STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Betterliving Adult Family Home 1 LLC
Betterliving Adult Family Home 1
1610 SW 146th Street
Burien, WA 98166

RE: Betterliving Adult Family Home 1 License # 753036

Dear Provider:

This letter addresses Compliance Determination(s) 49723 (Completion Date 11/04/2024) and 44749 (Completion Date 09/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/04/2024 and found that you have corrected the violations listed in the Full report dated 09/16/2024. Your home is back in compliance as of 10/15/2024 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 388-76-10750-6-c, WAC 388-76-10255-1, WAC 388-76-10015-1, WAC 388-76-10895-2-a, WAC 388-76-10290-2, WAC 388-76-10530-2, WAC 388-76-10380-2, WAC 388-76-10380-4, WAC 388-76-10463-1, WAC 388-76-10463-3, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10191-1

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License # 753036	Compliance Determination # 44749
Plan of Correction	Betterliving Adult Family Home 1	Completion Date
Page 1 of 13	Licensee: Betterliving Adult Family Home 1 LLC	09/16/2024

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 07/25/2024 and 07/25/2024 at:
Betterliving Adult Family Home 1
1810 SW 148th Street
Burien, WA 98166

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit 6
20425 72nd Avenue S, Suite 400
Kent, WA 98032

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

9-17-2024
Date

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 07/25/2024 and 07/25/2024 of:

Betterliving Adult Family Home 1
1610 SW 146th Street
Burien, WA 98166

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

Date

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

Statement of Deficiencies	License #: 753036	Compliance Determination # 44749
Plan of Correction	Betterliving Adult Family Home 1	Completion Date
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Perliza Valbuena RN/ Provider
Provider (or Representative)

9/20/2024
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:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observations and interview, the Adult Family Home (AFH) failed to ensure that 1 of 2 bathrooms' (bathroom 1) sink water temperature did not exceed 120 degrees Fahrenheit (F). This failure placed all residents at risk of scalding burns.

Findings included...

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Observation on 07/25/2024 at 10:51 AM, showed water from bathroom 1 (bathroom in the AFH hallway) sink temperature was at 131.7 F.

In an interview on 07/25/2024 at 10:52 AM, Staff A stated that they needed to fix the temperature.

In an interview on 07/25/2024 at 5:28 PM, Staff A stated that they hired persons to adjust the water heater on that day and was not able to. Staff A stated that they would replace the water heater if unable to correct it the following day.

Attestation Statement

Provider (or Representative) 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:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observations and interview, the Adult Family Home (AFH) failed to ensure that 1 of 2 bathrooms' (bathroom 1) sink water temperature did not exceed 120 degrees Fahrenheit (F). This failure placed all residents at risk of scalding burns.

Findings included…

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Observation on 07/25/2024 at 10:51 AM, showed water from bathroom 1 (bathroom in the AFH hallway) sink temperature was at 131.7 F.

In an interview on 07/25/2024 at 10:52 AM, Staff A stated that they needed to fix the temperature.

In an interview on 07/25/2024 at 5:28 PM, Staff A stated that they hired persons to adjust the water heater on that day and was not able to. Staff A stated that they would replace the water heater if unable to correct it the following day.

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Betterliving Adult Family Home 1 is or will be in compliance with this law and / or regulation on (Date) 8/6/2024 ✓ water heater replaced

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

Perliza Valbuena RN/PROVIDER — Provider (or Representative)

9/20/24 — 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;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff B, Caregiver) performed proper hand hygiene in the AFH. In addition, the AFH did not have hand washing soap available in their hallway bathroom (bathroom 1). These failures placed all current residents at risk of acquiring infections.

Findings included...

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" is a guideline for Hand Hygiene and Staff Education. In the link "Hand Hygiene" stated to wash hands with soap and water for 20 seconds. On number 4 stated to rinse hands with water and use disposable towels to dry. To use towel to turn off the faucet after hand washing.

Observation on 07/25/2024 at 10:25 AM, showed Staff B wheeled Resident 4 to the hallway bathroom. Staff B assisted Resident 4 to sit on the toilet. Staff B donned gloves and removed Resident 4's soiled briefs. Staff B removed their gloves and was going to wash their hands when they noted there was no soap available. Staff B went out of the bathroom and came back with a bottle of soap.

