



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

11/21/2024

Welcome Family Home LLC
Welcome Family Home LLC
19204 69th PI W
Lynnwood, WA 98036

RE: Welcome Family Home LLC # 752869

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 50674 (Completion Date 11/21/2024) and 49161 (Completion Date 10/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/21/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

WAC 388-76-10705 Common use areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(a) Tubs;

(b) Showers; and

(c) Sinks;

WAC 388-76-10191 Liability insurance required. The adult family home must:

- (1) Obtain and maintain both:
 - (a) Commercial general liability insurance or business liability insurance covering the adult family home; and
 - (b) Professional liability insurance or errors and omissions insurance covering the adult family home.
- (3) Have evidence of liability insurance coverage available if requested by the department.
- (4) Notify the department's complaint resolution unit if there is any lapse in required liability insurance coverage.

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

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

- (1) Uses nationally recognized infection control standards;
- (3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

WAC 388-76-10315 Resident record Required. The adult family home must:

- (1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:
 - (a) Contain enough information so home can provide the needed care and services to each resident;

WAC 388-76-10650 Medical devices.

- (1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.
- (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;
 - (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;
 - (c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and
 - (d) Ensure the medical device is properly installed.

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:

- (1) Staff information such as address and contact information.
- (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;
 - (b) Cardiopulmonary resuscitation;
 - (c) First aid; and
 - (d) HIV/AIDS training.
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

WAC 388-76-101632 Background checks National fingerprint background check.

- (1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.
- (2) After receiving the results letter of the national fingerprint background check the adult family home must not employ, directly or by contract, a caregiver, entity representative or resident manager who has been convicted of a disqualifying crime or who:
 - (i) Has a disqualifying conviction or pending charge under chapter 388-113 WAC; or
 - (ii) Has a disqualifying negative action listed in WAC 388-76-10180 .
- (3) The provider may accept a copy of a national fingerprint background check result letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint background check through the background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

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

- (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

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include

hands on skills development through the use of mannequins or trainee partners.

The Department staff who did the On Site verification:

Hang Lu, Licenser

If you have any questions, please contact me at (206)914-5042.

Sincerely,



Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 752869	Compliance Determination # 49161
Plan of Correction	Welcome Family Home LLC	Completion Date
Page 1 of 13	Licensee: Welcome Family Home LLC	10/18/2024

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 10/15/2024 and 10/15/2024 of:

Welcome Family Home LLC
19204 69th PI W
Lynnwood, WA 98036

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jeffrey McClellan, Long Term Care Surveyor
Hang Lu, Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

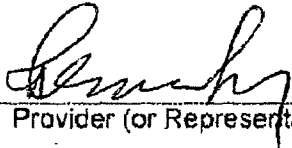
Alfredo Brown
Residential Care Services

11/01/2024
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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 752869	Compliance Determination # 49161
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Provider (or Representative)

11-08/24
Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 2) had all prescribed medications available on site, and an accurate Medication Log (ML). This failure placed Resident 2 at risk for medications errors.

Findings included...

Review of Resident 2's record showed the AFH admitted Resident 2 on [REDACTED]/2019. Record review showed Resident 2 was on multiple prescribed medications.

Review of Resident 2's October 2024 ML showed a medication entry that read, "Lorazepam (used to relieve anxiety): 1 milligram (mg) tablet: Take one tablet by mouth as needed for breakthrough seizure. May repeat another pill in 20-30 min(utes)".

Observation of Resident 2's medication supply, on 10/15/2024 at 1:45 PM, showed no supply of Lorazepam. Observation showed, Staff A, Entity Representative, they could not locate an order to discontinue Lorazepam.

In interview, on 10/15/2024 at 1:45 PM, Staff A stated they would call the pharmacy to find out about the prescription.

Review of an email correspondence, dated 10/18/2024, showed Staff A sending an updated order from the pharmacy stating the prescription for Lorazepam for Resident 2 was "OK to Discontinue".

