



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

August 5, 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 FINE,
CONTINUED AND AMENDED CONDITIONS ON A LICENSE AND
CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Licensee:

On July 23, 2024, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up at your facility. This letter is formal notice of the imposition of a civil fine, continued and amended conditions on a license, and continued stop placement order prohibiting admissions on the license of 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 70.128.306; and Washington Administrative Code (WAC) 388-76-10940.

The civil fine, continued and amended conditions on a license, and continued stop placement order prohibiting admissions 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 **July 23, 2024**.

Civil Fine

WAC 388-76-10490(1) Medication disposal - Written policy - Required. **\$200.00**

The licensee failed to implement their medication disposal policy for one resident. This failure placed the resident at risk of decreased effectiveness from taking expired medication.

This is uncorrected deficiency previously cited on May 13, 2024, for subsection (1).

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Continued Stop Placement Order Prohibiting Admissions

WAC 388-76-10400(1)(3)(a)(b)(4) Care and services.

The licensee failed to ensure that four residents received care and services required to ensure safety and improve their quality of life. Additionally, the residents' Negotiated Care Plans' (NCP) did not include all required care needs and assessed nurse delegation (a nurse directs another person to perform nursing tasks and activities) tasks. These failures placed the residents at risk of harm from worsening condition and decreased quality of life from not receiving required care and services.

This is uncorrected deficiency previously cited on May 13, 2024, for subsections (1) and (3)(A)(B).

The stop placement order prohibiting admissions to your adult family home was effective immediately upon **verbal** notice to you on **April 23, 2024**, in a notice letter dated April 24, 2024. The stop placement order was continued **verbally** on **May 24, 2024**, in a notice letter dated May 24, 2024. The continued stop placement order is again continued on **August 5, 2024**, and electronic facsimile receipt of this letter and the attached Statement of Deficiencies report. The continued stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The continued stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the continued stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the continued stop placement unless you obtain advance approval from the department. You may request such approval by contacting Lydia Owusu-Acheampong, Field Manager, at (253) 234-6007.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the continued stop placement order prohibiting admissions.

The department will terminate the continued stop placement order prohibiting admissions when the violations necessitating the continued stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

Continued and Amended Conditions on License

WAC 388-76-10400(1)(3)(a)(b)(4) Care and services.

The licensee failed to ensure that four residents received care and services required to ensure safety and improve their quality of life. Additionally, the residents' Negotiated Care Plans' (NCP) did not include all required care needs and assessed nurse delegation (a nurse directs another person to perform nursing tasks and activities) tasks. These failures placed the residents at risk of harm from worsening condition and decreased quality of life from not receiving required care and services.

This is uncorrected deficiency previously cited on May 13, 2024, for subsections (1) and (3)(A)(B).

The department has determined that the following continued and amended conditions shall be placed on your adult family home license (**amended are underlined, italicized, and bold**):

- The Adult Family Home (AFH) Provider, at their own expense, must hire a **new** Registered Nurse Consultant (RNC), not currently or previously affiliated with the AFH, and familiar with AFH regulations and Registered Nurse Delegation requirements by **Friday, August 9, 2024**.
- The RNC must assist the AFH Provider in reviewing resident Negotiated Care Plans to ensure they are comprehensive and include all required and assessed nurse delegated care tasks.
- The RNC must provide training to all AFH staff, to include the AFH Provider, regarding requirements for **comprehensive** Negotiated Care Plans and **standard nurse delegation practices and oversight responsibilities when residents take their medications**.
- The AFH Provider must provide the RNC with a copy of the Statement of Deficiencies dated **July 23, 2024**.
- The AFH Provider must provide the name and contact information of the RNC to the Department Field Manager upon hire.
- The RNC must be available to the Department for questions.
- The RNC must submit **Negotiated Care Plans** and evidence of staff training to the Department by **Friday, September 6, 2024**.

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- The AFH provider must post this Notice of Continued and Amended Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.

These conditions were effective upon **verbal** notice to you on **May 24, 2024**, in a notice letter dated May 24, 2024. These conditions are continued and amended on **August 5, 2024**, and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations, which resulted in the fine, continued and amended conditions on your license, and continued stop placement order prohibiting admissions; 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>.

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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 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 fine, continued and amended conditions, and continued stop placement by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fine, continued and amended conditions, and continued stop placement order. **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 fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

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Mail a check for **\$200.00** 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.

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

Sincerely,



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

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

DATE REQUEST FAXED: _____ **DATE MAILED:** _____

TO: _____, Field Manager, Region ____ Unit ____

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Licensee or Designee Signature

Date