Observation on 07/25/2024 at 10:26 AM, showed Staff B washed their hand with soap and water. Staff B did not wash their hands for 20 seconds. Staff B used the hand towel

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, Betterliving Adult Family Home 1 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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff B, Caregiver) performed proper hand hygiene in the AFH. In addition, the AFH did not have hand washing soap available in their hallway bathroom (bathroom 1). These failures placed all current residents at risk of acquiring infections.

Findings included…

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under “AFH Standard Precaution Table” is a guideline for Hand Hygiene and Staff Education. In the link “Hand Hygiene” stated to wash hands with soap and water for 20 seconds. On number 4 stated to rinse hands with water and use disposable towels to dry. To use towel to turn off the faucet after hand washing.

Observation on 07/25/2024 at 10:25 AM, showed Staff B wheeled Resident 4 to the hallway bathroom. Staff B assisted Resident 4 to sit on the toilet. Staff B donned gloves and removed Resident 4’s soiled briefs. Staff B removed their gloves and was going to wash their hands when they noted there was no soap available. Staff B went out of the bathroom and came back with a bottle of soap.

Observation on 07/25/2024 at 10:26 AM, showed Staff B washed their hand with soap and water. Staff B did not wash their hands for 20 seconds. Staff B used the hand towel

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to dry their hands.

In an interview on 07/25/2024 at 10:27 AM, Staff B acknowledged that they did not wash their hands for 20 seconds. Staff B stated that they did not have paper towel available, so they used the hand towel.

Observation on 07/25/2024 at 10:35 AM, showed Staff B removed their gloves after washing off Resident 4's right leg. Staff B washed their hands with soap and water for 28 seconds. Staff B turned off the faucet and dried their hand with the hand towel.

In an interview on 07/25/2024 at 10:36 AM, Staff B acknowledged that they should have dried their hands before turning off the faucet.

In an interview on 07/25/2024 at 10:49 AM, Staff A acknowledged that the soap and paper towel were not available at the hallway bathroom.

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, Betterliving Adult Family Home 1 is or will be in compliance with this law and / or regulation on (Date) 7/26/2024

.

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

Perliza Valbuena RN | Provider — 9/20/24

Provider (or Representative) — Date

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 observation, interview and record review, the Adult Family Home (AFH) failed to follow the required Respiratory Protection Program (RPP) that included the written program and annual respiratory fit testing [checking whether a respirator (device used to protect person from inhaling hazardous fumes, vapors, gases, dust, or airborne causing disease) properly fits the face of someone who wears it] for 2 of 2 sampled staff (Staff A, Entity Representative/Resident Manager and Staff B, Caregiver) who worked in the home. In addition, the AFH had expired COVID-19 (an infectious disease caused by a

to dry their hands.

In an interview on 07/25/2024 at 10:27 AM, Staff B acknowledged that they did not wash their hands for 20 seconds. Staff B stated that they did not have paper towel available, so they used the hand towel.

Observation on 07/25/2024 at 10:35 AM, showed Staff B removed their gloves after washing off Resident 4's right leg. Staff B washed their hands with soap and water for 28 seconds. Staff B turned off the faucet and dried their hand with the hand towel.

In an interview on 07/25/2024 at 10:36 AM, Staff B acknowledged that they should have dried their hands before turning off the faucet.

In an interview on 07/25/2024 at 10:49 AM, Staff A acknowledged that the soap and paper towel were not available at the hallway bathroom.

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, Betterliving Adult Family Home 1 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 388-76-10015 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 observation, interview and record review, the Adult Family Home (AFH) failed to follow the required Respiratory Protection Program (RPP) that included the written program and annual respiratory fit testing [checking whether a respirator (device used to protect person from inhaling hazardous fumes, vapors, gases, dust, or airborne causing disease) properly fits the face of someone who wears it] for 2 of 2 sampled staff (Staff A, Entity Representative/Resident Manager and Staff B, Caregiver) who worked in the home. In addition, the AFH had expired COVID-19 (an infectious disease caused by a

respiratory virus) test kits. These failures presented risk for all residents of acquiring infectious illness in case of an outbreak, and risk of spreading the infectious disease such as COVID-19 within the AFH.

