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

Progress Adult Family Home LLC
PROGRESS ADULT FAMILY HOME LLC
4766 130TH AVE SE
BELLEVUE, WA 98006

RE: PROGRESS ADULT FAMILY HOME LLC License # 753060

Dear Provider:

This letter addresses Compliance Determination(s) 34421 (Completion Date 12/27/2023) and 33746 (Completion Date 12/19/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/27/2023 and found that you have corrected the violations listed in the Full report dated 12/19/2023. Your home is back in compliance as of 12/14/2023 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 388-76-10165-1-b

The Department staff who did the off-site verification:
Alfredo Brown, AFH Licensor

If you have any questions, please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
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

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 12/11/2023 and 12/11/2023 of:

PROGRESS ADULT FAMILY HOME LLC
4766 130TH AVE SE
BELLEVUE, WA 98006

The following sample was selected for review during the unannounced on-site visit: 2 of 7 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Alfredo Brown, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
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.

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.

Provider (or Representative) 12/27/2023 Date

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:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview. the Adult Family Home (AFH) failed to ensure 3 of 4 staff (Staff A, Entity Representative, Staff B, Caregiver, and Staff C, Caregiver) and 2 of 2 household members (Household Member 1, and Household Member 2) had a valid Washington State Name and Date of Birth Background Check (BGC). This failure placed 7 of 7 residents (Resident 1, 2, 3,4,5,6, and 7) at risk of receiving care and possibly being left exposed to someone who may have a disqualifying criminal background.

Findings included...

During an interview, 12/11/2023 at 9:45 AM. Staff A (Entity Representative) stated that Household Member 1 (HM 1) and Household Member 2 (HM 2) resided in the AFH.

Record review showed Staff A, BGC was dated for 11/02/2021 and expired on 11/02/2023.

Record review showed Staff B (Caregiver), and HM 2 BGC were dated 11/03/2021 and expired on 11/03/2023.

Record review showed HM 1 BCG was dated 12/06/2021 and expired 12/06/2023.

Record review showed Staff C (Caregiver) BGC was dated 12/07/2021 and expired on 12/07/2023.

During an interview, 12/15/2023 at 8:47 AM, Staff A stated that they did not have valid BGC for themselves, Staff B, Staff C, HM 1, and HM 2 this an oversight issue on their part.

Statement of Deficiencies	License #: 753060	Compliance Determination # 33746
Plan of Correction	PROGRESS ADULT FAMILY HOME LLC	Completion Date
Page 3 of 3	Licensee: Progress Adult Family Home LLC	12/19/2023

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, PROGRESS ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12/14/2023.

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

Provider (or Representative) — Date 12/27/2023

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

12/26/2023

Progress Adult Family Home LLC
PROGRESS ADULT FAMILY HOME LLC
4766 130TH AVE SE
BELLEVUE, WA 98006

RE: PROGRESS ADULT FAMILY HOME LLC # 753060

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/19/2023 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:

Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

The Adult Family Home failed to ensure the Negotiated Care Plan (NCP) was reviewed and signed annually for 1 of 2 sampled residents (Resident 7) representatives. This failure placed Resident 7 risk for unmet care needs. The AFH received signatures for the NCP for Resident 7.

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

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

The Adult Family Home (AFH) failed to ensure the resident representative for 1 of 2 sampled residents (Resident 7) had signed and dated the Notice of Services (admission agreement) at least once every twenty-four months. The AFH received a signature from the representatives for Resident 7 during the inspection.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(e) Not located behind a locked door.

The Adult Family Home (AFH) failed to ensure 1 of 3 fire extinguishers were not located behind a lock door. The AFH had annually serviced fire extinguishers, functioning smoke detectors, and automatic sprinkler systems. During the inspection the AFH moved the fire extinguisher to a location that was not in a locked room.

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;

The Adult Family Home (AFH) failed to ensure evacuation drills were completed every sixty days. The AFH had functioning smoke detectors, functioning fire extinguishers, and automatic sprinkler system in place. The AFH completed the evacuation drill on 12/12/2023.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter, Field Manager
Region 2, Unit K
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:
Ann Lee-Hunter, Field Manager

Residential Care Services
Region 2, Unit K
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