STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Wellspring 24 Hr Elderly Care LLC
WELLSPRING 24 HR ELDERLY CARE LLC
29121 120th Way SE
Auburn, WA 98092

RE: WELLSPRING 24 HR ELDERLY CARE LLC License # 753147

Dear Provider:

This letter addresses Compliance Determination(s) 44610 (Completion Date 07/23/2024) and 42491 (Completion Date 06/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/23/2024 and found that you have corrected the violations listed in the Full report dated 06/18/2024. Your home is back in compliance as of 06/26/2024 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 388-76-10380-4, WAC 388-76-10335-2, WAC 388-76-10415-1, WAC 388-112A-0610-1-f, WAC 388-76-10285-1, WAC 388-76-10285, WAC 388-76-10285-2, WAC 388-76-101632-1

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 06/10/2024 and 06/10/2024 of:

WELLSPRING 24 HR ELDERLY CARE LLC
14611 SE 192ND STREET
RENTON, WA 98058

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

06/21/2024
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) 6/23/24 Date

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 1 and 2) at least every twelve months. This failure placed Residents 1 and 2 at risk for unmet care needs.

Findings included...

During an unannounced visit on 06/10/2024 between 10:35 AM to 5:41 PM, observation showed Staff A, Entity Representative, Staff B, Co-owner/Co-Provider, Staff C and D, Caregivers, interacted with and provided care to Residents 1 and 2.

RESIDENT 1

Review of Resident 1's records included an NCP dated 03/13/2022 and 04/04/2021. There was no 2023 and 2024 NCP found in the resident's file.

In an interview on 06/10/2023 at 3:37 PM, Staff A stated that they could not find Resident 1's 2023 and 2024 NCP.

In a telephone interview on 06/17/2024 at 12:01 PM, Staff A stated, "Maybe I did not update the (Resident 1's) NCP because I did not see it".

RESIDENT 2

Review of Resident 2's records included an NCP dated 02/02/2023 and 03/23/2024 (50 days late).

In an interview on 06/10/2024 at 12:25 PM, Staff A stated that they could not remember

the reason why Resident 2's NCP was not reviewed timely.

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, WELLSPRING 24 HR ELDERLY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 6/26/24.

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

MARICEL MAYO — Provider (or Representative) — 6/26/24 — Date

WAC 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:

(2) Current prescribed medications, and contraindicated medications, including but not limited to, medications known to cause adverse reactions or allergies;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the assessment included the medications for 1 of 2 sampled residents (Resident 2). This failure placed the resident at risk for not receiving the appropriate services due to incomplete assessment.

Findings included...

During an unannounced visit on 06/10/2024 between 10:35 AM to 5:41 PM, observation showed Staff A, Entity Representative, Staff B, Co-owner/Co-Provider, Staff C and D, Caregivers, interacted with and provided care to Resident 2.

In an interview on 06/10/2024 at 12:00 PM, Staff A stated that they were a Registered Nurse and performed the annual assessment to Resident 2.

Review of Resident 2's records showed an assessment dated 01/21/2022. There was no current assessment found on Resident 2's file.

In an interview on 06/10/2024 at 12:37 PM, Staff A stated that the Resident's file labeled "Negotiated Care Plan (NCP)" dated 02/02/2023 and 03/23/2024 were Resident 2's assessment as well.

Review of the Resident's NCP dated 02/02/2023 and 03/23/2024 showed it did not contain all the required elements for residents' assessment as it did not include the lists of medications that the resident was taking.

In an interview of 06/10/2024 at 12:37 PM, Staff A stated that they thought the NCP form was sufficient to meet the assessment.

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, WELLSPRING 24 HR ELDERLY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 6/26/24 .

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

MARICEL MAYO — Provider (or Representative)

6/26/24 — Date

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure 1 of 2 sampled staff (Staff A, Entity Representative) had a current food handler's permit and/or half an hour of continuing education (CE) for food safety training. This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4) at risk for food borne illnesses related to food handling issues.

Statement of Deficiencies	License #: 753147	Compliance Determination # 42491
Plan of Correction	WELLSPRING 24 HR ELDERLY CARE LLC	Completion Date
Page 5 of 7	Licensee: Wellspring 24 Hr Elderly Care LLC	06/18/2024

Findings included...

During an unannounced visit on 06/10/2024 between 10:35 AM to 5:41 PM, observation showed Staff A interacted with and provided care to Residents 1, 2, 3, and 4.

Record review of Staff A's personnel file showed their food handler's permit expired on 10/15/2023. Further record review showed Staff A did not have a current CE for food safety.

In an interview on 06/10/2024 at 5:55 PM, Staff A stated that they did not have a current food handler's permit and/or food safety CE because they missed 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, WELLSPRING 24 HR ELDERLY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 6/25/2024

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

MARCEL MAYO / [signature] 6/25/2024

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:

(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, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff C, Caregiver) had two-step tuberculosis (TB) skin testing. This failure placed the residents at risk of exposure to a communicable disease.

Findings included...

During an unannounced visit on 06/10/2024 between 10:35 AM to 5:41 PM, observation

showed Staff C interacted with and provided care to Residents 1, 2, 3, and 4.

Review of personnel records showed Staff C was hired by the AFH on 07/16/2016. Staff C's records included a negative x-ray (a medical test that produces images of a part of the body) result dated 02/16/2016. There was no record to show that a TB skin testing was done.

In an interview on 06/10/2024 at 4:00 PM Staff A, Entity Representative, stated that Staff C had a history of positive PPD but unable to locate the records.

In a telephone interview on 06/10/2024 at 12:01 PM, Staff A stated that the AFH did not have Staff C's initial skin test result.

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, WELLSPRING 24 HR ELDERLY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 06/22/24.

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

MARICEL MAYO — Provider (or Representative)

6/22/24 — Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not ensure a national fingerprint background check/inquiry was completed within 120 days of hire for 1 of 5 staff (Staff D, Caregiver) who were hired after January 7, 2012. This failure placed all current residents at risk of being cared for by unqualified staff.

Findings included...

Statement of Deficiencies	License #: 753147	Compliance Determination # 42491
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During an unannounced visit on 06/10/2024 between 10:35 AM to 5:41 PM, observation showed Staff D interacted with and provided care to Residents 1, 2, 3, and 4.

Record review of personnel file showed the AFH hired Staff D as a caregiver on 07/16/2016. Further review of records showed Staff D did not have a fingerprint background check result.

In a telephone interview on 06/17/2024 at 12:05 PM, Staff A, Entity Representative stated that the AFH did not conduct a fingerprint background check because Staff D was hired by the previous owner of the home, and they assumed that Staff D did not need to have a fingerprint background check when they hired her after the AFH changed of ownership in 2016.

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, WELLSPRING 24 HR ELDERLY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 6/18/24.

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

Provider (or Representative) — Date: 6/18/24