Findings included…

A review of Washington State Department of Social and Health Services website under "Information for Adult Family Home Providers" in the quick link for "AFH Standard Precautions Table" for Respiratory Protection Program it stated "Fit test staff annually with N95 respirators, train staff on the importance of respiratory protection and have staff complete a medical clearance to wear an N95 respirator as required. You must have a written RPP and keep fit test, medical clearance, and training records in your home."

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 07/25/2024 at 10:11 AM, Staff A stated that they (Staff A and Staff B) worked full time.

Record review of Staff B's orientation record showed they were hired on 02/24/2024.

Observation on 07/25/2024 at 10:23 AM showed four boxes of N95 (respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) masks. In an interview on 07/25/2024 at 10:24 AM, Staff A stated that the N95 masks were not fitted for them. Staff A questioned if it was needed to have N95 fit testing, to which department staff informed them that it is a current requirement.

In an interview on 07/25/2024 at 10:45 AM, Staff A stated that their COVID-19 test kits were expired. Staff A added that they would buy the test kits from nearby pharmacy.

In an interview on 07/25/2024 at 4:17 PM, Staff A stated that their respiratory fit testing was completed in 2021. Staff A admitted that they (Staff A and Staff B) did not have current respiratory fit testing. Staff A stated that they would schedule their testing.

Attestation Statement

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Betterliving Adult Family Home 1 is or will be in compliance with this law and / or regulation on (Date) 8/1/2024 & 09/20/2024 ✓
attached Fit testing &

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

Perliza Valbuena RN/Provider — Provider (or Representative)

9/20/24 — Date

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

(2) The adult family home must conduct

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to conduct partial emergency evacuation drills, at least every sixty days, affecting 4 of 4 residents' (Residents 1, 2, 3, and 4). This failure placed all residents at risk of harm, and injury if an emergency requiring evacuation of the AFH occurred.

Findings included...

In an interview on 07/25/2024 at 8:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 07/25/2024 at 10:04 AM, Staff A stated that all current four residents (Residents 1, 2, 3, and 4) required assistance with emergency evacuation.

Record review on 07/25/2024 of the AFH's 2024 emergency evacuation drill records showed a drill on 01/10/2024 marked as every two months evacuation. This showed four staff, and four residents participated for a total of five minutes. Drill on 03/05/2024 marked as partial evacuation showed three staff and four residents participated. Drill on 05/10/2024 marked as partial evacuation showed three staff and four residents participated for total of three minutes. There was no drill performed after the 05/10/2024.

In an interview on 07/25/2024 at 5:16 PM, Staff A stated that they missed the next

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, Betterliving Adult Family Home 1 is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to conduct partial emergency evacuation drills, at least every sixty days, affecting 4 of 4 residents' (Residents 1, 2, 3, and 4). This failure placed all residents at risk of harm, and injury if an emergency requiring evacuation of the AFH occurred.

Findings included…

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 07/25/2024 at 10:04 AM, Staff A stated that all current four residents (Residents 1, 2, 3, and 4) required assistance with emergency evacuation.

Record review on 07/25/2024 of the AFH's 2024 emergency evacuation drill records showed a drill on 01/10/2024 marked as every two months evacuation. This showed four staff, and four residents participated for a total of five minutes. Drill on 03/05/2024 marked as partial evacuation showed three staff and four residents participated. Drill on 05/10/2024 marked as partial evacuation showed three staff and four residents participated for total of three minutes. There was no drill performed after the 05/10/2024.

In an interview on 07/25/2024 at 5:18 PM, Staff A stated that they missed the next

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required emergency evacuation drill.

In an email received on 09/16/2024, attached was a documented drill completed on 07/25/2024 at 6:05 PM participated by two staff and four residents that lasted for three minutes. This drill was 76 days after their last 05/10/2024 emergency evacuation drill.

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, Betterliving Adult Family Home 1 is or will be in compliance with this law and / or regulation on (Date) 7/25/2024 evac drill attached ✓

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

Perliza Valbuena RN/Provider 9/20/24

Provider (or Representative) Date

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Caregiver) with a positive Tuberculosis (TB) test had a TB signs and symptoms evaluation when they were hired. This failure placed all the residents at the AFH at risk of exposure to TB.

Findings included...

In an interview on 07/25/2024 at 8:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 07/25/2024 at 10:11 AM, Staff A stated that they (Staff A and Staff B) worked full time

Record review of Staff B's AFH orientation record showed they were hired on 02/24/2024. Staff B had a chest x-ray completed on 01/26/2023 related to history of

required emergency evacuation drill.

In an email received on 08/16/2024, attached was a documented drill completed on 07/25/2024 at 6:05 PM participated by two staff and four residents that lasted for three minutes. This drill was 76 days after their last 05/10/2024 emergency evacuation drill.

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, Betterliving Adult Family Home 1 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 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Caregiver) with a positive Tuberculosis (TB) test had a TB signs and symptoms evaluation when they were hired. This failure placed all the residents at the AFH at risk of exposure to TB.

Findings included…

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 07/25/2024 at 10:11 AM, Staff A stated that they (Staff A and Staff B) worked full time.

Record review of Staff B's AFH orientation record showed they were hired on 02/24/2024. Staff B had a chest x-ray completed on 01/25/2023 related to history of

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positive QuantiFERON TB test (blood test that shows TB germs in the body). The chest x-ray showed there was no evidence of TB. AFH record showed Staff B's TB symptom survey completed on 06/06/2024 with no symptom exhibited. The survey was completed four months after Staff B's hired date.

In an interview on 07/25/2024 at 5:30 PM, Staff A stated that Staff B was hired in February 2024. Staff B did not start to work full time until May 2024 as they were waiting for the completion of their training. Staff A agreed that Staff B was not evaluated for TB signs and symptoms when they started working full time in May 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, Betterliving Adult Family Home 1 is or will be in compliance with this law and / or regulation on (Date) 07/25/2024

Home policy attached ✓
symptoms included

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

Perlita Valbuena RN/Provider — 9/20/24

Provider (or Representative) — Date

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

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to review with the resident, the notice of rights and services at least every 24 months for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 and their representative at risk of not knowing the resident's rights, the care and services provided and the cost for them.

Findings included...

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

positive QuantiFERON TB test (blood test that shows TB germs in the body). The chest x-ray showed there was no evidence of TB. AFH record showed Staff B's TB symptom survey completed on 06/06/2024 with no symptom exhibited. The survey was completed four months after Staff B's hired date.

In an interview on 07/25/2024 at 5:30 PM, Staff A stated that Staff B was hired in February 2024. Staff B did not start to work full time until May 2024 as they were waiting for the completion of their training. Staff A agreed that Staff B was not evaluated for TB signs and symptoms when they started working full time in May 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, Betterliving Adult Family Home 1 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 388-76-10530 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 interview, and record review, the Adult Family Home (AFH) failed to review with the resident, the notice of rights and services at least every 24 months for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 and their representative at risk of not knowing the resident's rights, the care and services provided and the cost for them.

Findings included…

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

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Review of Resident 2's 05/14/2022's negotiated care plan showed they were admitted to the AFH on [redacted]2022. Further review of Resident 2's record showed the Notice of Rights and Services Admission Agreement was signed on [redacted]2022.

In an interview on 07/25/2024 at 5:22 PM, Staff A acknowledged that Resident 2's notice of rights and services was not reviewed every 24 months which was due on [redacted]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, Betterliving Adult Family Home 1 is or will be in compliance with this law and / or regulation on (Date) 8/5/2024 ✓

attached signed notified of care to RP POA. 8/5/2024

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

Perlina Valbuena RN/Provider — Provider (or Representative)

09/20/2024 — Date

WAC 388-76-10360 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:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences.

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Resident 2 and Resident 4) when parts of the plan no longer addressed their care needs. In addition, the AFH failed to review the NCP for 1 of 2 sampled residents (Resident 2) at least every twelve months. These failures placed Resident 2 and Resident 4 for unmet care needs and Resident 2 of receiving care and services they did not negotiate.

Findings included...

In an interview on 07/25/2024 at 8:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and

Review of Resident 2's 05/14/2022's negotiated care plan showed they were admitted to the AFH on [redacted]/2022. Further review of Resident 2's record showed the Notice of Rights and Services Admission Agreement was signed on [redacted]/2022.

In an interview on 07/25/2024 at 5:22 PM, Staff A acknowledged that Resident 2's notice of rights and services was not reviewed every 24 months which was due on [redacted]/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, Betterliving Adult Family Home 1 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 388-76-10380 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:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Resident 2 and Resident 4) when parts of the plan no longer addressed their care needs. In addition, the AFH failed to review the NCP for 1 of 2 sampled residents (Resident 2) at least every twelve months. These failures placed Resident 2 and Resident 4 for unmet care needs and Resident 2 of receiving care and services they did not negotiate.

Findings included…

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and

received care from the AFH staff.

Resident 2
Review of Resident 2's AFH resident personal data sheet showed they were admitted to the AFH on [redacted]/2022. Resident 2's 06/05/2024 assessment showed Sertraline, Aspirin and Eliquis were current prescribed medications listed.

Review of Resident 2's July 2024 pharmacy generated medication log showed they were prescribed Sertraline (prescription medication that helps regulate persons mood) 50 milligram (mg) one tablet every day. Resident 2 was prescribed Aspirin (medication that reduces pain, fever, inflammation and also used for stroke prevention) enteric coated (coating that reduces stomach irritation) 81 mg one tablet every day and Eliquis (blood thinner that prevents blood clots and stroke) 2.5 mg twice daily.

Review of Resident 2's 05/14/2022's NCP showed their use of Sertraline, a psychopharmacologic medication was not addressed. The NCP did not address the medications Aspirin and Eliquis that causes easy bruising and bleeding. The AFH last updated and signed Resident 2's NCP on 05/17/2022.

In an interview on 07/25/2024 at 5:24 PM, Staff A acknowledged that Resident 2's 05/14/2022 NCP was not reviewed in twelve months. In addition, Staff A agreed that Resident 2's NCP did not address their prescribed psychopharmacologic medication and medications that presented risk of easy bruising and bleeding.

Resident 4

Review of Resident 2's AFH resident personal data sheet showed they were admitted to the AFH on [redacted]/2023. Review of Resident 2's July 2024 pharmacy generated medication log showed they were prescribed Aspirin 81 mg one tablet once daily and Xarelto (blood thinner that treats of prevents blood clots) 15 mg once daily with breakfast. Resident 4's 09/08/2023 assessment showed current prescribed medications of Aspirin and Xarelto, required monitoring for any sign or symptom of abnormal bruising and/or bleeding.

Review of Resident 4's 10/14/2023 NCP showed that their use of medications of Aspirin and Xarelto that required monitoring for any sign or symptom of abnormal bruising and/or bleeding were not addressed.

In an interview on 07/25/2024 at 5:19 PM, Staff A acknowledged that Resident 2's 10/14/2023 NCP did not address their prescribed Aspirin and Xarelto required monitoring for any sign or symptom of abnormal bruising and/or bleeding.

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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, Betterliving Adult Family Home 1 is or will be in compliance with this law and / or regulation on (Date) 8/6/2024 updated care plan attached.

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

Perliza Valbuena RN/Provider — Provider (or Representative)

09/20/2024 — Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(1) The resident assessment indicates that a psychopharmacologic medication is necessary to treat the resident's medical symptoms;

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the resident's assessment showed that the prescribed psychopharmacologic (medications that influence mood, sensation, thinking and behavior) medication was necessary to treat the resident's medical symptoms, for 1 of 2 sampled residents (Resident 2). In addition, the AFH failed to address the use of psychopharmacological medications and the interventions for the symptoms for which the medications were prescribed in the resident's NCP. These failures placed Resident 2 at risk of unmet medication and care needs.

Findings included...

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Review of Resident 2's AFH resident personal data sheet showed they were admitted to the AFH on [redacted]2022. Review of Resident 2's July 2024 pharmacy generated medication log showed they were prescribed Sertraline (prescription medication that helps regulate persons mood) 50 milligram (mg) one tablet every day. An assessment completed on 06/06/2024, showed Sertraline 50 mg as current prescribed medication. The assessment did not show what the medication is being used for.

