STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

The Little House Adult Family Home LLC

The Little House Adult Family Home LLC
10436 18th Ave SW
Seattle, WA 98146

RE: The Little House Adult Family Home LLC License # 753778

Dear Provider:

This letter addresses Compliance Determination(s) 50538 (Completion Date 11/19/2024) and 46470 (Completion Date 09/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/19/2024 and found that you have corrected the violations listed in the Full report dated 09/26/2024. Your home is back in compliance as of 09/18/2024 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 388-76-10015-1, WAC 388-76-10265-1-d, WAC 388-76-10375-1, WAC 388-76-10430-1

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 08/29/2024 and 08/29/2024 of:
The Little House Adult Family Home LLC
10436 18th Ave SW
Seattle, WA 98146

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Alfredo Brown
Residential Care Services

09/30/2024
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.

Patricia Miranda
Provider (or Representative)

10/03/24
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:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to comply with the laws and regulations as required for respiratory protection by failing to provide a written Respiratory Protection Program (RPP), medical evaluation, fit-testing, and training for use of respirator for 3 of 3 staff (Staff A (Provider), Staff B (Caregiver) and Staff C (Caregiver)). The AFH failed to obtain a medical test site waiver license (MTSW) to collect and interpret COVID-19 (an infectious disease caused by the SARS-CoV-2 virus) home test kits for 6 of 6 residents (Resident 1, 2 and 3). Failure to implement an RPP and to obtain a MTSW placed AFH staff and residents at risk for exposure to an infectious respiratory illness and risk for unmet care needs by unqualified caregivers.

Findings included...

NOTE: Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must include specific elements, including medical clearance approval to wear a respirator, initial and annual fit testing, annual training, record keeping, written program, designated administrator, and identification of respiratory hazards in the workplace. COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability, and death. Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-084) and a duty to prevent the spread of infection to residents in their facility.

NOTE: Review of Washington (WA) State Department of Social and Health Services, "Dear Provider" letter dated 04/01/2022, titled "Medical Test Site Waiver Regulatory Requirements", showed certain types of medical testing require a state Medical Test Site Waiver (MTSW) license. One type of activity requiring a MTSW license is testing residents for COVID-19. Other types of medical testing requiring a MTSW license include, but are not limited to, blood glucose tests and urine tests."

Respiratory Protection Plan

Provider (or Representative) _____ 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:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to comply with the laws and regulations as required for respiratory protection by failing to provide a written Respiratory Protection Program (RPP), medical evaluation, fit-testing, and training for use of respirator for 3 of 3 staff (Staff A (Provider), Staff B (Caregiver) and Staff C (Caregiver)). The AFH failed to obtain a medical test site waiver license (MTSW) to collect and interpret COVID-19 (an infectious disease caused by the SARS-CoV-2 virus) home test kits for 6 of 6 residents (Resident 1, 2 and 3). Failure to implement an RPP and to obtain a MTSW placed AFH staff and residents at risk for exposure to an infectious respiratory illness and risk for unmet care needs by unqualified caregivers.

Findings included...

NOTE: Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must include specific elements, including medical clearance approval to wear a respirator, initial and annual fit testing, annual training, record keeping, written program, designated administrator, and identification of respiratory hazards in the workplace. COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability, and death. Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094) and a duty to prevent the spread of infection to residents in their facility.

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Respiratory Protection Plan

Review of the AFH's administrative records, on 08/29/2024, showed no written RPP policy.

Record review of the AFH personnel files, on 08/29/2024, showed no records for medical clearance, and fit testing for Staff A, Staff B, and Staff C. There were no records available to show the AFH had completed the training for donning/doffing a N-95 respirator

During an interview, on 08/29/2024 at 8:30 AM, Staff A stated that they were unaware of the requirement to develop and implement a RPP. Staff A stated that they did not recall receiving the "Dear Provider" letter regarding the requirement to develop and implement a RPP for the AFH. Staff A stated that this requirement was not told to them by the AFH Council..

