STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Sarahco LLC
Titlow Adult Family Home
1124 N Jackson Ave.
Tacoma, WA 98406

RE: Titlow Adult Family Home License # 753037

Dear Provider:

This letter addresses Compliance Determination(s) 42888 (Completion Date 06/18/2024) and 40582 (Completion Date 04/30/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/18/2024 and found that you have corrected the violations listed in the Full report dated 04/30/2024. Your home is back in compliance as of 06/10/2024 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 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285, WAC 388-76-10255-1

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 753037	Compliance Determination # 40582
Plan of Correction	Titlow Adult Family Home	Completion Date
Page 1 of 3	Licensee: Sarahco LLC	04/30/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 04/29/2024 and 04/29/2024 of:
Titlow Adult Family Home
8388 6th Ave
Tacoma, WA 98465

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

The department staff that inspected the Adult Family Home:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Lisa Cramer
Residential Care Services

05/01/2024
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.

Statement of Deficiencies	License #: 753037	Compliance Determination # 40582
Plan of Correction	Titlow Adult Family Home	Completion Date
Page 2 of 3	Licensee: Sarahco LLC	04/30/2024

Vm A. Camp
Provider (or Representative)

5/10/24
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, interviews and record review, the adult family home (AFH) failed to ensure 1 of 4 AFH Staff (Caregiver A) had documentation of a completed two-step Tuberculosis (TB, an infectious disease) test after their date of hire. This failure placed 2 of 2 residents at risk of being exposed to an infectious disease.

Findings included...

On 04/29/2024, record review showed Caregiver A (CG A) was hired on 03/12/2016, and had documentation of a single-step TB test completed on 02/20/2015. The TB test was negative.

On 04/29/2024 at 12:00 PM, when asked if CG A had any TB tests completed after their date of hire, the Provider stated their employee TB tests were never an issue in the past.

On 04/29/2024 at 12:05 PM, observation showed the Provider looking through paperwork for additional TB tests belonging to CG A. No additional TB tests were found.

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, Titlow Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/10/24 .

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

Statement of Deficiencies	License #: 753037	Compliance Determination # 40582
Plan of Correction	Titlow Adult Family Home	Completion Date
Page 3 of 3	Licensee: Sarahco LLC	04/30/2024

Von A. Camp — Provider (or Representative)

5/10/24 — 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 4 of 4 AFH Staff (Provider, Resident Manager, Caregiver A, and Caregiver B) had documentation of being fitted for an N-95 (respirator mask) mask within the last twelve (12) months. This failure placed 2 of 2 residents at risk of being cared for by unqualified staff.

Findings included...

On 04/29/2024, record review showed the Provider's and Caregiver B's (CG B) N95 respirator fitting expired on 09/22/2021. There was no documentation the Resident Manager (RM) and Caregiver A (CG A) were fit tested annually for an N95 respirator.

On 04/29/2024 at 12:31 PM, observation showed the Provider scheduled an appointment to have their employees fit tested on 05/02/2024.

On 04/29/2024 at 2:30 PM, when asked why all AFH employees did not get fit tested in the previous 12 months, the Provider stated they had been thinking about doing 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, Titlow Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/10/24

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

Von A. Camp — Provider (or Representative)

5/10/24 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Sarahco LLC
Titlow Adult Family Home
1124 N Jackson Ave.
Tacoma, WA 98406

RE: Titlow Adult Family Home # 753037

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/30/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

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

You Must:

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

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

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10265 Tuberculosis Testing Required.

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

(d) Caregiver;

On 02/24/2024, record review showed Caregiver B (CG B) was hired on 08/19/2016, but completed their two-step TB testing on 12/26/2016. The Provider's and Resident Manager's TB tests met the requirements. There was no infectious disease in the home at the time of inspection. Resident 1 did not have any concerns about infection prevention. Resident 2's Representative said they have never had concerns about staff coming to work sick. The Provider said they will make sure to have the new employees complete the TB tests as soon as possible.

WAC 388-76-10385 Negotiated care plan Copy to department case manager Required. When the resident's services are paid for by the department, the adult family home must give the department case manager a copy of the negotiated care plan each time the plan is completed or updated, and after it has been signed and dated.

On 04/29/2024, record review showed Resident 2's (R2) services were paid for by the Department. There was no documentation a copy of the negotiated care plan (NCP) was sent to the case manager. No other residents had services paid for by the Department at the time of inspection. The Provider was receptive to learning about the requirement and had the case manager's contact information readily available in R2's file. The case manager did not bring up any concerns about the AFH when notified about the inspection.

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.

On 04/29/2024, record review showed Resident 2 (R2) did not have documentation their 2022 negotiated care plan (NCP) was reviewed or revised. R2 admitted to the AFH in 2016. There was documentation R2 had their NCP reviewed or revised for all the other years they resided at the AFH. The other Resident in the AFH had their NCP reviewed or revised at

least annually and did not have any concerns about the care they received. R2's Representative stated they remember reviewing the 2022 care plan. R2's Representative said they did not have any concerns with the care provided at the AFH.

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)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A

PO Box 99250
Lakewood, WA 98496

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600