STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

August 12, 2024

ELECTRONIC-FACSIMILE

Licensee, Senior Best Care Inc
Senior Best Care Inc.
21210 132nd Ave SE
Kent, WA 98042

Adult Family Home License # **753621**
Entity Representative: Tarlok Singh

IMPOSITION OF CIVIL FINES

Dear Licensee:

On August 1, 2024, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter is formal notice of the imposition of civil fines on the license for your adult family home, located at **21210 132nd Ave SE, Kent,** by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The civil fines are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **August 1, 2024**.

Civil Fines

WAC 388-76-10355(1)(2)(3)(5)(6)(a)(b)(c)(d)(7)(a)(b) Negotiated care plan. $300.00

The licensee failed to include resident behaviors, staff assistance required for implementation of care, and resident preferences in the development of two sampled residents' Negotiated Care Plans (NCP). These failures placed the residents at risk of unmet care needs.

This is an uncorrected deficiency previously cited on May 13, 2024, and February 28, 2024.

WAC 388-76-10365 Negotiated care plan - Implementation - Required. **$200.00**

The licensee failed to implement one resident's Negotiated Care Plan (NCP). This failure placed the resident at risk of harm from unmet care needs.

This is an uncorrected deficiency previously cited on May 13, 2024, and February 28, 2024.

WAC 388-76-10430(2)(c)(d) Medication system. **$200.00**

The licensee failed to have a system in place to ensure one resident had up-to-date medication logs. This failure placed the resident risk of worsening conditions from missing prescribed medication and at risk of medication errors.

This is an uncorrected deficiency previously cited on May 13, 2024, and February 28, 2024, for subsection 2(c).

WAC 388-76-10485(1)(3) Medication storage. **$100.00**

The licensee failed to keep medications in locked storage for one resident. This failure placed ambulatory residents at risk of harm or injury if they accidentally accessed and took medications not prescribed for their use.

This is an uncorrected deficiency previously cited on May 13, 2024, and February 28, 2024.

WAC 388-76-10650(2)(a)(b)(c) Medical devices. **$400.00**

The licensee failed to ensure an assessment was completed to identify the need, and ability to safely use a bed side rail for one resident. Further, the licensee failed to inform the resident of the safety risks and benefits associated with the use of bed side rails. In addition, the licensee did not include the use of a bed side rail in the resident's Negotiated Care Plan (NCP) and described how they would be used. These failures placed the resident at potential risk of harm or injury if the bed side rail were not safe for the resident's use in the Adult Family Home (AFH) and prevented the resident from making an informed decision on the use of the bedside rail.

This is an uncorrected deficiency previously cited on May 13, 2024, and February 28, 2024.

WAC 388-76-10720(2)(a)(i)(3)(a)(b) Electronic monitoring equipment – Audio monitoring and video monitoring. **$200.00**

The licensee failed to ensure video monitoring focused only on the entrance and exit doorways. In addition, the licensee failed to provide written notification to four residents

of video monitoring of the home and who had access to the electronic monitoring. This failure placed all four residents at risk of invasion of privacy.

This is an uncorrected deficiency previously cited on May 13, 2024, and February 28, 2024.

WAC 388-76-10865(1) Resident evacuation from adult family home. $800.00

The licensee failed to evacuate four residents from the home in five minutes or less. This failure placed all residents at risk of harm or serious injury in the event of an emergency requiring evacuation from the Adult Family Home (AFH).

This is an uncorrected deficiency previously cited on May 13, 2024, and February 28, 2024.

WAC 388-76-10895(3)(a)(b)(c)(d) Emergency evacuation drills – Frequency and participation. $200.00

The licensee failed to include in one resident's Negotiated Care Plan (NCP) their refusal to participate in evacuation drills and the estimated amount of time it would take to evacuate the resident from the Adult Family Home (AFH). In addition, the licensee failed to include the estimated time to evacuate the resident on the emergency evacuation drill log to ensure evacuation of the AFH did not exceed five minutes. This failure placed the resident at risk of harm or serious injury in the event of an emergency requiring their evacuation from the AFH.

This is an uncorrected deficiency previously cited on May 13, 2024, and February 28, 2024.

NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
20425 72nd Ave S suite 400
Kent, WA 98032-2388
Phone: (253)234-6007 / Fax: (253) 395-5071
rcsregion2email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter. You **must** use an **IDR Request Form** for **each** citation or enforcement action you plan to dispute. You can find this **revised** form and guidelines 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 you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline.** For **Traditional IDR** 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

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$2,400.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Lydia Owusu-Acheampong, Field Manager, at (253) 234-6007.

Sincerely,

for Rathana Duong
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit G
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP