STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

AMENDED

Gentle Hands Home Care LLC

Gentle Hands Home Care LLC
1508 S Olympia Pl
Kennewick, WA 99337

RE: Gentle Hands Home Care LLC License # 753316

Dear Provider:

This letter addresses Compliance Determination(s) 39529 (Completion Date 05/08/2024) and 32386 (Completion Date 02/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/08/2024 and found that you have corrected the violations listed in the Complaint, Full report dated 02/12/2024. Your home is back in compliance as of 03/28/2024 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 388-76-10475-3-a, WAC 388-76-10475-3-b, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10475-4, WAC 388-76-10315-1-a, WAC 388-76-10315-1-b, WAC 388-76-10315-1-c, WAC 388-76-10315-1-e, WAC 388-76-10315-1-g, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10175-1, WAC 388-76-10175-2, WAC 388-76-10198-2-a, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10135-4, WAC 388-76-10135-9, WAC 388-76-10130-3, WAC 388-76-10130-12, WAC 388-76-10015-1

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor
Michelle Closner, Complaint Nurse Field Manager

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Gentle Hands Home Care LLC
Provider Type: Adult Family Home
License/Cert.#: 753316
Intake ID: 108942
Compliance Determination #: 32386
Region/Unit #: RCS Region 1 / Unit C
Investigator: Jo Whitney
Investigation Date(s): 11/09/2023 through 02/12/2024
Complainant Contact Date(s): 12/20/2023

Allegation(s):

1) Resident is not compliant with their medications and drinking.
2) The home does not have the resources to care for Resident and plans to discharge them.
3) Not getting medication evaluation at the clinic.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 6 Closed records sample size: 0
Observations:	Home environment for safety and quality of life, residents, staff to resident interactions, provision of care and services, food preparation and meals, medications, medication assistance, use of personal protective equipment (PPE).
Interviews:	Provider, staff, residents, collateral contacts
Record Reviews:	Resident records including assessment, Negotiated Care Plan (NCP), medication logs, chart notes, prescriber orders, hospital records, admission agreements, disclosures, contracts, employee files, home policies

Investigation Summary:

1) Per resident interviews, medications were given as expected. AFH Provider observed Named Resident (NR) practice to obtain and drink alcohol at their discretion. Provider recognized NR's right to make poor decisions as their own decision maker. Potential for interactions discussed with NR. Physician notified. NR monitored for condition change. System to record medications given to residents inaccurate - failed practice identified. WAC 388-76-10475 Medication Log.
2) Physician ordered services provided; NR participated as tolerated. Staff in home capable of providing care and services per assessment with NR's cooperation. NR's ability/motivation to participate fluctuated (not related to medical condition) affecting AFH's ability meet all needs; Provider discussed with NR. Additional resources for mobility in and out of the AFH pending (lift system, wheelchair). AFH working with suppliers. No discharge planned.

3) NR admitted into AFH with a wheelchair for mobility in and out of the home; that wheelchair failed. Process for wheelchair replacement initiated. Pending replacement wheelchair, out of AFH services were virtual. No 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: Gentle Hands Home Care LLC
Provider Type: Adult Family Home
License/Cert.#: 753316
Intake ID: 110829
Compliance Determination #: 32386
Region/Unit #: RCS Region 1 / Unit C
Investigator: Jo Whitney
Investigation Date(s): 11/09/2023 through 02/12/2024
Complainant Contact Date(s):

Allegation(s):

1) Adult Family Home (AFH) Staff unaware of contracted specialized behavior support requiring additional staffing.
2) AFH Staff unaware of behavior support plans specific to each resident; unable to locate documents.
3) AFH Staff had not completed specialty training required to support resident needs.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 6 Closed records sample size: 0
Observations:	Adult Family Home (AFH) environment for safety and quality of life, residents, staff to resident interactions, provision of care and services, food preparation and meals, medications, medication assistance, use of personal protective equipment (PPE).
Interviews:	Provider, staff, residents, collateral contacts
Record Reviews:	Resident records including assessment, Negotiated Care Plan (NCP), medication logs, chart notes, prescriber orders, hospital records, admission agreements, disclosures, contracts, employee files, AFH policies

Investigation Summary:

