STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

4 Elements AFH LLC

4 Elements AFH LLC
218 Main St #308
Kirkland, WA 98033

RE: 4 Elements AFH LLC License # 753408

Dear Provider:

This letter addresses Compliance Determination(s) 38714 (Completion Date 03/21/2024) and 33872 (Completion Date 01/17/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/21/2024 and found that you have corrected the violations listed in the Full report dated 01/17/2024. Your home is back in compliance as of 03/01/2024 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 388-76-10015-1, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-4, WAC 388-76-10165-1-b

The Department staff who did the off-site verification:
Shelly Scarboro, AFH Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 753408	Compliance Determination # 33872
Plan of Correction	4 Elements AFH LLC	Completion Date
Page 1 of 7	Licensee: 4 Elements AFH LLC	01/17/2024

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 on 12/12/2023 and 12/12/2023 of:
4 Elements AFH LLC
9111 9th Ave SE
Everett, WA 98208

The following sample was selected for review during the unannounced on-site visit: 2 of 8 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shelly Scarboro, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

1/23/2024
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)

02/07/2024
Date

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 comply with the laws and regulations as required when 4 of 4 staff (Staff A, Entity Representative, Staff B, Caregiver, Staff C, Caregiver and Staff D, Caregiver) had no record of respiratory training or respirator fit testing. The AFH failed to obtain a medical test site waiver license as required. These failures placed AFH residents and staff at risk for illness, infection, and placed residents at risk for unmet care needs by unqualified caregivers.

Findings included...

<Respirator Fit Testing>

Review of Dear Provider Letter, dated 11/05/2021, reviewed the requirements necessary in developing a respiratory protection program in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing N95 respirators and the Washington State Department of Health website link to the Respiratory Protection Program for Long-Term Care Facilities.

Review of, Washington State Department of Health, "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Record review of Staff A's, undated, employee file on 12/12/2023, showed no record of a respirator fit test.

Record review of Staff B's, undated, employee file, on 12/12/2023, showed no record of a respirator fit test.

Record review of Staff C's, undated, employee file, on 12/12/2023 showed no record of a respirator fit test.

In an interview on 12/12/2023 at 1:52 PM, Staff B stated that they not been fit tested for a respirator. Staff B stated, "I have never done it."

Based on record review and interview, the Adult Family Home (AFH) failed to comply with the laws and regulations as required when 4 of 4 staff (Staff A, Entity Representative, Staff B, Caregiver, Staff C, Caregiver and Staff D, Caregiver) had no record of respiratory training or respirator fit testing. The AFH failed to obtain a medical test site waiver license as required. These failures placed AFH residents and staff at risk for illness, infection, and placed residents at risk for unmet care needs by unqualified caregivers.

Findings included...

<Respirator Fit Testing>

Review of Dear Provider Letter, dated 11/05/2021, reviewed the requirements necessary in developing a respiratory protection program in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing N95 respirators and the Washington State Department of Health website link to the Respiratory Protection Program for Long-Term Care Facilities.

Review of, Washington State Department of Health, "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Record review of Staff A's, undated, employee file on 12/12/2023, showed no record of a respirator fit test.

Record review of Staff B's, undated, employee file, on 12/12/2023, showed no record of a respirator fit test.

Record review of Staff C's, undated, employee file, on 12/12/2023 showed no record of a respirator fit test.

In an interview on 12/12/2023 at 1:52 PM, Staff B stated that they not been fit tested for a respirator. Staff B stated, "I have never done it."

In an interview on 12/12/2023 at 1:56 PM, Staff C and D stated that they had not been fit tested for a respirator.

In an interview on 12/12/2023 at 1:59 PM, Staff B stated that when the AFH had Covid-19

(an infectious disease) they wore a N-95 respirator and reconfirmed they had not been fit tested.

In an interview on 12/14/2023 at 11:34 AM, Staff A stated that they would need to work on getting caregivers fit tested.

<Medical Test Site Waiver>

Review of Dear Provider Letter, dated 04/01/2022, reviewed the requirements necessary for obtaining a medical test site waiver (MTSW) license. The Dear Provider Letter listed when a medical test site license is required to include; when the Adult Family Home or Enhanced Services Facilities provider administers a medical test (such as a COVID-19 (a virus that can cause difficulty breathing) test or blood glucose test (sugar in the blood), or interprets the test result, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application.

Review of the AFH's disclosure of services, undated, showed the AFH provided blood glucose monitoring.

Record review of the AFH's undated facility records on 12/12/2023, showed no record of a MTSW license.

In an interview on 12/12/2023 at 11:32 AM, Staff B acknowledged the AFH admitted residents who required diabetes management including blood glucose testing and insulin (a medication that let's the body's cells use glucose for energy) injections.

In an interview on 12/14/2023 at 11:45 AM, Staff A stated that they would have to work on the respiratory protection program. Staff A reported they did not know about the MTSW license requirement.

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, 4 Elements AFH LLC is or will be in compliance with this law and / or regulation on (Date) 03/01/2024 .

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

Provider (or Representative) 02/07/2024 Date

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;

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

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to have a system in place to ensure required records were kept for 1 of 1 sampled staff (Staff A, Entity Representative.) This failure placed residents at risk of receiving care from unqualified staff.

Findings included...

Review of Staff A's personnel file, undated, showed no nurse delegation diabetes certificate and no National fingerprint background check FP.

In an interview on 12/14/2023 at 11:37 AM, Staff A stated that when they opened the home the Department did not provide a copy of their FP check. Staff A stated they would check their files for both the FP check and the nurse delegation diabetes certificate.

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, 4 Elements AFH LLC is or will be in compliance with this law and / or regulation on (Date) 03/01/2024

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

Provider (or Representative) — Date: 02/07/2024

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:

(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 record review and interview the Adult Family Home (AFH) failed to ensure 3 of 3 staff (Staff B, Caregiver, Staff F, Caregiver and Staff G, Caregiver) had a current Washington state name and date of birth background check (BG). This failure placed residents at risk for being cared for by an unverified and unqualified staff member.

Findings included...

Review of Staff B's personnel file, undated, showed they were hired on 09/09/2019. Staff B's personnel file showed no current BG check.

Review of Staff F personnel file, undated, showed they were hired on 12/07/2020. Staff F's personnel file showed no current BG check.

Review of Staff G's personnel file, undated, showed they were hired on 11/03/2017. Staff G's personnel file showed no current BG check.

In an interview on 12/14/2023 Staff A, Entity Representative, stated that they would have to look for the background checks.

Record review on 12/20/2023 of e-mails sent by Staff A showed Staff B's BG was dated 12/12/2023, Staff F's BG was dated 12/13/2023 and Staff G's BG was dated 12/12/2023.

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, 4 Elements AFH LLC is or will be in compliance with this law and / or regulation on (Date) 03/01/2024 .

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

Provider (or Representative)

02/07/2024
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

01/23/2024

4 Elements AFH LLC
4 Elements AFH LLC
218 Main St #308
Kirkland, WA 98033

RE: 4 Elements AFH LLC # 753408

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/17/2024 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:

Nicholette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100

Arlington, WA 98223

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

(2) Name of the person conducting the drill;

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

The Adult Family Home (AFH) failed to document which staff ran the emergency evacuation drill and failed to indicate whether the drill was a partial or a full evacuation. The AFH made the decision to switch back to using the Department provided example for documentation of emergency evacuation drills going forward.

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 (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
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:
Nicholette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 IDR**s 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