home had water containers to provide 21 gallons of emergency water; 15 gallons were commercially sealed and 6 were refilled. At 01:00 PM, Staff A, Provider, stated they refilled the water containers annually.

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:

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (509)572-7394.

Sincerely,

Staci Oilig ,for 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