1) AFH had current contracts for AFH, Expanded Community Services (ECS) and Specialized Behavior Support (SBS). Contract Monitoring found AFH did not meet staffing requirements to support identified behavior management needs. Interviewed Staff were unable to identify who had specialized behavior support or what the role of the AFH was to meet the additional support needs of the residents. Residents stated Staff were supportive when needed. Behavioral Health resources visited Residents in the home. In compliance with AFH regulations for sufficient staff to meet needs.
2) AFH Staff on more than one onsite visit were unaware of or did not know where to find the Individualized Behavior Support Plans created by the Behavioral Health agency for three residents. Staff did not have access to resident Negotiated Care Plans

outlining each resident's needs and individualized interventions. AFH Provider stored records electronically then had a "Security Breach" affecting their access to the records. Residents stated Staff were supportive providing care and services as needed. Failed practice identified. WAC 388-76-10315 Resident Records.
3) AFH had Specialty designations on their license including Dementia and Mental Health. Four of six residents admitted to AFH for Specialty and additional services provided per the ECS contract. Administrative record review showed AFH Staff did not meet Caregiver qualification requirements including but not limited to completing specialty training course in Mental Health within the required timeframe. Staff stated they were unaware of the trainings, had not attended or scheduled for course in the future. Failed practice identified. WAC 388-76-10135 Caregiver qualifications.

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: Gentle Hands Home Care LLC
Provider Type: Adult Family Home
License/Cert.#: 753316
Intake ID: 112838
Compliance Determination #: 32386
Region/Unit #: RCS Region 1 / Unit C
Investigator: Jo Whitney
Investigation Date(s): 11/09/2023 through 02/12/2024
Complainant Contact Date(s): 01/11/2024

Allegation(s):

1) Named Resident records compromised or lost from Provider's computer due to security breach while out of country. Records not accessible.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 6 Closed records sample size: 0
Observations:	Adult Family Home (AFH) environment for safety and quality of life, residents, staff to resident interactions, provision of care and services, food preparation and meals, medications, medication assistance, use of personal protective equipment (PPE).
Interviews:	Provider, staff, residents, collateral contacts
Record Reviews:	Resident records including assessment, Negotiated Care Plan (NCP), medication logs, chart notes, prescriber orders, hospital records, admission agreements, disclosures, contracts, employee files, AFH policies

Investigation Summary:

1) AFH Provider stated the resident records for the AFH stored electronically were not available. They were notified of a computer “Security Breach” resulting in locked accounts and lack of access to the resident and staff records while out of the AFH; they were still recovering records requested for inspection and investigation. Staff did not have access or know where to find NCPs behavior plans necessary to ensure staff provided care and service needs per the assessment and support agencies. Provider stated they had notified department case managers of the “Security Breach” but had not notified the residents or their representatives. Failed practice identified. WAC 388-76-10315 Resident records.

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
1200 Alder Street, Union Gap, WA 98903

Gentle Hands Home Care LLC
Gentle Hands Home Care LLC
1508 S Olympia Pl
Kennewick, WA 99337

RE: Gentle Hands Home Care LLC # 753316

Dear Provider:

This document references the following complaint numbers 108942, 110829, 112838.

The Department completed a full inspection of your Adult Family Home on 02/12/2024 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:

Michelle Closner, Field Manager
Residential Care Services

Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

- 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 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

On 11/09/2023, Staff H, Caregiver, provided the certificate of liability insurance coverage. The certificate expiring 08/11/2024 did not show the AFH had professional liability insurance. The AFH's insurance policy included a document specifically showing "No Professional Liability Coverage Included."

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(4) Whether the drill was a full or partial emergency evacuation; and

On 11/09/2023, the Adult Family Home's documentation of evacuation drills did not show a full evacuation (at least once each calendar year, all residents participate at the same time meeting at the designated location) drill was done annually.

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 (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 753316	Compliance Determination # 32386
Plan of Correction	Gentle Hands Home Care LLC	Completion Date
Page 5 of 20	Licensee: Gentle Hands Home Care LLC	02/12/2024

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 and complaint investigation on 11/09/2023, 11/30/2023, 12/13/2023 and 01/10/2024 of:

Gentle Hands Home Care LLC
1508 S Olympia Pl
Kennewick, WA 99337

This document references the following complaint numbers: 108942, 110629, 112838.