Attestation Statement

Provider (or Representative)

Date

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Observation of Resident 2's medication supply, on 10/15/2024 at 1:45 PM, showed no supply of Lorazepam. Observation showed, Staff A, Entity Representative, they could not locate an order to discontinue Lorazepam.

In interview, on 10/15/2024 at 1:45 PM, Staff A stated they would call the pharmacy to find out about the prescription.

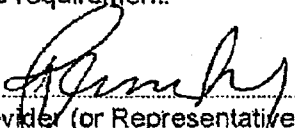
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Attestation Statement

Statement of Deficiencies	License #: 752869	Compliance Determination # 49161
Plan of Correction	Welcome Family Home LLC	Completion Date
Page 3 of 13	Licensee: Welcome Family Home LLC	10/18/2024

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, Welcome Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11-20-2024

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


Provider (or Representative)

11/08/2024
Date

WAC 388-76-10705 Common use areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the common area was not used as a sleeping area for a live in caregiver (Staff B). This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of a decreased quality of life.

Findings included...

In interview, on 10/15/2024 at 9:15 AM, Staff A, Entity Representative, stated that they, Staff B, Caregiver, and Staff C, Caregiver, lived on site at the AFH.

Observation, on 10/15/2024 at 3:20 PM, of the living room of the AFH showed a folding room divider standing at the end of a couch next to the front window. Staff A stated that the divider was used to provide privacy for Staff B at night to sleep. Staff A pulled out the divider and showed us what the sleeping setup looked like at night for Staff B.

In interview, on 10/15/2024 at 3:20 PM, Staff A stated Staff B slept on the couch in the living room. Staff A stated a divider was used to enclose the area while Staff B slept.

In interview, on 10/15/2024 at 3:20 PM, Staff A stated that they would move Staff B to an area downstairs.

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Findings included...

In interview, on 10/15/2024 at 9:15 AM, Staff A, Entity Representative, stated that they, Staff B, Caregiver, and Staff C, Caregiver, lived on site at the AFH.

Observation, on 10/15/2024 at 3:20 PM, of the living room of the AFH showed a folding room divider standing at the end of a couch next to the front window. Staff A stated that the divider was used to provide privacy for Staff B at night to sleep. Staff A pulled out the divider and showed us what the sleeping setup looked like at night for Staff B.

In interview, on 10/15/2024 at 3:20 PM, Staff A stated Staff B slept on the couch in the living room. Staff A stated a divider was used to enclose the area while Staff B slept.

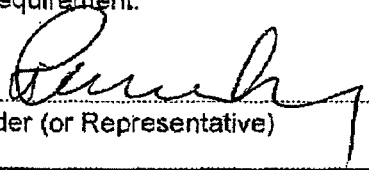
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.


Provider (or Representative)

11/28/2024
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

- (a) Tubs;
- (b) Showers; and
- (c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the water temperature was maintained between 105 degrees and 120 degrees Fahrenheit (F). This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of burn injury.

Findings included...

Observation, on 10/15/2024 at 11:55 AM, showed the AFH hallway bathroom water temperature was 131.2 F. Observation showed () water temperature, at 11:57 AM, was 131.1 F.

In interview, on 10/15/2024 at 11:55 AM, Staff A, Entity Representative, stated that they knew the water temperature was high as they just turned up the water temperature on Friday (10/11/2024) for Resident 2. Staff A stated that Resident 2 likes the water hotter than normal. Staff A stated that they would turn down the water temperature.

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Findings included...

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In interview, on 10/15/2024 at 11:55 AM, Staff A, Entity Representative, stated that they knew the water temperature was high as they just turned up the water temperature on Friday (10/11/2024) for Resident 2. Staff A stated that Resident 2 likes the water hotter than normal. Staff A stated that they would turn down the water temperature.

