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

Yirgalem H. Solomon
A Caring Family Home
2003 144th PL SW
Lynnwood, WA 98087

RE: A Caring Family Home License # 752873

Dear Provider:

This letter addresses Compliance Determination(s) 31324 (Completion Date 10/20/2023) and 27183 (Completion Date 08/22/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/20/2023 and found that you have corrected the violations listed in the Full report dated 08/22/2023. Your home is back in compliance as of 09/30/2023 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10585-1-a, WAC 388-76-10130-11, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10191, WAC 388-76-10191-1, WAC 388-76-10191-2, WAC 388-76-10415-1, WAC 388-76-10380-4, WAC 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10490-1, WAC 388-76-10475-1, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10165, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-2, WAC 388-76-10161-3, WAC 388-76-10530, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-2, WAC 388-76-10255, WAC 388-76-10255-1, WAC 388-76-10255-2, WAC 388-76-10255-3, WAC 388-76-10255-4, WAC 388-76-10255-4-a, WAC 388-76-10255-4-b, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-4, WAC 388-76-10355-5, WAC 388-76-10355-6, WAC 388-76-10355-6-a, WAC 388-76-10355-6-b, WAC 388-76-10355-6-c, WAC 388-76-10355-6-d, WAC 388-76-10355-7, WAC 388-76-10355-7-a, WAC 388-76-10355-7-b, WAC 388-76-10355-7-c, WAC 388-76-10355-7-d

The Department staff who did the on-site verification:

Twyla Robinson, AFH Licensor

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

Sincerely,

Renee' Bourque

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 #: 752873	Compliance Determination # 27183
Plan of Correction	A Caring Family Home	Completion Date
Page 1 of 19	Licensee: Yirgalem H. Solomon	08/22/2023

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 07/25/2023 and 07/27/2023 of:
A Caring Family Home
2003 144th PL SW
Lynnwood, WA 98087

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:

Twyla Robinson, AFH Licensor

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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.

Renee' Bourque
Residential Care Services

08/28/2023
Date

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

Ysolomon. 09.01.2023

Provider (or Representative) Date

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to post the most recent licensing inspection report for review. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of being unaware of regulatory compliance issues.

Findings included...

Observation, on 07/27/2023 between 9:45 a.m. to 3:10 p.m., showed four residents resided in the facility.

Observation, on 07/27/2023 at 10:27 a.m., during the environmental tour, showed that the last licensing inspection was not posted for review.

In interview, on 07/27/2023 at 1:56 p.m., when asked about the full inspection report, Staff A (Provider) stated that they did not realize that the full inspection was not posted.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 08.20.23 .

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

Ysolomon. 09.01.2023

Provider (or Representative) Date

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 2 of 5 staff (Staff A, Provider, and Staff B, Caregiver) met continuing education training requirements for emergency medical aid. This failure placed Resident 1, 2, 3, and 4 at risk of further health complications.

Findings included...

Observation, on 07/25/2023 between 9:58 a.m. to 2:27 p.m., showed that four residents resided in the facility.

Record review showed that Staff A's last cardiopulmonary resuscitation (CPR) and first aid training card expired in 03/2023.

Record review showed that Staff B's last First Aid CPR automated external defibrillator (AED) Program training certificate expired in 03/2022.

In interview, on 07/27/2023 at 12:19 p.m., when asked about basic first aid and CPR training, Staff A acknowledged that the trainings were expired.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 09-01-2023

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

Y Solomon
Provider (or Representative)

09.01.2023
Date

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

(1) Obtain liability insurance upon licensure and maintain the insurance as required in WAC 388-76-10192 and 388-76-10193 ; and

(2) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to maintain liability insurance for the AFH. This failure placed Residents 1, 2, 3, and 4 at risk of unmet financial coverage in case of harm or injury by AFH staff or in the facility.

Findings included...

Observation, on 07/25/2023 between 9:58 a.m. to 2:27 p.m., showed four residents resided in the facility.

Record review showed the AFH commercial general liability and professional liability insurance expired on 03/02/2023.

Record review showed the AFH insurance "Quotation" dated 05/04/2023 showed the insurance quote had expired on 04/27/2023.

Record review of an email, on 08/13/2023 at 9:19 a.m., showed the AFH "Certificate of Liability Insurance" included commercial general liability and professional liability insurance coverage from 08/08/2023 to 08/08/2024.

In interview, on 08/17/2023 at 1:07 p.m., when asked why the AFH liability insurance had lapsed, Staff A (Provider) stated there had been a miscommunication with the insurer and they did not realize that the insurance was not paid.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 8/11/2023 .

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

Y Solomon
Provider (or Representative)

09/01/2023
Date

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure Staff A (Provider) and Staff E (Caregiver) met training requirements for safe food handling. This failure placed 4 of 4 residents (Resident 1, 2, 3, and 4) at risk of harm from foodborne illnesses.

Findings included...

Observation, on 07/25/2023 between 9:58 a.m. to 2:27 p.m., showed four residents resided in the facility.

Record review showed Staff A's Washington State Food Worker Cards expired on 03/17/2023.

In interview, on 07/27/2023 at 3:50 p.m., when asked about the training, Staff A acknowledged that it was expired.

Record review of an email, on 07/31/2023 at 6:46 p.m., showed Staff E completed their food handler's training for the period of 07/31/2023 to 07/31/2026.

In interview, on 08/15/2023 at 2:19, when asked to provide Staff E's prior food worker card, Staff A reported that they were unable to find it.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 07/31/2023

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

Y Solomon
Provider (or Representative)

09/01/2023
Date

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

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a documented review and update of the Negotiated Care Plan (NCP) for 3 of 4 sampled residents (Resident 1, 2, and 3) at least every 12 months. This failure placed Resident 1, 2, and 3 at risk for unmet care needs.

Findings included...

Record review showed that the AFH admitted Resident 1 on [redacted]/2021 with a diagnosis of [redacted].

Record review of Resident 1's NCP indicated that the AFH would provide medication management and some activities of daily living. Resident 1's NCP was last signed and dated on 08/11/2021.

Resident record review showed the AFH admitted and Resident 2 on [redacted]/2016 with a diagnosis of [redacted].

Record review of Resident 2's NCP indicated that the AFH would provide medication management and some activities of daily living. Resident 2's NCP was last signed and dated on 03/21/2021.

Resident record review showed the AFH admitted and Resident 3 on [redacted]/2017 with a

diagnosis of [redacted] and [redacted].

Record review of Resident 3's NCP indicated that the AFH would provide medication management and some activities of daily living. Resident 2's NCP was last signed and dated on 06/17/2022.

In interview, on 07/27/2023 at 2:44 p.m., when asked how often the NCP should be reviewed and revised, Staff A (Provider) stated every 2 years.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 09·15·2023.

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

Y Solomon
Provider (or Representative)

09·01·2023
Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

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

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

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

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

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

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 4 sampled residents (Resident 1 and 3) received a Medicaid Policy written on a separate page. This failure placed Resident 1 and 3 at risk of not being fully aware of their rights.

Findings included...

Resident record review showed the AFH admitted Resident 1 on [redacted]/2021 and Resident 3 on [redacted]/2017.

Record review showed there was no Medicaid Policy in Resident 1's and Resident 3's file.

In interview, on 07/27/2023 at 2:36 p.m., when asked about Resident 1's Medicaid Policy, Staff A (Provider) stated that it was missing. Staff A was unable to find Resident 3 Medicaid Policy.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 08.28.23 .

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

Provider (or Representative) _____ Date 09.01.23

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not dispose of expired medications for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of health complications from expired medication.

Findings included...

Record review showed that the AFH's signed Medication Disposal Policy, signed, and dated on 07/13/2022, stated that "Medications that are no longer needed by the client, have been discontinued, expired... " would be disposed of by the AFH.

Resident record review showed the AFH admitted Resident 1 on [redacted]/2021. Record review of Resident 1's negotiated care plan (NCP) indicated that the AFH would provide medication management and some activities of daily living. Resident 1's NCP was last signed and dated on 08/11/2021.

Observation, on 07/27/2023 at 1:32 p.m., showed Resident 1's medication supply contained Artificial Tears 1.4% Ophthalmic Solution (a medication used to relieve dryness and irritation of the eyes). The medication expired in 04/2023.

In interview, on 07/27/2023 at 1:32 p.m., when asked about the Artificial Tears, Staff A (Provider) stated that Resident 1 was not using the medication. Staff A contacted the pharmacy reporting that the medication order had expired in 2022.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 08·23·23.

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

Y Solomon. — Provider (or Representative)

09·01·2023 — Date

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

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure Medication Logs (ML) were current for 2 of 2 sampled residents (Resident 1 and 4). This failure placed Resident 1 and 4 at risk of harm from medication errors.

Findings included...

Record review showed that the AFH admitted Resident 1 on [redacted]/2021. Resident 1's negotiated care plan (NCP), signed and dated on 08/11/2021, indicated that the AFH would provide care, including medication management.

Record review of Resident 1's July 2023 ML listed Loperamide (a medication is used to treat sudden diarrhea by slowing down the movement of the gut), D-Mannose (a supplement taken to help treat and prevent urinary tract infection), and Ondansetron (a medication used to prevent nausea and vomiting).

Observation, on 07/27/2023 at 1:23 p.m., showed Resident 1's medication supply did not contain Loperamide, D-Mannose, and Ondansetron.

In interview, on 07/27/2023 at 1:43 p.m., when asked about the Loperamide, Staff A (Provider) stated that Resident 1 had not used the medication for more than three months and the medication needed to be discontinued. When asked about the D-Mannose, Staff A stated that the medication needed to be reordered.

Record review of an email, on 08/03/2023 at 12:47 p.m., showed on 08/03/2023 Resident 1's doctor discontinued prior prescriptions for D-Mannose and Ondansetron.

Resident record review showed the AFH admitted Resident 4 on [redacted]/2023. Resident 4's NCP, signed and dated [redacted]/2023, showed that the AFH would provide care including, medication management.

Record review of Resident 4's July 2023 ML listed Bisacodyl (an over-the-counter medication used to treat constipation and irregular bowel movements).

Observation, on 07/27/2023 at 12:58 p.m., showed Resident 4's medication supply did not contain Bisacodyl.

In interview, on 07/27/2023 at 12:58 p.m., when asked about the Bisacodyl, Staff A (Provider) proceeded to write on the ML "[Discontinued] Resident hasn't use since she moved in."

Record review of an email, on 08/17/2023 at 1:07 p.m., Staff A provided a discontinuation note for Bisacodyl from Resident 4's doctor dated 08/17/2023.

In interview, on 07/27/2023 at 1:44 p.m., when asked about the system to monitor medications, Staff A stated that they checked the medications monthly and reordered medications a week prior. When asked if Staff A was the only person reordering medications, Staff A stated "Yes."

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date), 08:03:2023

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

Y Solomon 09·01·2023

Provider (or Representative) Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have 2 of 5 sampled staff (Staff C, Caregiver and Staff E, Caregiver) screened for Tuberculosis (TB) upon hire. This failure placed 4 of 4 residents (Resident 1, 2, 3, and 4) at risk of being exposed to a communicable disease.

Findings included...

Observation, on 07/25/2023 between 09:58 a.m. to 2:27 p.m., showed four residents resided in the facility.

Record review showed that Staff C was hired on 07/14/2023. Staff C completed a Tuberculin (TB) Skin Test on 07/10/2022 that was determined to be negative.

Record review showed that Staff E was hired on 08/30/2019. Staff E completed a TB Skin Test on 05/30/2022 that was determined to be positive. Staff E was referred for a chest x-ray.

In interview, on 07/27/2023 at 12:50 p.m., when questioned that about the timeframe to complete the TB test, Staff A (Provider) stated when staff are hired. When asked about the two-step TB test, Staff A stated that they were not aware that a second test was required.

Record review of an email, dated 08/02/2023 at 8:14 p.m., Staff A stated that the positive TB test was the only record for Staff E.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 09-18-2023 .

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

Provider (or Representative) — Date: 09-01-2023

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 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit 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 3 of 5 staff (Staff A, Provider; Staff B, Caregiver; and Staff E, Caregiver) complete the Washington State Name and Date of Birth Background Checks (BGC) every two years. This failure placed 4 of 4 residents at risk of exposure to a caregiver with an unknown background.

Findings included...

Record review of staff BGCs showed: Staff A's BGC expired on 03/17/2023. Staff B's BGC expired on 03/17/2023. Staff E's BGC expired on 08/30/2021.

In interview, on 07/27/2023 at 12:30 p.m., when questioned how often BGCs should be completed, Staff A stated every two years. When asked if Staff A had a system to remind them about deadlines, Staff A stated "No."

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) ~~08-13-2023~~ 09-01-2023

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

Ysolomon — Provider (or Representative)

09-01-2023 — Date

WAC 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 household members (Household Member 1) completed a Washington State Name and Date of Birth background checks (BGC). This failure placed 4 of 4 residents at risk of exposure to a household member with an unknown background.

Findings included...

Record review of AFH records showed there was no BGC completed for Household Member 1.

In interview, on 08/02/2023 at 3:34 p.m., when asked the age at which a BGC is submitted for household members, Staff A (Provider) reported twelve years of age.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 08-02-2023.

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SEP 08 2023
ALDERWOOD CSO

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

Solomon. 09-01-2023
Provider (or Representative) Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(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 a written Notice of Services was provided to 2 of 4 sampled residents (Resident 2 and 3) every 24 months. This failure placed Resident 2 and 3 at risk of being unaware of house rules, services, and costs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2016. Resident 2's Notices of Services was last signed and dated on 03/12/2019.

Resident record review showed the AFH admitted Resident 3 on [redacted]/2017. Resident 3's

Notices of Services was last signed and dated on [redacted]/2017.

In interview, on 07/27/2023 at 2:45 p.m., when asked the about the timeframe to renew the Notice of Services, Staff A (Provider) stated they were not certain and believed it was every two years. When asked if Staff A had a system to remind about due dates, Staff A stated "No."

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 09-15-2023

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

Yirgalem H. Solomon — Provider (or Representative)

09-01-2023 — Date

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;

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

(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

(4) Directs all staff to:

(a) Dispose of razor blades, syringes, and other sharp items in a manner that will not risk the health and safety of residents, staff, other persons residing in the home or the public; and

(b) Use all disposable and single-service supplies and equipment only one time as specified by the manufacturer.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to follow and implement infection control systems that included universal precautions. This failure placed all four residents (Resident 1, 2, 3, and 4) at risk of exposure to a contagious virus.

Findings included...

Observation, on 07/25/2023 and 07/27/2023, showed four residents received various levels of care and services in the AFH.

In interview, on 07/27/2023 at 10:30 a.m., when asked to show the AFH's written Respiratory Protection Program, medical respirator evaluations, N-95 respirator fit-testing, and staff trainings, Staff A (Provider) reported that they did not have 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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 09·30·2023

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

Y Solomon. 0901·2023

Provider (or Representative) Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

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

(b) Reduce tension, agitation and problem behaviors;

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

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) was thoroughly completed for 3 of 4 sampled residents (Residents 1, 2, and 4). This failure placed Residents 1, 2, and 4at risk for unmet care needs.

Findings included...

Observation, on 07/25/2023 between 9:58 a.m. to 2:27 p.m., showed four residents received various levels of care and services in the AFH.