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

The department staff that inspected the Adult Family Home.

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Cloonan — Residential Care Services

02/16/2024 — 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.

Statement of Deficiencies	License #. 753316	Compliance Determination # 32386
Plan of Correction	Gentle Hands Home Care LLC	Completion Date
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Provider (or Representative)

2.22.24
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(2) Include in each medication log the:

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(b) If the medication was refused and the reason for the refusal; and

(4) Ensure that the changed or new medication is received from the pharmacy.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was a system that included accurate medication logs showing when prescribed medications were given to 2 of 2 residents (Resident 2, & 5). This failure placed the residents at risk of medication error.

Findings included...

Resident 2's interim assessment dated 11/20/2023 showed they self-directed medication assistance except for specific medications that required monitoring. On 11/09/203 at 4:00 PM, Resident 2's medication supply and medication log were compared. The pharmacy bubble packed card for each medication showed a staff initial for each dosage removed from the card. On 11/30/2023, the November 2023 log showed staff failed to initial the log when medications were given.

-Aspirin 81 milligrams (mg), give daily for stroke prevention – a dash on the log showed it was not given, and they had no supply.
-Atenolol 25 mg, give 4 tablets give daily for blood pressure- not initialed on 11/13, 11/20, and 11/27/2023.
-Amlodipine besylate 10 mg give daily for blood pressure – not initialed as given on 11/01, 11/05, 11/07, 11/08, 11/24, and 11/26/2023.
-Clonazepam (medication for anxiety) 2 mg give twice times daily – 5:00 AM dose not

initialed as given on 11/01, 11/05, 11/07, 11/08, 11/24, and 11/26/2023. 6:00 PM dose not initialed as given on 11/2, 11/13, 11/20, and 11/27/2023.
-Atorvastatin 40 mg give daily to lower cholesterol – not initialed as given on 11/01, 11/05, 11/07, 11/08, 11/24, and 11/26/2023.
-Cyclobenzaprine (for depression) 10 mg give three times daily – 5:00 AM dose not initialed as given on 11/01, 11/05, 11/07, 11/08, 11/22, 11/24, and 11/26/2023. 12:00 PM dose not initialed as given on 11/07, 11/08, 11/10, 11/11, 11/12, 11/17, 11/22-11/28/2023. 6:00 PM dose not initialed as given on 11/13, 11/20, 11/27/2023
-Prednisone (for asthma management) 10 mg give twice a day – 5:00 AM dose not initialed as given on 11/01, 11/05, 11/07, 11/08, 11/24, and 11/26/2023. 12:00 PM dose not initialed as given on 11/07, 11/08, 11/10, 11/11, 11/12, 11/17, and 11/22-29/2023

Interviewed on 11/09/2023 at 5:15 PM, Resident 2 stated they kept their inhaled medications (Spiriva once a day, Symbicort used twice a day - to control asthma symptoms) and a multivitamin in their room. The log listed the self-administered medications.

On 11/30/2023 at 5:30 PM, Staff A, Provider, stated the internet service and software program for the medication log would "glitch." Staff would record a medication was given, but the program would not save their initial showing the medication as given. In November 2023 , the software program used by the AFH failed to save staff initials assisting with medications 24 of 30 days reviewed.

Resident 5's annual assessment dated 08/23/2023 showed they needed assistance with medications. On 11/09/2023 at 4:15 PM, Resident 5's medication supply and log were compared. The pharmacy bubble packed card for each medication showed a staff initial for each dosage removed from the card. On 11/30/2023, the November 2023 log showed staff failed to initial the log when medications were given.

