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

Rise and Shine Adult Family Home LLC

Rise and Shine Adult Family Home LLC
2139 7th Ave SW
Puyallup, WA 98371

RE: Rise and Shine Adult Family Home LLC License # 753138

Dear Provider:

This letter addresses Compliance Determination(s) 30915 (Completion Date 10/11/2023) and 28551 (Completion Date 08/24/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/11/2023 and found that you have corrected the violations listed in the Full report dated 08/24/2023. Your home is back in compliance as of 09/20/2023 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 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10285-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

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, 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 #: 753138	Compliance Determination # 28551
Plan of Correction	Rise and Shine Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: Rise and Shine Adult Family Home LLC	08/24/2023

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 the unannounced on-site full inspection on 08/21/2023 and 08/24/2023 of:
Rise and Shine Adult Family Home LLC
2139 7th Ave SW
Puyallup, WA 98371

The following sample was selected for review during the unannounced on-site visit: 2 of 5 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.

Residential Care Services

08/29/2023
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.

J. Hebnarell 09/06/23
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;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) participated in emergency evacuation drills every sixty days. The AFH also failed to complete a full evacuation drill (all residents must evacuate at the same time) at least once in the past twelve months. This failure placed all five residents at risk of not being able to evacuate safely and quickly in an emergency.

Findings included...

On 08/21/2023, record review showed the most recent evacuation drill was completed on 09/22/2022. No documentation of a full-evacuation drill was found.

On 08/21/2023 at 3:00 pm, when asked why there was no documentation of evacuation drills since September 2022, the Provider responded they did not do the drills.

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, Rise and Shine Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/23/23 .

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

J. Hebnarell 09/06/23
Provider (or Representative) 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:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 2 of 4 staff (Caregiver A and Caregiver B) had documentation of two-step tuberculosis testing (TB, an infectious respiratory disease). This failure placed all five residents at risk of getting an infectious disease.

On 08/21/2023, record reviews of Caregiver A (CGA) and Caregiver B (CGB) showed CGA received a TB skin test on 11/04/2022, and CGB receiving a TB skin test on 06/20/2022. There was no documentation of the second step being completed for either caregiver.

On 08/21/2023 at 3:00 pm, when asked why there was no second TB skin test, the Provider responded it was difficult for the caregivers to go back so many times [to get results read].

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, Rise and Shine Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 9/20/23 .

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

Y. Lebranelli 09/06/23

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the

medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed (AFH) to ensure 1 of 6 residents (Resident 1) had an assessment for [redacted]. This failure placed Resident 1 at risk of entrapment in the [redacted] if not able to properly use them.

Findings included...

On 08/21/2023 at 8:50 am, observation showed [redacted] present on Resident 1's bed.

On 08/21/2023, record review showed [redacted] absent from Resident 1's negotiated care plan and no documentation of a risks and benefits form was provided to either Resident 1 or their Representative.

On 08/21/2023 at 3:00 pm, when asked why there was no [redacted] assessment and no mention of [redacted] in the negotiated care plan, the Provider responded they will address 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, Rise and Shine Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/25/23 .

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

Y Lebnardt — Provider (or Representative)

09/06/23 — Date

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

Rise and Shine Adult Family Home LLC
Rise and Shine Adult Family Home LLC
2139 7th Ave SW
Puyallup, WA 98371

RE: Rise and Shine Adult Family Home LLC # 753138

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/24/2023 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:

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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:
(1) Uses nationally recognized infection control standards;

On 08/21/2023, record review showed Provider and Caregiver C's N95 (respirator mask) fit test expired in December of 2022. A record review of all other caregivers in the home showed N95 respirator fittings in compliance. The Provider submitted documentation of new N95 respirator fittings for all AFH employees by end of inspection. There was no respiratory outbreak in the home at the time of inspection.

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, 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

RISE AND SHINE ADULT FAMILY HOME LLC #753138

Plan of Correction

Response to Residential Care Services Full Inspection completed on 8/24/2023

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

Date of Correction: 8/23/2023

Correction: Conducted Full Evacuation Drill on 8/23/2023. The system to ensure continued compliance was to: Add to calendar a plan to complete Emergency Evacuation Drills every 60 days.

Deficiency: WAC 388-76-10285 Tuberculosis Two step skin testing.

Date of Correction: Caregiver A (Jones) completed step 1 on 8/24/2023 and step 2 will be completed by 9/20/2023. Caregiver B (Kaur) completed step 1 on 8/30/2023 and step 2 will be completed by 9/20/2023.

Correction: All Tuberculosis Two steps will be completed by 9/20/2023 and a check item added to new employee orientation steps.

Deficiency: WAC 388-76-10650 Medical devices. Before a medical device with a known safety risk is used by a resident. - Resident 1 ([redacted])

Date of Correction: 8/25/2023

Correction:
(a) Assessment was conducted on 8/25/2023
(b) On 8/25/2023 we provided Resident's POA the list of risks associated with bed [redacted]. Gave copy of FDA brochure "A Guide to Bed Safety [redacted] in Hospitals, Nursing Homes and Home Health Care: The Facts" and POA signed our new "[redacted] Use" policy.
(c) On 8/25/2023 we added [redacted] use to the Negotiated Care plan.

Resident Manager: Yelena Gebhardt

Y. Gebhardt Date: 9/6/2023

2139 7th AVE SW, PUYALLUP, WA 98371
Office: 253-841-4844 | http://riseandshineafh.com
FAX: 253-445-7205