Resident record review showed the AFH admitted Resident 1 on [redacted]/2021 with a diagnosis of [redacted]. Record review of Resident 1's NCP, signed and dated on 08/11/2021, indicated that the AFH would provide medication management and some activities of daily living.

Review of Resident 1's NCP failed to include information on Resident 1's physician ordered psychopharmacologic medications, nurse delegation requirements, care or treatment needs, and Resident 1's preferences. Review of Resident 1's NCP failed to include information on how staff were to respond to resident refusals of medication, care, or crisis .

In interview, on 07/27/2023 at 10:11 a.m., Staff A (Provider) reported that Resident 1 was receiving Nurse Delegated services.

Record review of Resident 1's Assessment, dated 09/30/2022, documented that Resident 1 received nurse delegation.

In interview, on 07/27/2023 at 2:28 p.m., when asked about the missing NCP information, Staff A (Provider) was unable to provide requested documentation.

Resident record review showed the AFH admitted Resident 2 on [redacted]/2016 with a diagnosis of [redacted]. Record review of Resident 2's NCP, signed and dated on 03/21/2021, indicated that the AFH would provide medication management and some activities of daily living.

Observation, on 07/25/2023 at 9:58 a.m., showed Resident 2 had a cast on their right-foot. Resident 2 was sitting in a [redacted] wheelchair in the living room.

In interview, on 07/27/2023 at 10:11 a.m., Staff A reported that Resident 2 had a fall resulting in a right-ankle fracture. Staff A stated that Resident 2 was no longer weight-bearing due to the fracture and required a wheelchair for mobility.

Record review of Resident 2's NCP did not show documentation of Resident 2's injury, care or their cast.

Record review showed the AFH admitted Resident 4 on [redacted]/2023 with a diagnosis of [redacted]. Resident 4's NCP, signed and dated [redacted]/2023, showed that the AFH would provide care including medication management.

Review of Resident 4's NCP failed to include information on Resident 4's physician ordered psychopharmacologic medications, nurse delegation requirements, care or treatment needs, and Resident 1's preferences. Review of Resident 4's NCP failed to include information on how staff were to respond to resident refusals of medication, care, or crisis.

Record review of an email, on 08/02/2023 at 8:14 p.m., showed that Resident 4 had completed a 05/16/2023 "Nurse Delegation: Nursing Visit."

Record review of Resident 4's Assessment, dated 05/01/2023, reported that Resident 4 required one-person physical assistance with bathing, dressing, and transfers.

In interview, on 07/27/2023 at 2:04 p.m., when asked the number of caregivers required to assist Resident 4 with bathing, dressing, and transfers, Staff A stated one caregiver.

Resident 4's NCP stated that Resident 4 was "dependent" to manage finances. The NCP did not indicate who would assist Resident 4.

In interview, on 07/27/2023 at 2:04 p.m., when asked who assisted with financial management, Staff A stated that Resident 4 continued to manage their own finances until an identified payee service assumed the responsibility in September 2023.

Review of Resident 4's NCP Activities/Social Needs section showed no information.

In interview, on 07/27/2023 at 2:06 p.m., when asked why Resident 4's preferences and activities were not documented, Staff A stated they did not know.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 09.15.2023

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

Y Solomon.
Provider (or Representative)

09.01.2023
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

08/29/2023

CERTIFIED MAIL

94890090002760807850000

Yirgalem H. Solomon
A Caring Family Home
2003 144th PL SW
Lynnwood, WA 98087

RE: A Caring Family Home # 752873

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/22/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, 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 388-76-10532 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:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home failed to ensure the Department of Social and Health Services' Adult Family Home Disclosure of Charges forms were signed and dated by the resident. This failure placed the resident at risk of violating their right to know what the facility charged for care and services.

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 (206)914-5042.

Sincerely,

Renee Bourque, 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:
Renee Bourque, 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

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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 IDR**s 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