-Lisinopril (medication for blood pressure) 10 mg give each morning – not initialed as given on 11/08, 11/11, and 11/24-11/26/2023.
-Potassium chloride (electrolyte supplement) 10 micro equivalents give with breakfast – not initialed as given on 11/08, 11/11, and 11/24-26/2023.
-Omega-3 (dietary supplement) 1 Gram give twice daily – 8:00 AM dose not initialed as given on 11/08, 11/11, and 11/24-26/2023. 8:00 PM dose not initialed on 11/07, 11/13, 11/20 and 11/27/2023.
-Famotidine (medication to prevent heartburn) 20 mg give twice daily – 8:00 AM dose not initialed as given on 11/08, 11/11, and 11/24-26/2023 4:00 PM dose not initialed on 11/13, 11/20 and 11/27/2023.
-Metoprolol (medication for blood pressure) 50 mg give each morning – not initialed as given on 11/08, 11/11, and 11/24-26/2023.
-Finasteride (medication for prostrate treatment) 5 mg give each morning – not initialed as given on 11/08, 11/11, and 11/24-26/2023
-Furosemide (medication to treat fluid retention) 40 mg dive once daily – not initialed as given on 11/07, 11/13, 11/20, and 11/27/2023.
-ipratropium (medication treats nasal congestion) give twice daily – 8:00 AM dose not initialed 11/08, 11/11, 11/24-26/2023. 8:00 PM dose not initialed as given on 11/07, 11/13, 11/20, and 11/27/2023.

-Fluticasone (medication for allergies) give once daily – not initialed as given on 11/07, 11/08, 11/10, 11/11, 11/12, 11/15, 11/17, and 11/22-11/29/2023.
-Pantoprazole (medication to reduce stomach acid) 40 mg give daily before breakfast – not initialed as given on 11/08, 11/11, and 11/24-26/2023.
-Tamsulosin (medication to treat enlarged prostrate) 0.4 mg give once daily – not initialed as given on 11/08, 11/11, and 11/24-26/2023.
-Magnesium oxide (mineral supplement) 400 mg give twice daily – the home did not have a supply.
-Simvastatin (medication to lower cholesterol) 10 mg give once daily – not initialed as given on 11/07, 11/13, 11/20 and 11/27/2023.
-Gabapentin (medication for nerve pain) 300 mg give three times daily – 8:00 AM dose not initialed as given on 11/08, 11/11, and 11/24-26/2023. 12:00 PM dose not initialed as given on 11/07, 11/08, 11/10, 11/11, 11/12, 11/15, 11/17, and 11/22-28/2023. 8:00 PM dose not initialed as given on 11/07, 11/13, 11/20 and 11/27/2023.
-Duloxetine (antidepressant) 60 mg give daily – not initialed as given on 11/08, 11/11, 11/17, and 11/24-26/2023.
-Docusate sodium (medication for constipation) give 100 mg twice daily – 8:00 AM dose not initialed as given on 11/08, 11/12, 11/11, 11/17 and 11/24-26/2023. 8:00 PM dose not initialed as given on 11/07, 11/13, 11/20 and 11/27/2023.
-Aquaphor ointment (medication for skin protectant) apply once daily – not initialed as given on 11/01, 11/03-11/05, 11/07, 11/08, 11/10, 11/11, 11/17-11/19 and 11/24-11/26/2023.
-Multivitamin with minerals (nutritional supplement) give one daily – not initialed on 11/08, 11/11, 11/17, and 11/24-26/2023.
-Eliquis (blood thinner) 5 mg give twice daily - 8:00 AM dose not initialed as given on 11/08, 11/11, 11/17 and 11/24-26/2023. 8:00 PM dose not initialed on 11/07, 11/13, 11/20, and 11/27/2023.
-Morphine sulfate (pain management) 30 mg give twice daily – 8:00 AM dose not initialed as given on 11/08, 11/11, 11/17, and 11/24-11/29/2023. 8:00 PM dose not initialed on 11/07, 11/11, 11/20, 11/23, 11/25, and 11/27-11/29/2023.

On 01/10/2024 at 12:30 PM, Staff A stated staff each shift created a chart note stating all medications were given. The note did not show what each medication was, the dosage or when it was given to the resident.

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, Gentle Hands Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 2.27.24

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

Provider (or Representative) 2.26.24 Date

Statement of Deficiencies	License #. 753316	Compliance Determination # 32386
Plan of Correction	Gentle Hands Home Care LLC	Completion Date
Page 9 of 20	Licensee: Gentle Hands Home Care LLC	02/12/2024

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(a) Contain enough information so home can provide the needed care and services to each resident,

(b) Be in a format useful to the home,

(c) Be kept confidential so that only authorized persons see their contents;

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system that ensured staff providing care and services had access to resident records when needed, when requested and were protected from loss for 5 of 6 residents (Resident 1, 2, 4, 5, 6). This failure placed the residents at risk for unmet needs, loss of privacy and at risk for exploitation.

