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

Camp Kim Adult Family Home LLC

Camp Kim Adult Family Home LLC
3116 S Bowdish Rd
Spokane Valley, WA 99206

RE: Camp Kim Adult Family Home LLC License # 753322

Dear Provider:

This letter addresses Compliance Determination(s) 30024 (Completion Date 09/25/2023) and 27940 (Completion Date 09/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/25/2023 and found that you have corrected the violations listed in the Full report dated 09/05/2023. Your home is back in compliance as of 09/13/2023 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 388-76-10130-11, WAC 388-76-10015-1, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10181-1, WAC 388-76-10181-1-a, WAC 388-76-10181-1-b

The Department staff who did the on-site verification:
Scott Sorensen, AFH Licensor

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

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

Statement of Deficiencies	License #: 753322	Compliance Determination # 27940
Plan of Correction	Camp Kim Adult Family Home LLC	Completion Date
Page 1 of 6	Licensee: Camp Kim Adult Family Home LLC	09/05/2023

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 08/10/2023 and 08/16/2023 of:

Camp Kim Adult Family Home LLC
3116 S Bowdish Rd
Spokane Valley, WA 99206

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo
Residential Care Services

09/12/2023
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.

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;

This requirement was not met as evidenced by:

Based on interviews and record review, the Adult Family Home (AFH) failed to ensure emergency evacuation drills occurred every sixty days for 5 of 5 residents (Residents 1, 2, 3, 4 & 5). This failure placed residents at risk in case of an emergency.

Findings included...

During an interview on 08/10/2023 at 1:05 AM, Staff A, Provider, stated that Residents 1, 2, 3, and 4 required assistance with evacuation.

Record review on 08/10/2023 showed evacuation drills were completed on 04/25/2022, 08/23/2022, 02/20/2023, 04/24/2023, and 06/23/2023.

During an interview on 08/10/2023 at 2:55 PM, Staff A stated that they forgot to conduct the evacuation drills every sixty days as required.

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, Camp Kim Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/13/23.

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

Provider (or Representative) 09/13/23 Date

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:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure valid cardiopulmonary resuscitation (CPR) and first aid training were completed as required for 1 of 3 staff (Staff A). This failure placed residents at risk for a delayed response in the event of a medical emergency.

Findings included...

Review of Staff A, Provider's, employee file on 08/16/2023 showed a CPR and first-aid card had expired on 05/19/2023.

During an interview on 08/16/2023 at 1:05 PM, Staff A stated he was unaware that the CPR and first-aid training was due for renewal and would renew it as soon as possible.

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, Camp Kim Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/13/23 .

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

Provider (or Representative) — Date: 09/13/23

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 interview and record review, the Adult Family Home (AFH) failed to ensure fit testing for a N95 mask was completed for 7 of 7 staff (Staff A, B, C, D, E, F & G). This failure placed residents at risk for exposure to communicable diseases.

Statement of Deficiencies	License #: 753322	Compliance Determination # 27940
Plan of Correction	Camp Kim Adult Family Home LLC	Completion Date
Page 4 of 6	Licensee: Camp Kim Adult Family Home LLC	09/05/2023

Findings included...

WAC 296-842-15005

Conduct fit testing.
(1) Provide, at no cost to the employee, fit tests for All tight-fitting respirators on the following schedule:

(a) Before employees are assigned duties that may require the use of respirators;

Review of Dear Provider Letter dated 04/30/2021 "Employers Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed the AFH is required to fit test health care workers with a N95 mask for protection against communicable diseases.

Record review for fit testing certification showed there was no documentation for Staff A, Provider, Staff B, Resident Manager, Staff C, Caregiver, Staff D, Caregiver, Staff E, Caregiver, Staff F, Caregiver, and Staff G, Caregiver who worked in the AFH that they had been fit tested for N95 masks.

During an interview on 08/16/2023 at 1:55 PM, Staff A stated that the staff were not fit tested at this time.

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, Camp Kim Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/13/23 .

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

Provider (or Representative) — Date 09/13/23

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 obtain an updated Washington state name and date of birth background check result for 1 of 7 sample staff (Staff B). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included...

Review of staff records showed Staff B, Resident Manager, had a Washington state name and date of birth background check result that expired on 11/17/2022.

During an interview on 08/31/2023 at 4:40 PM, Staff A, Provider, stated that he was not aware Staff B's Washington state name and date of birth background check was expired.

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, Camp Kim Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/13/23 .

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

Provider (or Representative) ..... Date 09/13/23

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

Statement of Deficiencies	License #: 753322	Compliance Determination # 27940
Plan of Correction	Camp Kim Adult Family Home LLC	Completion Date
Page 6 of 6	Licensee: Camp Kim Adult Family Home LLC	09/05/2023

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to complete a character, competence, and suitability (CCS) review for 1 of 1 sample staff (Staff B). This failure placed residents at risk for receiving care from an individual not qualified to have access to vulnerable adults.

Findings included...

Review of staff records showed Staff B, Resident Manager, was hired on 07/27/2019. Staff B had a Washington state name and date of birth background check result, dated 11/17/2022, that showed a criminal conviction that was not automatically disqualifying. There was no documentation that a CCS was completed.

During an interview on 08/31/2023 at 4:40 PM, Staff A, Provider, stated that he was not aware of the requirement to complete a CCS for Staff B.

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, Camp Kim Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/13/23.

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

Provider (or Representative) — Date 09/13/23

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

Camp Kim Adult Family Home LLC
Camp Kim Adult Family Home LLC
3116 S Bowdish Rd
Spokane Valley, WA 99206

RE: Camp Kim Adult Family Home LLC # 753322

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/05/2023 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:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• 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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The home did not review, sign, and date an acknowledgement of the admission information including the home's expectations, services, and charges every 24 months for one resident. There were no residents or representatives that expressed concerns related to the document.

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.

Review of Resident 1's records on 08/10/2023 showed a negotiated care plan signed and dated on 05/08/2022. The Provider stated that the resident's representative has not reviewed and signed the document since 05/08/2022.

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)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
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:
Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

---

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

PLAN OF COMPLIANCE LICENSE #753322 09/13/2023

Moving forward CampKim AFH LLC will make sure that:

a. Emergency evacuation drills is done every sixty days.
b. CampKim AFH LLC will make sure that all staff have updated/renewed CPR/First Aid Training.
c. CampKim AFH LLC will ensure that all employees have tight-fitting respirators at no cost to them (N95 masks).
d. CampKim AFH LLC will make sure that all staff have Washington State name and date of birth background check every two years.
e. CampKim AFH will ensure that documentations of CCS were completed of the background check showed criminal convictions that was not automatically disqualifying.

Sincerely,
Stephen Gachahi
Provider