STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501***

BrooksBlessings LLC
Brooks Blessings West Olympia
8424 Barboullat St SW
Olympia, WA 98512

RE: Brooks Blessings West Olympia License # 753112

Dear Provider:

This letter addresses Compliance Determination(s) 34678 (Completion Date 01/19/2024) and 31774 (Completion Date 11/22/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/19/2024 and found that you have corrected the violations listed in the Complaint report dated 11/22/2023. Your home is back in compliance as of 12/01/2023 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-a, WAC 388-76-10165-1-b, WAC 388-76-10180, WAC 388-76-10180-1, WAC 388-76-10180-1-a, WAC 388-76-10180-1-b, WAC 388-76-10164-1-c, WAC 388-76-10164-1, WAC 388-76-10225-2-c

The Department staff who did the on-site verification:
Laura Newberry

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jody Just Jody Just Region 3 Field Serices Administrator signing for Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Brooks Blessings West Olympia
**License/Cert.#:** 753112
**Compliance Determination #:** 31774
**Investigator:** Laura Newberry
**Investigation Date(s):** 10/27/2023 through 11/22/2023
**Complainant Contact Date(s):**

**Provider Type:** Adult Family Home

**Intake ID:** 104023
**Region/Unit #:** RCS Region 3 / Unit G

**Allegation(s):**

1. Injury of unknown origin – The named resident (NR) had several bruises that were not documented.
2. Quality of care/treatment – The NR choked, required abdominal thrust, and was not documented.
3. Neglect – The NR was given abdominal thrust when choking and complained of pain.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 6<br>Resident sample size: 3<br>Closed records sample size: 0 |
| **Observations:** | NR and other AFH residents, AFH staff, care and service, AFH environment |
| **Interviews:** | NR and other AFH residents, AFH staff, NR and other AFH resident's responsible party |
| **Record Reviews:** | NR and other AFH resident's negotiated care plan (NCP) and assessment, incident reports, progress notes, NR medication list, staff background checks, credentials and training records |

**Investigation Summary:**

1. Injury of unknown origin – Interview with NR and other AFH residents stated no concerns with care or service and felt safe in the AFH. Interview with NR responsible party stated aware of NR bruises, no concerns with care or service and felt NR was safe in the AFH. Review of AFH records showed NR bruises were documented and notifications made. There was insufficient evidence to support failed practice. No failed practice was found.
2. Quality of care/treatment – Interview with NR and other AFH residents stated no concerns with care or service and felt safe in the AFH. Interview with NR responsible party stated aware of NR incident of choking, no concerns with care or service and felt NR was safe in the AFH. Review of records showed AFH failed to conduct a background check every 2 years for AFH staff, notify the department when there was a disqualifying result and employ caregivers with disqualifying results. Failed practice was identified.
3. Neglect - Interview with NR and other AFH residents stated no concerns with care or

service and felt safe in the AFH. Interview with NR responsible party stated aware of NR incident of choking, no concerns with care or service and felt NR was safe in the AFH. Interview with AFH staff and review of record showed AFH followed NR dietary orders. Review of records showed AFH failed to notify NR medical provider or contact emergency services for their incident of choking. Failed practice was identified.

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**Conclusion / Action:**

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

paid $300-
#3584
on 12/9/23

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***6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501***

| | | |
|---|---|---|
| Statement of Deficiencies | License #: 753112 | Compliance Determination # 31774 |
| Plan of Correction | Brooks Blessings West Olympia | Completion Date |
| Page 1 of 6 | Licensee: BrooksBlessings LLC | 11/22/2023 |

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 an unannounced on-site complaint investigation on 10/27/2023 and 10/27/2023 of:

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Brooks Blessings West Olympia
1627 12th Ave SW
Olympia, WA 98502

This document references the following complaint number(s): 104023

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

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Laura Newberry

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

12/01/2023
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.

Provider (or Representative) 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:

(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 .

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to complete a Washington State name and date of birth background check for 1 of 8 staff members (Caregiver 1) every two years. This failure placed all residents (Residents 1, 2, 3, 4, 5, and 6) at risk for harm by receiving care and services from a disqualified caregiver.

Findings included...

On 10/27/2023, review of CG1's staff records showed they had a Washington State name and date of birth background check dated 03/18/2021 that showed no record.

On 10/30/2023, review of CG1's staff records showed they had a Washington State name and date of birth background check dated 10/26/2023, or a seven-month delay in renewal. This background check showed CG1 was disqualified.

In an interview on 11/22/2023 at 10:18 AM, the Provider stated Caregiver 1 (CG1) was hired in December of 2019.

In an interview on 11/03/2023 at 10:35 AM, the Provider stated that the delay in renewing CG1's background check was an oversight and it slipped through the cracks.