Findings included...

On 11/09/2023 at 09:30 AM, Staff B, Caregiver stated 6 residents lived in AFH. One or two staff provided care and services each shift. Staff B stated 2 of the 6 residents (Resident 2, 4) had behaviors affecting themselves or others.

On 11/09/2023 at 10:00 AM, Staff H, Administrative Support/Caregiver, stated Staff A, Provider, was not available. Staff H stated Resident 5 was on a behavior support program for activities involving 1:1 attention usually at night between 11:00 PM and 05:00 AM. On 11/09/2023 the records for Residents 2 and 5 were requested for review. Staff H provided resident records they found in the AFH office.

Resident 2 admitted [redacted]/2022. Resident 2's record did not include a Notice of Services (Admission Agreement), Medicaid Policy or a Disclosure of Charges signed and dated by the resident or their representative. The record did not include an inventory of the resident's personal belongings. The AFH had a printed copy of the Negotiated Care Plan (NCP) dated 06/01/2023 unsigned by Resident 2 or the Provider. The NCP showed Resident 2 was in a behavior support program, the AFH did not have a copy of the Behavior Support Plan.

Resident 5 admitted into the AFH on [redacted]/2019. Resident 5's available record did not include a Notice of Services (Admission Agreement), Medicaid Policy or a Disclosure of Charges signed and dated by the resident or their representative. The record did not include an inventory of the resident's personal belongings. The signed NCP dated 08/20/2023 showed Resident 5 was in a behavior support program, the AFH did not have

a copy of the Behavior Support Plan. Resident 5 received medication services from delegated staff; the AFH did not have the Registered Nurse Delegator's documents showing who was qualified and delegated to perform specific tasks for the resident.

On 11/09/2023 at 3:00 PM, Staff A, Provider, called the AFH during the inspection. They stated the resident records for the AFH stored electronically were not available. Staff A stated they were notified of a computer "Security Breach" resulting in locked accounts and lack of access to the resident and staff records. They would not be able to provide records until the end of the month. On 11/09/2023 at 3:45 PM, the AFH was given a list of records required to determine compliance with the regulations.

On 11/30/2023 at 1:45 PM, resident records for Residents 1, 2, 4, 5 were requested for review. Staff B and E, Caregivers, did not know where to find of the specialized behavior plans of Resident 2, 4 and 5 or their NCPs. Staff E stated staff charted daily on residents, each shift staff would read the chart notes.

On 11/30/2023 at 2:00 PM, Staff A stated they were updating resident NCPs and behavior plans at another location. Staff A stated they would send the requested records.

On 12/13/2023 at 11:05 AM, records for Resident 1,2, 4, 5, and 6 were requested. On 12/13/2023 at 11:15 AM, Staff A was called from the AFH. Staff A stated they were still collecting resident records and would send when they could.

On 12/13/2023 at 12:20 PM, Resident 1's NCP was requested for review. Staff E stated the NCP was not in the home. Staff E stated staff exchanged information at shift change and/or were given verbal direction what and how to provide care and services.

Per Resident 1's interim assessment dated 03/09/2023, they required blood glucose monitoring for diabetes (disease resulting in too much sugar in the blood), medication assistance, assistance with hygiene, assistance with repositioning to promote wound healing, and 1 or 2 person assistance to move in and out of bed. Interviewed on 12/13/2023 at 1:15 PM, Resident 1 stated they needed assistance with medications, blood sugar testing, preparation of injections, and help to dress because of limited movement of their left arm and leg. Resident 1 stated they did not have a wheelchair to evacuate from the home and they would become short of breathe trying to walk to the exit.

On 12/15/2023 a Department Representative, Collateral Contact 3 (CC3), requested to see Behavior Support Plans (BSP) for Resident 2, 5 and 6 to verify the AFH was following the contractual agreement to provide 1:1 staffing for a designated number of hours. Staff E, Caregiver/House Manager stated they were unaware of the existence or whereabouts of the requested documents. Staff E did not know about the staffing requirements agreed to by Staff A.

On 01/10/2024 at 11:05 AM, Staff B and E were working. Resident records (NCPs and

Statement of Deficiencies	License #: 753316	Compliance Determination # 32386
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behavior support plans) were requested for Resident 1, 2, 4, 5, and 6. Staff E looked in areas marked to hold resident records but did not find NCPs or support plans. Staff E did not know where to locate the records.

On 01/10/2024 at 1:30 PM, Staff A arrived at the AFH; they were unaware that staff did not know where to find NCPs or behavior plans necessary to ensure staff provided care and service needs per the assessment and support agencies. Staff A stated they were returning records to the home that day. Staff A stated they had taken resident paper documents from the home in October 2023 for "end of the year prep." They had scanned resident records and NCPs on their computer. That computer had a "Security Breach", and they were still recovering records. Staff A stated they had notified department case managers of the "Security Breach" but had not notified the residents or their representatives.

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, Gentle Hands Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 3.27.24 .

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

Provider (or Representative) — Date: 2.26.24

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 have a system to ensure criminal background check results were not over 2 years old for 3 of 6 staff (Staff A, D, H). This failure placed the residents at risk from disqualified staff.

Findings included...

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On 11/09/2023 at 3:00 PM, Staff A, Provider, stated staff records for the AFH stored electronically were not available. Staff A stated they were notified of a computer "Security Breach" resulting in locked accounts and lack of access. The AFH was given a list of documents to provide. On 12/05/2023 Staff A reported they had access. On 12/14/2023 Staff A sent additional background results that were not in the home.

Staff A's file included a background result dated 12/06/2018; it was over 2 years old. Staff A did not have another result.

Staff D, Caregiver, hired 07/12/2019, had a background result dated 05/22/2021, it was over 2 years old. Staff A did not have another result.

Staff H, Caregiver and Administrative Support, hired 03/01/2020. Interim background result was dated 01/10/2020; it was over 2 years old. Staff A did not have another result.

On 12/14/2023 at 01:25 PM, Staff A stated they needed to submit new requests because they were unable to find current documents.

On 01/18/2024, Collateral Contact 4, Department Background Check System (BCS) representative, stated the database showed no background check authorizations were submitted for Staff A and Staff D since 2021.

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, Gentle Hands Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 3.28.24 .

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

Provider (or Representative) 2.26.24 Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under

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chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to completed a disclosure and authorization for a criminal background check within 1 working day of hire for 1 of 10 staff (Staff E) This failure placed the residents at risk from unqualified staff.

Findings included..

Staff record review on 11/09/2023 showed Staff E, Caregiver, was hired on 08/08/2023. Their personnel file contained training certificates. The file did not include a background check result or a disclosure completed within 1 business day of hire. On 11/09/2023 at 3:45 PM, Staff A, Provider, stated they would search the Background Check System (BCS) electronic database when they had access then provide the background check results.

On 11/30/2023 at 1:45 PM, Staff E stated they worked dayshifts in the home usually with Staff B, Caregiver.

On 12/14/2023 at 1:20 PM, Staff A, stated in an email they could not locate Staff E's background result. On 01/22/2024 at 8:00 AM, Staff A stated they could not find a signed background authorization and disclosure Staff E. Staff E had provided a result dated 01/12/2023 showing they had submitted their fingerprint per the request of another employer.

On 01/19/2024 at 12:45 PM, Collateral Contact 4, Department BCS representative, stated the AFH did not submit the authorization for Staff E's background check until 12/27/2023, 141 days after hire.

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, Gentle Hands Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 3.2.24

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

Provider (or Representative) 2.26.24 Date

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WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system to ensure personnel records were secure and accessible when requested to show 6 of 8 staff (Staff A, C, E, F, G, H) had completed training and certification requirements, completed tuberculosis (TB) screening, and had background results for review. This failure placed the residents at risk from unqualified staff.

Findings included...

On 11/09/2023 at 3:00 PM, Staff A, Provider, stated staff records for the AFH stored electronically were not available. Staff A stated they were notified of a computer "Security Breach" resulting in locked accounts and lack of access. On 11/09/2023, the AFH was given a list of staff documents to provide. On 12/05/2023 Staff A reported they had access. On 12/14/2023 and 01/22/2024, Staff A sent documents they had recovered or received that were not in the home.

