STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Prairie View AFH, Inc
PRAIRIE VIEW AFH
5017 E FARWELL RD
MEAD, WA 99021

RE: PRAIRIE VIEW AFH License # 753048

Dear Provider:

This letter addresses Compliance Determination(s) 46734 (Completion Date 09/05/2024) and 41152 (Completion Date 07/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/05/2024 and found that you have corrected the violations listed in the Full report dated 07/16/2024. Your home is back in compliance as of 08/30/2024 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 388-76-10700-2-b, WAC 388-76-10750-6-c

The Department staff who did the on-site verification:
Scott Sorensen, AFH Licensor
Joshua Robison, Community Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 05/14/2024 and 05/14/2024 of:
PRAIRIE VIEW AFH
5017 E FARWELL RD
MEAD, WA 99021

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 1 former residents.

The department staff that inspected the Adult Family Home:

Joshua Robison, Community Licensor
Scott Sorensen, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Selena Clemons — Residential Care Services

07/18/2024 — Date

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

Provider (or Representative) Date

WAC 388-76-10700 Building official Inspection and approval. The adult family home must have the building inspected and approved for use as an adult family home by the local building official:

(2) After any construction changes that:

(b) Change, add or modify a resident's bedroom.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure building inspector approval was obtained after completing renovations to sections of the home used by 1 of 1 resident (Resident 1). This failure resulted in the resident living in a home that had not been reviewed by a building inspector.

Findings included…

Review of the Department records dated 07/22/2014 showed the Department approved 5 bedrooms (Bedrooms A, B, C, D, and E) for use by residents. The home's floor plan showed bedrooms A, B, C, and E were approved for a capacity of 1 and bedroom D was approved for a capacity of 2.

Review of Department records showed Staff A, Provider, placed a request on 01/16/2023 for a bedroom capacity change following renovations to the AFH. Department records dated 02/02/2023 showed a visit was made to the home to measure the bedrooms and review the renovations. At the time of the visit, Staff A was instructed to send the Department documentation of a completed Adult Family Home Local Building Inspection Checklist (WABO) in order for the Department to finalize approval of the bedroom renovations. The Department did not receive documentation of the completed WABO from Staff A.

On 05/14/2024 at 9:40 AM a general tour of the home showed renovations had been completed in the AFH leaving 2 bedrooms were available for residents to use.

On 05/14/2024 at 11:15 AM Staff A stated renovations were made to the interior of the AFH that reduced the number of resident bedrooms from 5 to 2. Staff A stated they thought the process for approval of the bedroom renovations had been completed.

On 05/15/2024 at 3:05 PM Staff A was asked to send the Department documentation of

the completed WABO.

On 06/17/2024 at 8:15 AM Staff A stated they did not have the WABO completed and were in the process of scheduling for a building inspector to come.

Review of Department records on 07/16/2024 showed the Department had not received a copy of a completed WABO.

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, PRAIRIE VIEW AFH 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 388-76-10750 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 observation and interview, the Adult Family Home (AFH) failed to ensure water temperatures were maintained between 105-120 degrees Fahrenheit (F) for 2 of 2 sinks (Kitchen Sink & Sink 1). This failure placed residents at risk for burns.

Findings included...

Observation on 05/14/2024 at 10:50 AM, showed Sink 1 in the main bathroom registered a temperature of 135.5 degrees F.

Observation on 05/14/2024 at 10:55 AM, showed the Kitchen Sink registered a temperature of 137.1 degrees F.

During an interview on 05/14/2024 at 11:00 AM, Staff A, Provider, stated they were not

aware the water temperatures had exceeded 120 degrees F.

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, PRAIRIE VIEW AFH 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Prairie View AFH, Inc
PRAIRIE VIEW AFH
5017 E FARWELL RD
MEAD, WA 99021

RE: PRAIRIE VIEW AFH # 753048

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/16/2024 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:

Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• 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 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

The home did not obtain an annual assessment for one resident as required. There were no significant changes in the resident's level of care and services during that time. There was no negative outcome to the resident.

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.

The Adult Family Home did not review and revise one resident's negotiated care plan every 12 months. The Provider stated that they would resolve the issue as soon as possible. The resident expressed no concerns related to the document. No significant changes in the resident's level of care and services occurred during that time.

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 (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit E
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:
Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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