STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Robville LLC
Robville LLC
218 NW Sunrise Drive
Pullman, WA 99163

RE: Robville LLC # 753235

Dear Provider:

This document references Compliance Determination 36222 (02/13/2024), which included complaint number(s) 115140.

The Department completed a complaint investigation of your Adult Family Home on 02/13/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Selena Clemons, NCI-Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10240 Durable power of attorney for health care or financial decisions. The adult family home must not allow a provider, entity representative, owner, administrator, or employees of the home to act as a resident's attorney in fact, according to chapter 11.94 RCW, unless the provider, entity representative, owner, administrator, or employee is the resident's:

(1) Spouse;

(2) Adult child; or

(3) Brother or sister.

The provider admitted an unrelated resident who had previously designated the provider to be their durable power of attorney. The provider stated the resident had been discharged from the hospital with a limited prognosis, the provider did not have time to arrange for placement elsewhere, and the resident passed away after less than 48 hours in the AFH. There was no negative outcome to other residents in the home.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the home to determine if you have corrected all deficiencies.

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 (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Robville LLC
Provider Type: Adult Family Home
License/Cert.#: 753235
Compliance Determination #: 36222
Intake ID: 115140
Investigator: Selena Clemons
Region/Unit #: RCS Region 1 / Unit E
Investigation Date(s): 02/01/2024 through 02/13/2024
Complainant Contact Date(s): 01/29/2024, 02/13/2024

Allegation(s):

1. The provider acted as a durable power of attorney for a resident residing in the adult family home.
2. A named resident's financial arrangements and will were changed before they passed away.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 5 Closed records sample size: 1
Observations:	Resident condition, resident-staff interactions, & general environment
Interviews:	Caregiver, provider, & 1 person not associated with the home
Record Reviews:	Resident assessments, resident care plans, resident medical records, resident power of attorney documents, admission agreements, discharge forms, and nurse delegation forms

Investigation Summary:

1. The named resident passed away in the AFH prior to the start of the investigation. The provider was interviewed and confirmed they had been designated to be the named resident's durable power of attorney prior to the resident moving into the AFH. A consultation citation was written under WAC 388-76-10240; see Statement of Deficiencies dated 02/13/2024.
2. The named resident did not reside in the AFH at the time the documents were changed. No failed practice.

Conclusion / Action:

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