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

Emerald Green Adult Family Home LLC

Emerald Green Adult Family Home LLC
2304 E 5TH AVE
SPOKANE, WA 99202

RE: Emerald Green Adult Family Home LLC License # 753602

Dear Provider:

This letter addresses Compliance Determination(s) 28116 (Completion Date 08/16/2023) and 25232 (Completion Date 06/27/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/16/2023 and found that you have corrected the violations listed in the Full report dated 06/27/2023. Your home is back in compliance as of 08/15/2023 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 388-76-10015-1

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 #: 753602	Compliance Determination # 25232
Plan of Correction	Emerald Green Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Emerald Green Adult Family Home LLC	06/27/2023

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 06/12/2023 and 06/15/2023 of:
Emerald Green Adult Family Home LLC
2304 E 5TH AVE
SPOKANE, WA 99202

The following sample was selected for review during the unannounced on-site visit: 6 of 6 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

07/07/2023
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) 7/13/23 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:

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.

Based on interview and record review, the Adult Family Home (AFH) failed to ensure fit testing for a N95 mask was completed for 6 of 6 staff (Staff A, B, C, D, E, & F). This failure placed residents at risk for exposure to communicable diseases.

Findings included...

Review of Dear Provider Letter dated 04/30/2021 "Employer 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.

Review for fit testing records showed there was no documentation for Staff A, Provider, Staff B, Caregiver, Staff C, Caregiver, Staff D, Caregiver, Staff E, Caregiver, and Staff F, Caregiver, who worked in the AFH had been fit tested for N95 masks.

During an interview on 06/12/2023 at 2:30 PM, Staff A stated that the staff had not been fit tested.

Attestation Statement

Statement of Deficiencies	License #: 753602	Compliance Determination # 25232
Plan of Correction	Emerald Green Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Emerald Green Adult Family Home LLC	06/27/2023

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, Emerald Green Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/13/23 .

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

Provider (or Representative) — Date: 7/13/23

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

Emerald Green Adult Family Home LLC
Emerald Green Adult Family Home LLC
2304 E 5TH AVE
SPOKANE, WA 99202

RE: Emerald Green Adult Family Home LLC # 753602

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/27/2023 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 upon admission for one resident. There were no residents or representatives that expressed concerns related to the document.

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 Treda, 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 CORRECTION FOR EMERALD GREEN AFH

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

Correction:

An admission agreement was initially signed when resident was admitted, but provider believes it may have accidentally got misplaced or shredded when cleaning out resident's book.

- This has now been corrected. A new admission agreement was reviewed with the resident and signed off on.

#2: Based on interview and record review, the Adult Family Home (afh) failed to ensure fit testing for a N95 mask was completed for 6 of 6 staff (Staff A,B,C,D,E, &F). This failure placed residents at risk for exposure to communicable diseases.

Correction:

I now just have 4 employees that are actively working. I have already got them all the training materials and the medical evaluations almost completed. I should have everyone fit tested within 30 days or by 8-14-2023 depending on test sites schedule.

Thank You

Mindy Boone
Emerald Green Afh
(509) 378-2492