STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Vintage Years A.F.H. Inc.
Vintage Years AFH Inc
18905 NE 121st Ct
Battle Ground, WA 98604

RE: Vintage Years AFH Inc License # 753165

Dear Provider:

This letter addresses Compliance Determination(s) 34013 (Completion Date 12/15/2023) and 33501 (Completion Date 12/06/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/15/2023 and found that you have corrected the violations listed in the Complaint report dated 12/06/2023. Your home is back in compliance as of 12/15/2023 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 388-76-10350-2-a, WAC 388-76-10350-2-d, WAC 388-76-10400-2

The Department staff who did the on-site verification:
Shawn Swanstrom, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Vintage Years AFH Inc
Provider Type: Adult Family Home
License/Cert.#: 753165
Compliance Determination #: 33501
Intake ID: 109183
Investigator: Shawn Swanstrom
Region/Unit #: RCS Region 3 / Unit F
Investigation Date(s): 11/21/2023 through 12/06/2023
Complainant Contact Date(s):

Allegation(s):
!. Assessments were not completed annually and with a change of condition for a discharged resident.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 3 Closed records sample size: 1
Observations:	Identified resident Residents Resident rooms
Interviews:	Identified resident Residents staff collateral contact
Record Reviews:	Resident records.

Investigation Summary:
1. Two of three sampled residents did not have assessments updated annually. One discharged resident review did not have the assessment updated after a significant change of condition. Failed practice identified.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Vintage Years AFH Inc
Provider Type: Adult Family Home
License/Cert.#: 753165
Compliance Determination #: 33501
Intake ID: 106146
Investigator: Shawn Swanstrom
Region/Unit #: RCS Region 3 / Unit F
Investigation Date(s): 11/21/2023 through 12/06/2023
Complainant Contact Date(s):

Allegation(s):

1. The Provider is over charging a Named Resident (NR1) for respite care.
2. Staff have not practiced fire drills.
3. Staff are not nurse delegated.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents Resident rooms Staff to resident interactions
Interviews:	Residents staff former staff family members Nurse delegators
Record Reviews:	Resident record review

Investigation Summary:

1. NR1's admission contract was reviewed, The contract was signed by NR1. The contact identified NR1 was on a month to month agreement and could request an adjustment. When the NR and friend requested the adjustment - the adjustment was made. Failed practice not identified.
2. Current and past employee records files were reviewed. All staff were training in fire drills. The Resident Manger verified all staff were trained for fire drill on fire and drill were reviewed monthly. Failed practice not identified.
3.Staff were not delegated for nurse delegation for three of three current residents. Failed practice identified.

Conclusion / Action:

☐ Failed Provider Practice Identified / Citation(s) Written

☒ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 11/21/2023 and 12/05/2023 of:

Vintage Years AFH Inc
18905 NE 121st Ct
Battle Ground, WA 98604

This document references the following complaint number(s): 109183, 106146

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Shawn Swanstrom, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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) Date

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:

(a) When there is a significant change in the resident's physical or mental condition;

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure a significant change of condition and annual assessments were completed for three of four sampled Residents [(Resident 2 (R2) (R4), and (R7)]. This deficient practice placed the residents at risk of ongoing needs not being assessed.

Findings include…

On 11/21/2023 at 10:30 AM, R7 stated they were planning on moving back to their home following a remodel. R7 was able to independently transfer from a recliner chair and walk thorough out the AFH without assistance. R7 stated they were an Insulin dependent diabetic and were able to monitor their own blood sugars and inject their Insulin. R7 stated they were independent with bathing, dressing, mobility, and grooming.

Resident record review showed R7 was admitted to the AFH on [redacted]/2023 with the assessment dated 03/22/2023. R7's diagnosis included [redacted]. The assessment stated: 1. Staff were to consult with a Registered Nurse delegator regarding needs for delegation and Insulin administration. 2. The resident required one person assist with toileting. 3. The resident required a one person assist for transfers. 4. The resident required a tab alarm (sounds when attempts to transfer unassisted). 5. The resident required a one person assist to help with dressing. 6. The resident does not walk and was mobile only with wheelchair.

The Provider was interviewed 11/21/2023 at 11:15 AM and stated R7 was admitted as a short-term resident and had plans to move home. The Provider verified R7 did not need assistance with care and was independent with their Insulin. A new assessment had not been completed when R7 had physically improved. The Provider did not have an assessment verifying R7 was independent in Insulin injections and able to monitor their blood sugars.

A return visit was made to the AFH on 12/05/2023 at 11:45 AM. Record review for R2 showed a move in date of [redacted]/2022. The assessment had been completed on 06/22/2022. R4 had been admitted to the AFH on [redacted]/2022 with the assessment completed 08/08/2022. Assessments are to be updated annually.

The Provider was contacted on 12/06/2023 at 11:35 AM and stated the home was without a nurse for the past ten months. A new Registered Nurse has been hired and the Provider stated a new plan has been implemented to ensure assessment are updated 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, Vintage Years AFH Inc 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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

This requirement was not met as evidenced by:

Based on interviews and record review the Adult Family Home (AFH) failed to ensure necessary services were provided to three of three sampled residents [(Resident 2 (R2), (R4), and (R6)) to meet medication and treatment needs. The AFH failed to ensure the residents received nursing delegation services and oversight. This deficient practice caused the residents to receive medication administration and treatment services without nursing oversight.

WAC 248-840-930 describes Nurse Delegation as the transferring of a selected nursing task to Nursing Assistant Certified, a Home Care Aide, or a Registered Nursing assistant. Tasks that can be delegated include medication administration, application of ointments, and ostomy care.

WAC 248-840-930 (18) The register nurse delegator ensures the safe and effective

services are provided. Re-evaluation and documentation occur at least every 90 days.

An onsite visit was made to the AFH on 12/05/2023 at 11:45 AM.

In an interview at 11:50 AM on 12/05/2023, The Resident Manager (RM) stated all staff had been delegated for medication administration and ointments for three current residents R2, R4 and R6.

Resident record review showed R2 was delegated for a daily nasal spray 11/2023. R4 was delegated for a breathing medication via nebulizer (mist via a machine) as needed 11/2023. R6 was delegated for an as needed pain ointment, anti-fungal powder, and a cortisone ointment for redness as needed in 11/2023. The RM was asked to provide prior nurse delegation paperwork and stated they did not have prior paperwork in the home.

The Provider was called on 12/05/2023 at 12:07 PM and stated they had just hired a new delegator and the prior paperwork was being reviewed at the home office. The Provider agreed to send the prior paperwork to the home via email to the RM.

Staff D, the former delegator, was called on 12/05/2023 at 12:15 PM and stated they had not worked at the home for about ten months.

Prior nurse delegation paperwork emailed to the AFH showed R2 was last seen 07/08/2022 and R4 was last seen 10/05/2022. R6 had been admitted to the AFH [redacted]/2023 and had not been evaluated by a nurse delegator on admission.

R6 was interviewed on 12/05/2023 at 11: 52 AM and state that they had a colostomy and staff emptied and change the bag and connective ring. R6 stated they were not able to care for their colostomy and was happy the staff could help her.

Staff C, the new nurse delegator, was called 12/05/2023 at 12:40 AM and stated that they did not delegate colostomy care for R6.

The Provider was called on 12/06/2023 at 9:30 AM and stated they had hired a new nurse delegator in 11/2023 and have implemented a new system to ensure resident requiring nurse delegation would have oversight upon admission to the AFH and at least every 90 days. The Provider stated they would have R6's colostomy care delegated by the nurse.

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, Vintage Years AFH Inc 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