Records not in the home to review included:

Staff A, Provider, had a single TB result dated 04/09/2018. The file did not include a second result or blood test showing they were not infected with a communicable disease. On 01/22/2024 at 8:00 AM, Staff A stated they were unable to locate the second test result.

Staff C, Caregiver, hired 10/18/2023, did not include documentation of an orientation to the AFH.

Staff E, Caregiver, hired 08/08/2023. Their file did not include a background check result. Staff A stated their access into the Background Check System (BCS) was blocked after the breach – when Staff A had access to the BCS they would provide the result. Staff E had a

single TB result dated 08/22/2023. On 11/30/2023 at 2:00 PM, Staff E stated they had a TB test before they were hired; it was not available for review. On 12/14/2023, 128 days after hire, Staff A stated they did not have a fingerprint result for Staff E on file. On 01/22/2024, Staff A supplied Staff E's fingerprint result dated 01/12/2023.

Staff F, Caregiver, hired 07/19/2022. Staff F did not have certificates of specialty trainings. On 01/10/2022 at 01:45 PM, Staff A stated Staff F had reported they had completed the trainings and would look for the certificates. On 01/22/2024, Staff A provided Staff F's mental health specialty training certificate dated 09/21/2017.

Staff G, Caregiver, hired 08/22/2023. The AFH was unable to locate Staff G's fingerprint background result required within 120 days of hire.

Staff H, Caregiver and Administrative Support, was hired 03/01/2020. On 12/14/2023 the AFH had a record Staff H had submitted their fingerprints on 12/16/2020 to obtain the required fingerprint-based background check. The home did not have the result of the fingerprint background check.

On 01/10/2024 at 01:45 PM, Staff A stated many staff had second jobs with credentials and certificates in more than one place. When hired staff were asked to provide certificates but did not or the forms were missing. The AFH did not have system to retain staff trainings and credentials ensuring they were available for review when requested.

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, Gentle Hands Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 3.22.24.

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

Provider (or Representative) — Date: 2.26.24

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(9) Meets the tuberculosis screening requirements of this chapter.

This requirement was not met as evidenced by:

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Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 4 of 7 staff (Staff B, D, E, F) met training requirements including specialty training to meet the needs of the residents, required continuing education and tuberculosis screening. This failure placed the residents at risk from staff unprepared/untrained to response to their needs.

Findings included..

Review of Provider Letter dated 05/05/2022 "Emergency Rules and Proposed Rules Files Regarding Long-Term Care Worker (LTCW) Training Requirements" showed the Department of Social and Health Services (department) filed emergency rules to begin reimplementation of long-term care training requirements that were suspended in response to the COVID-19 public health emergency. The rules extended the time in which LTCW must complete training and set specific dates for completing training based on the date of hire. In Provider Letters dated 11/04/2022 and 04/28/2023, the dates to complete the required training were extended. In the Provider Letter dated 10/13/2023 "Basic Training Deadlines and Home Care Aid Certification Deadline Changes for LTCW Qualifications Related to COVID-19" showed when the LTCW must complete training, including required specialty training based on date of hire. The LTCW's continuing education requirement to complete 12 hours of training annually was required by 08/31/2023.

On 11/09/2023, the AFH's designated specialties included Dementia and Mental Health. Four residents were in programs related to their specialty care needs.

On 11/09/2023 at 09:15 AM, Staff B and C, Caregivers, were in the home with the residents. Staff B prepared the lunch meal at 11.30 AM. At 01.05 PM, Staff B and C assist Resident 3 to reposition in bed. On 11/30/2023 at 01:45 PM, Staff B and Staff E, Caregiver, were in the home with the residents. Staff B prepared food for the residents at 04:30 PM.

Employee files in the home on 11/09/2023 showed:

- Staff B, Caregiver, was hired 03/04/2022. Their file included a food worker permit expired on 09/11/2022. Staff B did not have certificates of completed specialty trainings in Dementia or Mental Health required by 10/31/2023 to support the needs of the residents. On 11/30/2023 at 11:30 AM, Staff B stated they had not taken the specialty trainings.