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Provider (or Representative)

11/08/2024
Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

- (1) Obtain and maintain both:
 - (a) Commercial general liability insurance or business liability insurance covering the adult family home; and
 - (b) Professional liability insurance or errors and omissions insurance covering the adult family home.
- (3) Have evidence of liability insurance coverage available if requested by the department.
- (4) Notify the department's complaint resolution unit if there is any lapse in required liability insurance coverage.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure their liability and professional insurance was paid and active. This failure placed 4 out of 4 residents (1, 2, 3, and 4) at risk of not being covered in the event of personal injury, or property damage or loss.

Findings included...

Record review showed the AFH's liability and professional insurance expired on 10/06/2024. There was no current liability insurance policy found during the inspection on 10/15/2024.

In interview, on 10/15/2024 at 1:35 PM, Staff A, Entity Representative, stated that they had called the insurance agent and was waiting for an undersigner to send a confirmation of the renewal of the AFH's liability and professional insurance.

Review of an email correspondence, dated 10/16/2024, Staff A showed the renewed liability and professional insurance with coverage from 10/15/2024 – 10/15/2025. The AFH had not had liability insurance coverage from 10/07/2024 to 10/14/2024. The

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Findings included...

Record review showed the AFH's liability and professional insurance expired on 10/06/2024. There was no current liability insurance policy found during the inspection on 10/15/2024.

In interview, on 10/15/2024 at 1:35 PM, Staff A, Entity Representative, stated that they had called the insurance agent and was waiting for an undersigner to send a confirmation of the renewal of the AFH's liability and professional insurance.

Review of an email correspondence, dated 10/16/2024, Staff A showed the renewed liability and professional insurance with coverage from 10/15/2024 – 10/15/2025. The AFH had not had liability insurance coverage from 10/07/2024 to 10/14/2024. The

Statement of Deficiencies	License #: 752869	Compliance Determination # 49161
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liability and professional insurance had lapsed by eight days.

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement	
 _____ Provider (or Representative)	<u>11/08/2024</u> _____ Date

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(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

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

- (1) Uses nationally recognized infection control standards;
- (3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a written Respiratory Protection Program (RPP) that included respirator training, medical clearance, and respirator fit testing every year. This failure placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk of illness and exposure to a contagious virus.

Findings included...

Review of the Dear Provider Letter, dated 11/05/2021, showed the requirements necessary in developing a Respiratory Protection Program (RPP) in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing of N95 respirators and the Washington State Department of Health website link to the RPP for Long-Term Care Facilities.

Review of the Washington State Department of Health's "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the

liability and professional insurance had lapsed by eight days.

Attestation Statement

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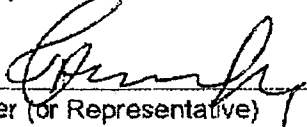
respirator, then annually.

Review of facility records, undated, showed the AFH did not have evidence of a written RPP and conducting respirator training for staff.

In interview, on 10/15/2024 at 3:27 PM, Staff A, Entity Representative, stated, "I think I have this but not sure". Staff A stated that they had a fit test on 01/09/2024. Staff A said Staff B, Caregiver, had a fit test but could not find verification. Staff A said Staff C, Caregiver, had a fit test on 02/16/2024.

Record review showed Staff A, B, and C did not have medical clearance prior to the fit testing. The AFH also did not have RPP training record.

Review of an email correspondence, dated 10/16/2024, showed Medical Evaluation and Clearance (dated 10/16/2024) for Staff A, Staff B, and Staff C.

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 _____ Provider (or Representative)	<u>11/08/2024</u> _____ Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(a) Contain enough information so home can provide the needed care and services to each resident;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2) was available for review. This failure placed Resident 2 at risk of unmet and recognized care needs.

Findings include...

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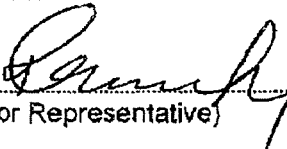
Findings include...

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Review of Resident 2's record showed the AFH admitted Resident 2 on [REDACTED]/2019 with various diagnoses. Record review showed Resident 2's record had not included the current or previous NCP for review.

In interview, on 10/15/2024 at 3:17 PM. Staff A, Entity Representative, stated that they had the NCP, but could not locate it at the moment. Staff A stated that they would email it.

