STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Monica S Salman
Andina's Adult Foster Home
14117 NE 40TH ST
VANCOUVER, WA 98682

RE: Andina's Adult Foster Home License # 753479

Dear Provider:

This letter addresses Compliance Determination(s) 39420 (Completion Date 04/08/2024) and 37654 (Completion Date 03/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/08/2024 and found that you have corrected the violations listed in the Full report dated 03/06/2024. Your home is back in compliance as of 03/14/2024 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 388-76-10490, WAC 388-76-10490-1, WAC 388-76-10490-2, WAC 388-76-10165-2

The Department staff who did the on-site verification:
Olga Goyzman

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 753479	Compliance Determination # 37654
Plan of Correction	Andina's Adult Foster Home	Completion Date
Page 1 of 4	Licensee: Monica S Salman	03/06/2024

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 02/29/2024 and 02/29/2024 of:

Andina's Adult Foster Home
14117 NE 40TH ST
VANCOUVER, WA 98682

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:

Olga Goyzman

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Residential Care Services

03/08/2024
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 #: 753479	Compliance Determination # 37654
Plan of Correction	Andina's Adult Foster Home	Completion Date
Page 2 of 4	Licensee: Monica S Salman	03/06/2024

Monica Salman — Provider (or Representative)

3/14/2024 — Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

(2) Residents who have left the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to dispose expired and discontinued medications for one of two sampled residents (Resident 3/R3) in accordance with the home's medication disposal policy. This failure placed R3 at risk for receiving a discontinued or expired medication in error.

Findings included...

R3's medication supply was observed, and medication orders reviewed at 2:30 PM during a full inspection at the Adult Family Home on 2/29/24. Several pills without labels were observed in R3's medication box. The provider was unable to name the pills in the box.

The home's undated medication disposal policy, titled "AFH unused and expired medication disposal policy" stated "all employees will destroy expired or unused medications in the following way: will empty the liquids and pills in kitty litter, bag it, and throw it in the trash."

At 2:50 PM, the Provider placed medication in a bag of ground coffee it to dispose of them. The Provider stated she had not gotten around to disposing R3's medications but would go through R3's medication supply and dispose all expired and discontinued medications. A copy of the home's updated drug disposal record dated 02/28/24 was received by email on 03/06/24.

This is a repeated deficiency previously cited on 04/07/22.

Attestation Statement

Statement of Deficiencies	License #: 753479	Compliance Determination # 37654
Plan of Correction	Andina's Adult Foster Home	Completion Date
Page 3 of 4	Licensee: Monica S Salman	03/06/2024

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, Andina's Adult Foster Home is or will be in compliance with this law and / or regulation on (Date) 3/14/2024 .

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

Monica Salman — Provider (or Representative)

3/14/2024 — Date

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.

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 care staff (Staff C and Staff D) had National fingerprint background check done and obtained results within the required time frame. This failure placed 6 of 6 residents (Resident 1 {R1} -Resident 6 {R6}) at risk for injury and harm due to unqualified and improperly screened staff.

Findings included...

Review of care staff records on 2/29/24 at 1:35 PM, showed Staff C, Caregiver, didn't have his National fingerprint check done. Staff C was hired 12/12/2019.

Review of care staff records on 2/29/24 showed Staff D, Caregiver, was hired on 2/16/24, did not have her National Fingerprint check done.

During interview with the Provider at 1:40 PM, they acknowledged that there was missing fingerprint check and that they will send both caregivers to do fingerprint checks as soon as possible.

Attestation Statement

Statement of Deficiencies	License #: 753479	Compliance Determination # 37654
Plan of Correction	Andina's Adult Foster Home	Completion Date
Page 4 of 4	Licensee: Monica S Salman	03/06/2024

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, Andina's Adult Foster Home is or will be in compliance with this law and / or regulation on (Date) 3/14/2024 .

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

Monica Salman — Provider (or Representative)

3/14/2024 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

03/08/2024

Monica S Salman
Andina's Adult Foster Home
14117 NE 40TH ST
VANCOUVER, WA 98682

RE: Andina's Adult Foster Home # 753479

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/06/2024 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• 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 388-76-10532 Resident rights Department standardized disclosure forms.

(1) The adult family home must complete the department's standardized disclosure of services form. The home must:

(a) List on the form the scope of care and services available in the home;

(b) Send the completed form to the department when applying for a license; and

(c) Provide an updated form to the department thirty days prior to changing services, except in emergencies, when the scope of care and services is changing.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

A Disclosure of Charges form in all residents' files was not signed. The provider stated she did not know it was required and would complete it right away. A completed copy was received on 3/1/24.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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