STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Quilceda Creek Manor LLC
Quilceda Creek Manor III LLC
409 148th st ne
Arlington, WA 98223

RE: Quilceda Creek Manor III LLC License # 753739

Dear Provider:

This letter addresses Compliance Determination(s) 45498 (Completion Date 08/23/2024) and 42741 (Completion Date 07/31/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/23/2024 and found that you have corrected the violations listed in the Full report dated 07/31/2024. Your home is back in compliance as of 08/06/2024 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 388-76-10255-1, WAC 388-76-10255-2, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Shelly Scarboro, AFH Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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3906-172nd St NE, Suite #100, Arlington, WA 98223

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 06/13/2024 and 06/13/2024 of:
Quilceda Creek Manor III LLC
1058 Alder Ave #A
Marysville, WA 98270

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shelly Scarboro, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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) Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure nationally recognized infection control standards were used when 1 of 3 staff (Staff E) did not wash their hands or change gloves while providing resident care. This failure placed residents and staff at an increased risk for the spread of illnesses.

Findings included...

Review of Center for Disease Control website dated 2/27/2024 “Clinical Safety: Hand Hygiene for Healthcare Workers,” showed gloves were to be removed between “working on a soiled body site to a clean body site on the same patient."

Observation on 06/13/2024 at 2:40 PM, showed Staff E attended to Resident 1's personal care. Staff E cleaned Resident 1 with a clean chucks pad (a pad that was cotton on one side and blue plastic on the other) and a mild non-rinse soap. After cleaning Resident 1's skin, Staff E did not take off gloves, wash hands, and put on a new pair of gloves before they repositioned Resident 1 in bed, straightened the bed covers, and their pillow.

During an interview on 06/13/2024 at 3:05 PM, Staff B, Resident Manager, stated that staff were supposed to change gloves, and wash their hands or use hand sanitizer between dirty and clean tasks.

During an interview on 06/13/2024 at 3:07 PM, Staff E stated that they did not get their gloves dirty. Staff E stated that they held the outer side of the pad while they cleaned Resident 1's skin.

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, Quilceda Creek Manor III LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff E, Caregiver) had a Tuberculosis (TB) (a contagious disease that effects the lungs) test within three days of hire. This failure placed residents at risk for being exposed to a contagious disease.

Findings included…

Record review of Staff E's personnel file, undated, showed they were hired on 02/16/2024. Staff E's personnel file showed a QuantiFERON (blood test for determining TB status) was completed on 03/01/2024, fourteen days after date of hire.

During an interview on 06/13/2024 at 3:47 PM, Staff B, Resident Manager, stated before their hire date on 02/16/2024 Staff E had brought proof of a negative one-step TB skin test that was read on 02/01/2024. Staff B stated that they followed the timeline for a two-step TB test and had Staff E get their blood drawn for a QuantiFERON test on 03/01/2024. Staff B stated that they thought the AFH followed the two-step protocol by having Staff E do the blood test two weeks after Staff E provided the AFH with a negative one-step prior to their date of hire.

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, Quilceda Creek Manor III LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

08/06/2024

Quilceda Creek Manor LLC
Quilceda Creek Manor III LLC
409 148th st ne
Arlington, WA 98223

RE: Quilceda Creek Manor III LLC # 753739

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/31/2024 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:

Nicholette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100

Arlington, WA 98223

• 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 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(5) The length of time it took to complete the evacuation.

The Adult Family Home (AFH) used an electronic program to document evacuation drills that did not have a dedicated field to document the length of time it took to complete the evacuation. The AFH used the comment field to document the length of time it took to complete the evacuation.

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 (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
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:
Nicholette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 IDR**s 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