Review of an email correspondence, dated 10/15/2024, showed a copy of Resident 2's NCP signed and dated by the resident on 03/16/2024.

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, Welcome Family Home LLC is or will be in compliance with this law and / or regulation on (Date) <u>11/20/2024</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Provider (or Representative)	<u>11/08/2024</u> _____ Date

WAC 388-76-10650 Medical devices.

- (1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.
- (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;
 - (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;
 - (c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and
 - (d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Review of Resident 2's record showed the AFH admitted Resident 2 on [REDACTED]/2019 with various diagnoses. Record review showed Resident 2's record had not included the current or previous NCP for review.

In interview, on 10/15/2024 at 3:17 PM, Staff A, Entity Representative, stated that they had the NCP, but could not locate it at the moment. Staff A stated that they would email it.

Review of an email correspondence, dated 10/15/2024, showed a copy of Resident 2's NCP signed and dated by the resident on 03/16/2024.

Attestation Statement

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

Provider (or Representative)

Date

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- (1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.
- (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;
 - (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;
 - (c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and
 - (d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

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Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 resident (Resident 3) had documentation of informed consent, safety assessment, and the negotiated care plan (NCP) indicating the need for the use of [REDACTED] and a [REDACTED]. This failure placed Resident 3 at risk of injury of inappropriate use of the medical devices.

Findings included...

Review of Resident 3's NCP, dated 01/11/2024 did not include documentation of the need for [REDACTED] or a [REDACTED].

In interview, on 10/15/2024 at 10:03 AM, Staff A, Entity Representative, stated that Resident 3 had [REDACTED] on both sides of the bed and a [REDACTED].

Staff A stated they did not have the required documents for the [REDACTED] yet. Staff A stated that the [REDACTED] was new. Staff A stated that the physical therapist (PT) installed the [REDACTED] for Resident 3 to try. Staff A stated that Resident 3's legs were weak. Staff A stated that the PT wanted to work with Resident 3 on using their legs.

Observation, on 10/15/2024 at 2:35 PM, of Resident 3's bedroom showed they had a right-side [REDACTED] in down position on their bed with the left-side [REDACTED] up. The [REDACTED], attached to the floor and ceiling, was on the right-side of the bed.

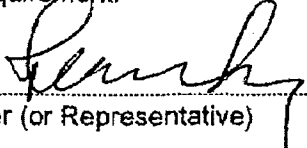
In interview, on 10/15/2024 at 2:35 PM, Staff A stated that they would do the informed consent for the [REDACTED] and document on the care plan regarding the [REDACTED] and [REDACTED].

In interview, on 10/15/2024 at 2:40 PM, Staff A stated that they would have the PT do the assessment on 10/17/2024.

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, Welcome Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/20/2024

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


Provider (or Representative)

11/08/2024
Date

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 resident (Resident 3) had documentation of informed consent, safety assessment, and the negotiated care plan (NCP) indicating the need for the use of [REDACTED] and a [REDACTED]. This failure placed Resident 3 at risk of injury of inappropriate use of the medical devices.

Findings included...

Review of Resident 3's NCP, dated 01/11/2024 did not include documentation of the need for [REDACTED] or a [REDACTED].

In interview, on 10/15/2024 at 10:03 AM, Staff A, Entity Representative, stated that Resident 3 had [REDACTED] on both sides of the bed and a [REDACTED].

Staff A stated they did not have the required documents for the [REDACTED] yet. Staff A stated that the [REDACTED] was new. Staff A stated that the physical therapist (PT) installed the [REDACTED] for Resident 3 to try. Staff A stated that Resident 3's legs were weak. Staff A stated that the PT wanted to work with Resident 3 on using their legs.

Observation, on 10/15/2024 at 2:35 PM, of Resident 3's bedroom showed they had a right-side [REDACTED] in down position on their bed with the left-side [REDACTED] up. The [REDACTED], attached to the floor and ceiling, was on the right-side of the bed.

In interview, on 10/15/2024 at 2:35 PM, Staff A stated that they would do the informed consent for the [REDACTED] and document on the care plan regarding the [REDACTED] and [REDACTED].

In interview, on 10/15/2024 at 2:40 PM, Staff A stated that they would have the PT do the assessment on 10/17/2024.

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, Welcome Family Home LLC 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 388-76-10198 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:

- (1) Staff information such as address and contact information.
- (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;
 - (b) Cardiopulmonary resuscitation;
 - (c) First aid; and
 - (d) HIV/AIDS training.
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have the personnel record for 2 of 3 caregivers (Staff B and Staff C) readily available for review. This failure delayed verification of Staff B and Staff C's qualification(s) to work in the home and placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of being cared for by staff who were not fully qualified.

Findings included...

Observation, on 10/15/2024 at 9:07 AM, showed Staff B with four residents (Resident 1, 2, 3, and 4) at the AFH.

In interview, on 10/15/2024 at 9:15 AM, Staff A, Entity Representative, stated that they, Staff B, Caregiver, and Staff C, Caregiver, lived on site at the AFH. Staff A stated that Staff B worked full-time. Staff A stated that Staff C resided downstairs and worked as needed.

Review of the AFH's personnel records showed the AFH hired Staff B on 04/16/2022 and Staff C on 09/08/2020.

Review of Staff B's personnel records showed no current verification of Continued Education (CE) hours between their birthdays in 10/2023 and 10/2024. In addition, Staff

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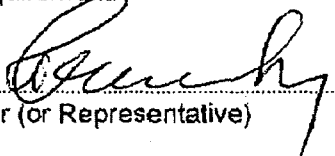
B's personnel records also showed they were missing a Food Handler Card and their certification for Developmental Disabilities (DD) Specialty Training.

Review of Staff C's personnel records showed they were missing their certification for DD Specialty Training.

In interview, on 10/15/2024 at 3:20 PM, Staff A stated that they would provide the missing documents.

Review of an email correspondence, dated 10/16/2024, showed Staff B's CE credits (13.5 hours), completed on 10/02/2024. Record review showed Staff B's CE credits included Nutrition and Food Handling.

Review of an email correspondence, dated 10/16/2024, showed the AFH sent Staff B's and Staff's C's DD Specialty training certificates, dated 05/05/2024 and 01/07/2024 respectively.

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, Welcome Family Home LLC is or will be in compliance with this law and / or regulation on (Date) <u>11/20/2024</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Provider (or Representative)	<u>11/08/2024</u> Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

(2) After receiving the results letter of the national fingerprint background check the adult family home must not employ, directly or by contract, a caregiver, entity representative or resident manager who has been convicted of a disqualifying crime or who:

- (i) Has a disqualifying conviction or pending charge under chapter 388-113 WAC; or
 - (ii) Has a disqualifying negative action listed in WAC 388-76-10180.
- (3) The provider may accept a copy of a national fingerprint background check result

B's personnel records also showed they were missing a Food Handler Card and their certification for Developmental Disabilities (DD) Specialty Training.

Review of Staff C's personnel records showed they were missing their certification for DD Specialty Training.

In interview, on 10/15/2024 at 3:20 PM, Staff A stated that they would provide the missing documents.

Review of an email correspondence, dated 10/16/2024, showed Staff B's CE credits (13.5 hours), completed on 10/02/2024. Record review showed Staff B's CE credits included Nutrition and Food Handling.

Review of an email correspondence, dated 10/16/2024, showed the AFH sent Staff B's and Staff's C's DD Specialty training certificates, dated 05/05/2024 and 01/07/2024 respectively.

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
_____	_____
Provider (or Representative)	Date

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letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint background check through the background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 1 former caregiver (Staff D) had a fingerprint-based check (FBC). This failure placed 4 of 4 residents (Resident 1, 2, 3, and 4) at risk of receiving care from staff with unknown background.

Findings included...

Review of the AFH's personnel records showed Staff D worked in the home from 09/12/2020 to 10/15/2022.

Review of Staff D's record showed they did not have a FBC in their file.

