STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Alderwood Adult Family Home LLC

Alderwood Adult Family Home LLC
3732 156th St SW Apt D
Lynnwood, WA 98087

RE: Alderwood Adult Family Home LLC License # 753421

Dear Provider:

This letter addresses Compliance Determination(s) 50672 (Completion Date 12/02/2024) and 49095 (Completion Date 10/30/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/02/2024 and found that you have corrected the violations listed in the Full report dated 10/30/2024. Your home is back in compliance as of 11/12/2024 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 388-76-10750-6-c, WAC 388-76-10810-2-b, WAC 388-76-10280-1, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-2, WAC 388-76-10530, WAC 388-76-10015-1, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10198-2-a

The Department staff who did the on-site verification:
Hang Lu, Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I

Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 10/18/2024 and 10/18/2024 of:

Alderwood Adult Family Home LLC
3732 156th St SW Apt D
Lynnwood, WA 98087

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licensor
Jeffrey McClellan, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

11/07/2024
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) 11/12/2024 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home failed to ensure the water temperature at 3 of 3-bathroom sinks (Sink 1, 2, & 3) did not exceed 120 degrees Fahrenheit (F). This failure placed Residents 1, 2, 3, 4, 5, & 6 at risk for getting burned from water that was too hot.

Findings included...

Observation, on 10/18/2024 at 2:35 PM, showed the water temperature at Sink 1 (in the hallway bathroom on the upper level of the home) was 121.5 degrees F. At 2:38 PM, the water temperature at Sink 2 (in Bedroom [redacted], shared by Residents 2 and 6) was 120.1 degrees F. At 2:48 PM, the water temperature at Sink 3 (in the hallway bathroom on the main level of the home) was 121.4 degrees.

Interview, on 10/18/2024 at 2:48 PM, showed Staff D, Caregiver, stating that they would turn the hot water thermostat down. At 4:30 PM, Staff A, Entity Representative, stated that they would fix the issue (to ensure the water temperature was less than 120 degrees F).

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, Alderwood Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/12/2024

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

Provider (or Representative) 11/12/2024 Date

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WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 fire extinguishers (Fire Extinguisher [FE] 1 & 2) were inspected and serviced annually. This failure placed Residents 1, 2, 3, 4, 5, & 6 at risk of harm in the event of a fire emergency.

Findings included...

Observation and interview, on 10/18/2024 at 2:25 PM, showed the tags on FE 1 (located in the kitchen area on the main level of the home) and on FE 2 (in the hallway on the upper level of the home) were hole punched to indicate the FEs were last inspected and serviced in March 2023. Staff A, Entity Representative, stated that they would have the FEs inspected and serviced the next day.

Observation, on 10/18/2024 at 3:30 PM, showed a man arriving at the AFH to pick up the FEs. At 3:41 PM, the man brought back the FEs with new tags hole punched for October 2024.

This deficiency was corrected on-site at the time of the visit.

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: 11/12/2024

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 7 staff (Staff F, Caregiver) obtained one Tuberculosis (TB) test within three days of hire. This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk for potential exposure to a communicable disease.

Findings included...

Review of Staff F's record showed the AFH hired Staff F on 08/01/2024. Record review showed Staff F had a history of TB skin testing with negative results on 07/01/2024 and 07/25/2024. There was no evidence Staff F obtained a TB skin test within three days of hire.

In an interview, on 10/18/2024 at 11:30 AM, Staff A, Entity Representative, stated that they did not know if Staff F had obtained another TB test when they were hired. Staff A stated that they would ask Staff F.

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, Alderwood Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/12/2024.

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Provider (or Representative) — Date: 11/12/2024

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

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide the Notice of Rights and Services (Admission Agreement) at least once every 24 months to 1 of 6 residents (Resident 4). This failure placed Resident 4 at risk of not being fully aware of their rights and the services provided by the home.

Findings included...

Review of Resident 4's record showed the AFH admitted Resident 4 on [redacted]/2022. Record review showed Resident 4 and Staff A, Entity Representative, last signed the Admission Agreement on [redacted]/2022. Record review showed there was no evidence Staff A reviewed the Admission Agreement with Resident 4 and obtained their signature again in July 2024.