Medical Test Site Waiver
Observation, on 08/29/2024 at 9:30 AM, showed two rapid antigen COVID test kits (detects certain proteins in the COVID-19 virus) in a closet at the end of a hallway.

During an interview, on 08/29/2024 at 8:30 AM, Staff A stated that the AFH does not have a MTSW license in place. Staff A stated that they were unaware of the MTSW license requirement. Staff A stated that, when necessary, the AFH staff conducted rapid antigen COVID tests for the residents, and they have performed blood glucose testing for residents in the past.

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, The Little House Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 9/15/24.

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

Patricia Miranda — Provider (or Representative)

10-14-24 — 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:

Review of the AFH's administrative records, on 08/29/2024, showed no written RPP policy.

Record review of the AFH personnel files, on 08/29/2024, showed no records for medical clearance, and fit testing for Staff A, Staff B, and Staff C. There were no records available to show the AFH had completed the training for donning/doffing a N-95 respirator.

During an interview, on 08/29/2024 at 9:30 AM, Staff A stated that they were unaware of the requirement to develop and implement a RPP. Staff A stated that they did not recall receiving the "Dear Provider" letter regarding the requirement to develop and implement a RPP for the AFH. Staff A stated that this requirement was not told to them by the AFH Council.

Medical Test Site Waiver
Observation, on 08/29/2024 at 9:30 AM, showed two rapid antigen COVID test kits (detects certain proteins in the COVID-19 virus) in a closet at the end of a hallway.

During an interview, on 08/29/2024 at 9:30 AM, Staff A stated that the AFH does not have a MTSW license in place. Staff A stated that they were unaware of the MTSW license requirement. Staff A stated that, when necessary, the AFH staff conducted rapid antigen COVID tests for the residents, and they have performed blood glucose testing for residents in the past.

Attestation Statement

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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 have a system in place to ensure tuberculosis (TB) screening was completed for 1 of 3 staff (Staff C, Caregiver) as required within three days of hire date. This failure placed 3 of 3 residents (Resident 1, 2 and 3) at risk of contracting a communicable disease.

Findings included...

Note: Review of Washington (WA) State Department of Social and Health Services, "Reinstatement of Tuberculosis Testing Requirements," dated 05/17/2022, showed the suspended TB requirements in response to the state of emergency related to COVID-19 (an infectious disease caused by the SARS-CoV-2 virus) expired on 07/01/2022.

Record review of the AFH personnel files showed Staff C was hired on 07/19/2020. The AFH had no record of a TB test for Staff C.

During an interview on, 09/26/2024 at 3:30 PM, Staff A, Provider, stated that they had not received any TB test results for Staff C because it was not a requirement during the pandemic

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, The Little House Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 9-10-24.

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

Patricia Miranda — Provider (or Representative)

10-14-24 — Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 1) was signed and dated by the resident or resident representative. This failure placed the resident at risk for unrecognized/unmet care needs.

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure tuberculosis (TB) screening was completed for 1 of 3 staff (Staff C, Caregiver) as required within three days of hire date. This failure placed 3 of 3 residents (Resident 1, 2 and 3) at risk of contracting a communicable disease.

Findings included...

Note: Review of Washington (WA) State Department of Social and Health Services, "Reinstatement of Tuberculosis Testing Requirements," dated 05/17/2022, showed the suspended TB requirements in response to the state of emergency related to COVID-19 (an infectious disease caused by the SARS-CoV-2 virus) expired on 07/01/2022.

Record review of the AFH personnel files showed Staff C was hired on 07/19/2020. The AFH had no record of a TB test for Staff C.

During an interview on, 08/29/2024 at 3:30 PM, Staff A, Provider, stated that they had not received any TB test results for Staff C because it was not a requirement during the pandemic.

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, The Little House Adult Family Home 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 1) was signed and dated by the resident or resident representative. This failure placed the resident at risk for unrecognized/unmet care needs.