- Staff C, Caregiver, was hired 10/18/2023. The employee file showed a result of single tuberculosis screening result dated 05/30/2023. They did not have a test within 3 days of hire.

- Staff D, Caregiver, was hired 07/12/2019. Their file included a food worker permit expired on 07/10/2021. They did not have current training in food safety. Between October 2021 and October 2022, they had no certificates of continuing education. Between October 2022 and October 2023, they had 3 hours of continuing education when 12 hours

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were required annually.

- Staff E, Caregiver, was hired 08/08/2023. The file included a tuberculosis test result dated 08/22/2023, not within 3 days of hire and no record of a second result or previous testing results. On 12/13/2023, Staff E's file did not include certificates of specialty training required within 120 days of hire (12/06/2023) On 12/13/2023 at 11:00 AM, Staff E stated they had not taken the specialty trainings.

On 11/09/2023 at 03:00 PM, Staff A, Provider, stated they had a computer "security breach" and would provide records when they were accessible. On 11/09/2023, Staff A was given a list of staff credentials and trainings to provide to show they were qualified. On 01/22/2024, Staff A had Staff F's specialty training in Mental Health. No other records were provided to verify staff qualifications.

On 01/10/2024 at 01:45 PM, Staff A stated they expected staff to complete the specialty trainings, the AFH paid for the courses. Staff had not attended the courses. Many staff had second jobs and those companies paid for continuing education. The AFH did not have system to ensure staff were qualified.

Attestation Statement

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

Provider (or Representative) — Date: 2.26.24

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

(12) Have tuberculosis screening to establish tuberculosis status per this chapter.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Provider, Staff A, completed and remained current in the training requirements. This failure

placed the residents at risk from unqualified personnel.

Findings included...

On 11/09/2023 at 3:00 PM, Staff A, Provider, stated staff records for the AFH stored electronically were not available. Staff A stated they were notified of a computer "Security Breach" resulting in locked accounts and lack of access. The AFH was given a list of documents to provide.

Staff A, Provider, had a personnel file at the AFH.
-Food safety training. The file included a food worker permit expired 05/13/2023. The file did not show Staff A maintained current food safety training.
-Continuing education. Between February 2021-February 2022, Staff A's record showed 4 hours of the required 12 hours continuing education training were completed. Between February 2022-February 2023, Staff A's record had no record that they had completed 12 hours of continuing education.

On 01/18/2024, Staff A sent a record of 4.5 hours continuing education completed on 05/16/2023. Staff A did not complete the required continuing education.

Attestation Statement

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Provider (or Representative) — Date: 2.26.24

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a Medical Test Site Waiver (MTSW) and failed to complete the steps required in a Respiratory Protection Program (RPP). This failure placed residents at risk of communicable disease per compliance standards.

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Findings included . .

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" and the Dear Provider Letter dated 09/14/2023 "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and Changes to Department of Health RPP Resources" showed the AFH is required to identify respiratory hazards in the workplace, provide appropriate respiratory protection equipment (fit tested N95 respirator), and follow regulations pertaining to respiratory protection against communicable diseases spread through droplets or air WAC 296-842.

Review of Dear Provider Letter dated 04/01/2022 "Medical Test Site Waiver Regulatory Requirements" showed a MTSW was required to perform medical tests in the AFH per state and federal regulations.

Record review on 11/30/2023 at 05:00 PM showed the AFH had no written RPP or N95 fit-test documentation and no MTSW certification granted or pending.

On 11/09/2023 at 9:45 AM, Staff B, Caregiver, stated Resident 1 and 5 required blood glucose monitoring for diabetes (disease resulting in too much sugar in the blood) management. Staff B did not know if the AFH had a MTSW certificate required for blood glucose testing in the home.

In an interview on 11/30/2023 at 4:30 PM, Staff A, Provider stated the home had no antigen test kits for COVID-19 (infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomit, diarrhea, loss of taste or smell, and in severe cases, difficulty breathing that could result in severe impairment or death). If needed, the support agency for Resident 3 would provide and do COVID-19 testing.

On 11/30/2023 at 5:00 PM, Staff A stated that they had not created a RPP for the AFH or had ensured staff were equipped and fit tested for their protection.

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, Gentle Hands Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 3-22-24

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

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Provider (or Representative)

2.26.24
Date