In an interview, on 10/18/2024 at 3:01 PM, Staff A stated that they would review the Admission Agreement with Resident 4 and send a signed and dated copy to the Department on 10/21/2024.

Record review showed the AFH did not send any Admission Agreement to the Department on 10/21/2024.

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, Alderwood Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/12/2024.

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

Statement of Deficiencies	License #: 753421	Compliance Determination # 49095
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Provider (or Representative) 11/12/2024 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 have a written Respiratory Protection Program (RPP) and ensure 3 of 7 staff (Staff B, Resident Manager, Staff F, Caregiver, & Staff G, Caregiver) had records of respirator training. The AFH also failed to ensure Staff F and G had records of respirator fit testing. This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk for illness and infection.

Findings included...

Review of the Dear Provider Letter (DPL), dated 11/05/2021, showed the requirements necessary in developing a RPP in Long-Term Care settings. The DPL listed resources to access for fit testing of N-95 respirators and the Washington State Department of Health (DOH) website link to the RPP for Long-Term Care facilities.

Review of the Washington State DOH's "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.

Review of facility records showed the AFH did not have evidence of a written RPP.

Review of personnel records showed the AFH hired Staff B on 04/08/2020. Review of Staff B's record showed no evidence of respirator training.

Review of personnel records showed the AFH hired Staff F on 08/01/2024 and Staff G on 09/20/2022. Record review showed Staff F and Staff G did not have evidence of respirator training and fit testing.

In an interview, on 10/18/2024 at 4:04 PM, Staff A, Entity Representative, stated that they would use the DOH's RPP template to develop a written RPP for their home.

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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, Alderwood Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/12/2024 .

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

Provider (or Representative) 11/12/24 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;

(3) Tuberculosis testing results.

(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 the personnel records for 3 of 7 staff (Staff B, Resident Manager, Staff C, Caregiver, & Staff D, Caregiver) and 4 of 5 former caregivers (Staff H, I, J & K) readily available for review. This failure delayed verification of staff qualifications to work in the home and placed Residents 1, 2, 3, 4, 5, and 6 at risk of being cared for by staff who were not fully qualified.

Findings included...

Review of Staff B's record showed the AFH hired Staff B on 04/08/2020. Record review showed Staff B did not have their Tuberculosis (TB) test results and 12 hours of Continuing Education (CE) credits (obtained between their birthday in June 2023 and 2024) on file.

Review of Staff C's record showed the AFH hired Staff C on 08/18/2023. Record review showed Staff C did not have records of their 12 hours of CE credits (obtained between

their birthday in October 2023 and 2024) on file.

Review of Staff D's record showed the AFH hired Staff D on 01/06/2012. Record review showed Staff D did not have records of their 12 hours of CE credits (obtained between their birthday in August 2023 and 2024) on file.

Review of Staff H's records showed Staff H worked in the home from 06/23/2023 to 08/18/2023. Record review showed Staff H did not have a Washington State Name and Date of Birth (WNDOB) Background Inquiry (BGI) on file.

Review of Staff I's record showed Staff I worked in the home from 02/27/2022 to 06/13/2023. Record review showed Staff I did not have a WNDOB BGI on file.

Review of Staff J's record showed Staff J worked in the home from 02/25/2023 to 09/13/2023. Record review showed Staff J did not have a WNDOB BGI on file.

Review of Staff K's record showed Staff K did not have an Orientation form (to show Staff K's date of hire) and the Fingerprint-based check on file.

In an interview, on 10/18/2024 at 11:45 AM, Staff A, Entity Representative, stated that they would look for the missing documents to send to the Department.

Review of documents, received by the Department on 10/22/2024, showed Staff A sending the missing staff documents. Record review showed the AFH was still missing Staff B's TB test results.

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, Alderwood Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/12/2024.

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

Provider (or Representative) 11/12/2024 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

11/07/2024

Alderwood Adult Family Home LLC
Alderwood Adult Family Home LLC
3732 156th St SW Apt D
Lynnwood, WA 98087

RE: Alderwood Adult Family Home LLC # 753421

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/30/2024 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home did not have a written Succession Plan. Staff A, Entity Representative, drafted a Succession Plan and showed it to the Regulator. This deficiency was corrected on-site at the time of visit.

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)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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