**Attestation Statement**

| Statement of Deficiencies | License #: 753112 | Compliance Determination # 31774 |
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| Plan of Correction | Brooks Blessings West Olympia | Completion Date |
| Page 3 of 6 | Licensee: BrooksBlessings LLC | 11/22/2023 |

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, Brooks Blessings West Olympia is or will be in compliance with this law and / or regulation on (Date) 12/1/23.

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

Provider (or Representative) [signature] Date 12/6/23



**WAC 388-76-10180 Background checks Employment Disqualifying information. [Disqualifying negative actions.]**

(1) The adult family home must not employ, directly or by contract, a caregiver, entity representative, or resident manager if:

(a) The caregiver, entity representative or resident manager will have unsupervised access to vulnerable adults, as defined in RCW 43.43.830 ; and either:

(b) The caregiver, entity representative or resident manager has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC; or

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to ensure the AFH did not employ a caregiver with a disqualifying background check. This failure resulted in 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) receiving care and services from an unsupervised and disqualified caregiver.

Findings included...

Review of Department of Health records, titled "Credentials", showed CG1 had an active home care aide certification.

On 10/30/2023, review of CG1's staff records showed they had a Washington State name and date of birth background check dated 10/26/2023 showing they were disqualified from having unsupervised access to vulnerable adults.

In an interview on 11/22/2023 at 10:18 AM, the Provider stated Caregiver 1 (CG1) was hired in December of 2019.

In an email dated 10/30/2023, the Provider stated they became aware there was a problem with CG1's background check on 08/31/2023.

| Statement of Deficiencies | License #: 753112 | Compliance Determination # 31774 |
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In an interview on 11/03/2023 at 10:35 AM, the Provider stated that they were aware CG1 had a disqualifying background check in August or September of 2023. The Provider stated they did not remove CG1 from the AFH schedule when their disqualifying background check was completed, and they knew this was the wrong decision to keep CG1 on the schedule.

In an interview on 11/17/2023 at 12:43 PM, the Provider stated that CG1 worked alone with AFH residents after the AFH was aware their background check was disqualifying. The Provider stated that it was the AFH policy to remove any caregiver immediately if their background check was disqualifying. The Provider stated they knew it was probably the wrong decision to keep CG1 on the schedule.



**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, Brooks Blessings West Olympia is or will be in compliance with this law and / or regulation on (Date) 12/1/23.

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

Provider (or Representative) — Date: 12/6/23

**WAC 388-76-10164 Background checks Results Duty to inform.**

(1) After receiving the results of the Washington state name and date of birth background check, the adult family home must:

(c) Notify the department and the other appropriate licensing or certification agency of any person resigning or terminated as a result of having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is disqualifying under WAC 388-76-10180 .

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to notify the department when 1 of 8 staff members (Caregiver 1) had a disqualifying background check. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk for harm by receiving care and services from a disqualified caregiver.

Findings included...

Review of department records, titled "Credentials", showed CG1 had an active home care

aide certification.

On 10/30/2023, review of CG1's staff records showed they had a Washington State name and date of birth background check dated 10/26/2023 showing they were disqualified.

In an interview on 11/22/2023 at 10:18 AM, the Provider stated Caregiver 1 (CG1) was hired in December of 2019.

In an email dated 10/30/2023, the Provider stated they became aware there was a problem with CG1's background check on 08/31/2023.

In an interview on 11/17/2023 at 12:43 PM, the Provider stated that they became aware CG1 had a disqualifying background check in August of 2023 and did not inform the department.

**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, Brooks Blessings West Olympia is or will be in compliance with this law and / or regulation on (Date) 12/1/23.

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

Provider (or Representative) 12/6/23 Date

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**WAC 388-76-10225 Reporting requirement.**

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(c) The resident's health care provider;

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to notify the healthcare provider for 1 of 6 residents (Resident 1[R1]) when they had a significant change in condition. This failure placed R1 at risk for harm when their medical professional was not notified of a significant change.

Findings included....

| Statement of Deficiencies | License #: 753112 | Compliance Determination # 31774 |
|---|---|---|
| Plan of Correction | Brooks Blessings West Olympia | Completion Date |
| Page 6 of 6 | Licensee: BrooksBlessings LLC | 11/22/2023 |

Review of R1's assessment dated 06/19/2023 showed they required their food to be cut up and required their liquids to be thickened.

In an interview on 10/27/2023 at 2:32 PM, Caregiver 2 (CG2) stated that R1 had an episode of choking while eating on 10/23/2023 which required them (CG2) to perform abdominal thrusts to dislodge the object. CG2 stated that emergency medical services were not called for this incident, and it was reported to Provider 2.

Review of AFH record, titled "Progress note", dated 10/23/2023, showed R1 had an episode of choking during breakfast which required abdominal thrust to be given. The record did not show documentation of any reporting done for this incident.

**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, Brooks Blessings West Olympia 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