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, Betterliving Adult Family Home 1 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 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(1) The resident assessment indicates that a psychopharmacologic medication is necessary to treat the resident's medical symptoms;

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the resident's assessment showed that the prescribed psychopharmacologic (medications that influence mood, sensation, thinking and behavior) medication was necessary to treat the resident's medical symptoms, for 1 of 2 sampled residents (Resident 2). In addition, the AFH failed to address the use of psychopharmacological medications and the interventions for the symptoms for which the medications were prescribed in the resident's NCP. These failures placed Resident 2 at risk of unmet medication and care needs.

Findings included…

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Review of Resident 2's AFH resident personal data sheet showed they were admitted to the AFH on [redacted]/2022. Review of Resident 2's July 2024 pharmacy generated medication log showed they were prescribed Sertraline (prescription medication that helps regulate persons mood) 50 milligram (mg) one tablet every day. An assessment completed on 06/05/2024, showed Sertraline 50 mg as current prescribed medication. The assessment did not show what the medication is being used for.

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Review of Resident 2's 05/14/2022's NCP showed their use of the psychopharmacologic medications were not addressed and care planned. The NCP indicated that resident did not require psychopharmacologic medication and had "no behavioral issues or problem."

In an interview on 07/25/2024 at 5:24 PM, Staff A acknowledged that Resident 2's 06/05/2024 assessment did not include the medical reason for which Sertraline was prescribed for. Staff A added that they agreed that Resident 2's 05/14/2022 NCP was missing their use of the psychopharmacologic medications and the interventions for the symptoms for which the medications were prescribed.

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, Betterliving Adult Family Home 1 is or will be in compliance with this law and / or regulation on (Date) 8/6/2024

Updated Careplan attached

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

Perlita Valbuena RN/Provider — Provider (or Representative)

09/20/2024 — 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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain and maintain liability insurance and professional liability insurance. This failure placed 4 of 4 residents at risk of not being covered in the event of personal injury, or property damage or loss.

Findings included...

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and

Review of Resident 2's 05/14/2022's NCP showed their use of the psychopharmacologic medications were not addressed and care planned. The NCP indicated that resident did not require psychopharmacologic medication and had "no behavioral issues or problem."

In an interview on 07/25/2024 at 5:24 PM, Staff A acknowledged that Resident 2's 06/05/2024 assessment did not include the medical reason for which Sertraline was prescribed for. Staff A added that they agreed that Resident 2's 05/14/2022 NCP was missing their use of the psychopharmacologic medications and the interventions for the symptoms for which the medications were prescribed.

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, Betterliving Adult Family Home 1 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 388-76-10191 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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain and maintain liability insurance and professional liability insurance. This failure placed 4 of 4 residents at risk of not being covered in the event of personal injury, or property damage or loss.

Findings included…

In an interview on 07/25/2024 at 9:59 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and

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received care from the AFH staff.

In an interview on 07/25/2024 at 10:11 AM, Staff A stated that they were a Registered Nurse.

Record review showed AFH's general liability and professional insurance expired on 04/09/2024.

In a telephone interview on 09/05/2024 at 3:23 PM, Staff A stated that their general liability and professional insurance were current. Staff A stated that the company insurance was charging them monthly. Staff A stated that they will send copy of their current insurance policy.

In an email received on 09/09/2024 Staff A stated that they were informed by their insurance company that they have not renewed their coverage. Staff A admitted that they did not have current coverage.

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, Betterliving Adult Family Home 1 is or will be in compliance with this law and / or regulation on (Date) 10/15/2024 → Date anticipated to be corrected

Currently working on the insurance

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

Perlita Valbuena RN/Provider — Provider (or Representative)

09/20/24 — Date

received care from the AFH staff.

In an interview on 07/25/2024 at 10:11 AM, Staff A stated that they were a Registered Nurse.

Record review showed AFH's general liability and professional insurance expired on 04/09/2024.

In a telephone interview on 09/05/2024 at 3:23 PM, Staff A stated that their general liability and professional insurance were current. Staff A stated that the company insurance was charging them monthly. Staff A stated that they will send copy of their current insurance policy.

In an email received on 09/09/2024 Staff A stated that they were informed by their insurance company that they have not renewed their coverage. Staff A admitted that they did not have current coverage.

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, Betterliving Adult Family Home 1 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