In interview, on 10/15/2024 at 3:20 PM, Staff A, Entity Representative, stated that they would provide the missing document.

Review of an email correspondence, dated 10/15/2024, showed the AFH did not send Staff D's final FBC.

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, Welcome Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/20/2024

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

Provider (or Representative)



Date

11/08/2024

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

- (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

letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint background check through the background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 1 former caregiver (Staff D) had a fingerprint-based check (FBC). This failure placed 4 of 4 residents (Resident 1, 2, 3, and 4) at risk of receiving care from staff with unknown background.

Findings included...

Review of the AFH's personnel records showed Staff D worked in the home from 09/12/2020 to 10/15/2022.

Review of Staff D's record showed they did not have a FBC in their file.

In interview, on 10/15/2024 at 3:20 PM, Staff A, Entity Representative, stated that they would provide the missing document.

Review of an email correspondence, dated 10/15/2024, showed the AFH did not send Staff D's final FBC.

Attestation Statement	
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_____ Provider (or Representative)	_____ Date

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Statement of Deficiencies	License #: 752869	Compliance Determination # 49161
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chapter 388-112A WAC; and

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 caregivers (Staff B) had proof of valid cardiopulmonary resuscitation (CPR)/First Aid training that included hands-on skills demonstration. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of being cared for by a caregiver who was not fully qualified.

Findings included...

Observation, on 10/15/2024 at 9:07 AM, showed Staff B with four residents (Resident 1, 2, 3, and 4) at the AFH.

Review of staff record showed the AFH hired Staff B on 04/16/2022. Review of Staff B's record showed Staff B was missing a CPR/First Aid card. There was no current CPR/First Aid card found during the inspection on 10/15/2024.

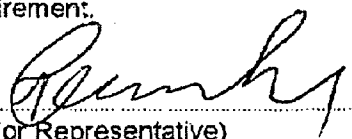
In interview, on 10/15/2024 at 3:20 PM, Staff A, Entity Representative, stated that they would provide the missing verification.

Review of an email correspondence, dated 10/16/2024, showed Staff B's CPR/First Aid training card, dated 10/16/2024.

Attestation Statement

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


Provider (or Representative)

11/08/2024
Date

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Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 caregivers (Staff B) had proof of valid cardiopulmonary resuscitation (CPR)/First Aid training that included hands-on skills demonstration. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of being cared for by a caregiver who was not fully qualified.

Findings included...

Observation, on 10/15/2024 at 9:07 AM, showed Staff B with four residents (Resident 1, 2, 3, and 4) at the AFH.

Review of staff record showed the AFH hired Staff B on 04/16/2022. Review of Staff B's record showed Staff B was missing a CPR/First Aid card. There was no current CPR/First Aid card found during the inspection on 10/15/2024.

In interview, on 10/15/2024 at 3:20 PM, Staff A, Entity Representative, stated that they would provide the missing verification.

Review of an email correspondence, dated 10/16/2024, showed Staff B's CPR/First Aid training card, dated 10/16/2024.

Attestation Statement

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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
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

11/01/2024

Welcome Family Home LLC
Welcome Family Home LLC
19204 69th PI W
Lynnwood, WA 98036

RE: Welcome Family Home LLC # 752869

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/18/2024 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:

Alfredo Brown, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

- 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 388-76-10530 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.

The Adult Family Home (AFH) failed to have Resident 1 sign and date the admission agreement. Resident 1 last signed and dated the admission agreement on 02/09/2021. During the full inspection on 10/15/2024, at 3:22 PM, Staff A, Entity Representative had Resident 1 sign and date the admission agreement. This deficiency was corrected onsite at the time of visit.

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 (253)341-7376.

Sincerely,



Alfredo Brown, Field Manager
Region 2, Unit I
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:

Alfredo Brown, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

Welcome Family Home LLC # 752869

10/18/2024

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Residential Care Services

PO Box 45600

Olympia, WA 98504-5600

This document was prepared by Residential Care Services for the Locator website.