



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

Victorian Adult Family Home LLC
Victorian Adult Family Home LLC
12727 E 33rd Court
Spokane Valley, WA 99206

RE: Victorian Adult Family Home LLC License # 753448

Dear Provider:

This letter addresses Compliance Determination(s) 36931 (Completion Date 02/15/2024) and 33438 (Completion Date 12/28/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/15/2024 and found that you have corrected the violations listed in the Complaint, Full report dated 12/28/2023. Your home is back in compliance as of 01/15/2024 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 388-76-10165-1-a, WAC 388-76-10146-2-e, WAC 388-112A-0610-1-a-iii

The Department staff who did the on-site verification:

Selena Clemons, NCI-Complaint Investigator

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

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: Victorian Adult Family Home **Provider Type:** Adult Family Home LLC

License/Cert.#: 753448

Intake ID: 108052

Compliance Determination #: 33438

Region/Unit #: RCS Region 1 / Unit E

Investigator: Selena Clemons

Investigation Date(s): 12/05/2023 through 12/28/2023

Complainant Contact Date(s):

Allegation(s):

1. Staff members at the adult family home are not qualified.
2. Staff members at the adult family home are unable to verbally communicate with the resident.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 4 Closed records sample size:
Observations:	Resident condition, resident-staff interactions, & general environment
Interviews:	Residents, caregivers, provider, & 2 persons not associated with the home
Record Reviews:	Staff credentials

Investigation Summary:

1. Staff credentials were reviewed and showed expired background checks and overdue continuing education. See Statement of Deficiencies dated 12/28/2023.
2. Two caregivers were observed interacting with residents and were able to verbally communicate with residents without issue. Two individuals not associated with the home were interviewed and reported no concerns regarding the ability of the staff members to communicate with the residents.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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Licensee: Victorian Adult Family Home LLC
Victorian Adult Family Home LLC
12727 E 33rd Court
Spokane Valley, WA 99206

RE: Victorian Adult Family Home LLC License # 753448

Dear Provider:

The Department completed a full inspection and a complaint investigation of your Adult Family Home on 12/28/2023 and found that your home does not meet the Adult Family Home licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Victorian Adult Family Home LLC
Victorian Adult Family Home LLC # 753448
12/28/2023
Page 2 of 7

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.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- 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.

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

This document was prepared by Residential Care Services for the Locator website.

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



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 #: 753448	Compliance Determination # 33438
Plan of Correction	Victorian Adult Family Home LLC	Completion Date
Page 4 of 7	Licensee: Victorian Adult Family Home LLC	12/28/2023

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 and complaint investigation on 12/05/2023 and 12/05/2023 of:

Victorian Adult Family Home LLC
12727 E 33rd Court
Spokane Valley, WA 99206

This document references the following complaint numbers: 108052.

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Selena Clemons, NCI-Complaint Investigator

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

01/09/2024

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.

This document was prepared by Residential Care Services for the Locator website.



01/15/2024

Statement of Deficiencies

License #: 753448

Compliance Determination #33438

Plan of Correction

Victorian Adult Family Home LLC

Completion Date

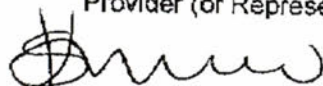
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Licensee: Victorian Adult Family Home LLC

12/28/2023



Provider (or Representative)

01/15/2024
Date

01/15/2024

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:

(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 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to complete a new Washington State name and date of birth background check once every two years for 2 of 6 current staff members (Staff C & F) and 1 of 1 Collateral Contact (CC1) (Household Member 1). This failure resulted in residents being cared for by a potentially unqualified individuals, and at risk for contact with a person not qualified to have access to vulnerable adults.

Findings included...

Review of employee records showed Staff C, Resident Manager, had a Washington State name and date of birth background check that expired on 08/18/2023 which was 109 days overdue.

Review of employee records showed Staff F, Caregiver, had a Washington State name and date of birth background check that expired on 09/09/2023 which was 87 days overdue.

Review of household background check records showed CC1, Household Member, had a Washington State name and date of birth background check that expired on 04/25/2021 which was 950 days overdue.

On 12/28/2023 at 7:30 AM Staff A, Provider, stated they did not know the background checks had expired.

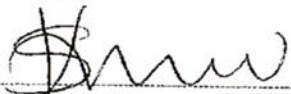
Attestation Statement

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 753448	Compliance Determination # 33438
Plan of Correction	Victorian Adult Family Home LLC	Completion Date
Page 6 of 7	Licensee: Victorian Adult Family Home LLC	12/28/2023

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, Victorian Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 01/15/2024

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



Provider (or Representative)

01/15/2024

Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 12 hours of Department of Social and Health Services (DSHS) approved continuing education was completed within the required timeframe for 1 of 6 current staff members (Staff B). This failure resulted in residents receiving care from an unqualified caregiver.

Findings included...

Review of Dear Provider Letter dated 09/09/2022 entitled "Governor's Proclamations Related to COVID-19 Ending October 27" showed that the waivers for long-term care worker training requirements, which included continuing education, ended effective 10/27/2022.

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Statement of Deficiencies	License #: 753448	Compliance Determination # 33438
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Review of the Dear Provider Letter dated 03/03/2023 entitled "Emergency Rules Filed to Amend Long-Term Care Worker Continuing Education Deadlines" showed that long-term care workers in AFH's were required to complete the continuing education that came due between 03/16/2020 to 10/27/2022 no later than 08/31/2023.

Review of the employee record for Staff B, Caregiver, showed there was no documentation of 12 hours of completed DSHS approved continuing education. Based on their birthday, Staff B was required to complete 12 hours of continuing education between 06/12/2022 and 06/12/2023 and did not meet the requirement to complete 12 hours of DSHS approved continuing education from birthday to birthday.

On 12/05/2023 at 2:00 PM Staff B stated they believed they had completed their required continuing education hours and would provide documentation of their completed hours.

On 12/08/2023 Staff B sent the Department certificates showing that 12 hours of DSHS approved continuing education had been completed on 12/07/2023 which was 178 days overdue.

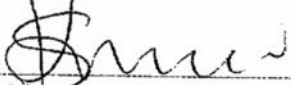
On 12/28/2023 at 7:30 AM Staff A, Provider, stated they did not know Staff B's continuing education was overdue.

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, Victorian Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 01/15/2024

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



Provider (or Representative)

01/15/2024

Date

This document was prepared by Residential Care Services for the Locator website.

Victorian Adult Family Home LLC
12727 E 33RD CT Spokane Valley WA
99206

01/15/2024

TO

Residential Care Services.

Ref :**WAC 388-76-10165 Background checks**

The provider here by certifies that I have taken active measures to correct deficiencies with immediate effect by completing a new Washington state name and date of birth background check and have a system in place to indicate when those background checks expire every two years.

WAC 388-76-10146 Qualifications-Continuing Education

The provider here by certifies that I have taken active measures to correct deficiencies with immediate effect by ensuring that staff B has completed the required continued education. The provider will have a system in place to ensure that all staff members complete a continued 12 hour education within the year based on their birthdays.

Yours Sincerely

Catherine Sadera(Provider)

A handwritten signature in black ink, appearing to read 'Catherine Sadera', written over a horizontal line.