Statement of Deficiencies	License #: 753778	Compliance Determination # 45470
Plan of Correction	The Little House Adult Family Home LLC	Completion Date
Page 6 of 6	Licensee: The Little House Adult Family Home	09/26/2024

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2023. Review of the NCP dated 07/29/2024 showed no signature from Resident 1 or their representative.

During an interview on 08/28/2024 at 12:13 PM, Staff A, Provider, stated that they overlooked getting the NCP signed.

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, The Little House Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8-1-24.

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

Patricia Miranda — Provider (or Representative)

10-14-24 — Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents (Resident 2) medications were available in the facility. This failure placed Resident 2 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2020. Resident 2's assessment, dated 12/14/2023, showed assistance with medication management was needed.

Record review of Resident 2's August 2024 Medication Log (ML) showed a physician order written on 08/11/2024 for Lidocaine 5% Patch (medication to treat pain) apply 1 patch to right hip daily, keep on for 12 hours, then remove for 12 hours, a physician order written on 10/27/2022 for Cal-Gest (medication to treat indigestion) take 500

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2023. Review of the NCP dated 07/29/2024 showed no signature from Resident 1 or their representative.

During an interview on 08/29/2024 at 12:13 PM, Staff A, Provider, stated that they overlooked getting the NCP signed.

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, The Little House Adult Family Home 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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents (Resident 2) medications were available in the facility. This failure placed Resident 2 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]2020. Resident 2's assessment, dated 12/14/2023, showed assistance with medication management was needed.

Record review of Resident 2's August 2024 Medication Log (ML) showed a physician order written on 06/11/2024 for Lidocaine 5% Patch (medication to treat pain) apply 1 patch to right hip daily, keep on for 12 hours, then remove for 12 hours, a physician order written on 10/27/2022 for Cal-Gest (medication to treat indigestion) take 500

milligrams by mouth every four hours as needed, and a physician order written on 04/13/2023 for Diclofenac Sodium 1% gel (a medication to treat pain) apply to left knee twice daily as needed.

A joint observation with Staff A, Provider, of Resident 2's medication supply, on 08/29/2024 at 2:28 PM, showed the Lidocaine 5% patch, Cal-gest tablets, and Diclofenac Sodium 1% gel were not available in the AFH.

During an interview, on 08/29/2024 at 2:32 PM, Staff A stated that they ran out of the Lidocaine 5% patch about a week ago and couldn't reach the doctor to cancel the order. Staff A stated that they thought the Cal-gest tablets were discontinued but couldn't find the discontinue order from the doctor. Staff A stated that they barely use the Diclofenac Sodium 1% gel, but they know that they need to have it available.

Record Review of August 2024 ML showed that Staff B, Caregiver, and Staff C, Caregiver initialed the ML for the Lidocaine 5% patch for the past week, to indicate that Resident 2 had received that medication every morning.

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, The Little House Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 9/5/24.

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

Patricia Miranda — Provider (or Representative)

10-14-24 — Date

milligrams by mouth every four hours as needed, and a physician order written on 04/13/2023 for Diclofenac Sodium 1% gel (a medication to treat pain) apply to left knee twice daily as needed.

A joint observation with Staff A, Provider, of Resident 2's medication supply, on 08/29/2024 at 2:28 PM, showed the Lidocaine 5% patch, Cal-gest tablets, and Diclofenac Sodium 1% gel were not available in the AFH.

During an interview, on 08/29/2024 at 2:32 PM, Staff A stated that they ran out of the Lidocaine 5% patch about a week ago and couldn't reach the doctor to cancel the order. Staff A stated that they thought the Cal-gest tablets were discontinued but couldn't find the discontinue order from the doctor. Staff A stated that they barely use the Diclofenac Sodium 1% gel, but they know that they need to have it available.

Record Review of August 2024 ML showed that Staff B, Caregiver, and Staff C, Caregiver initialed the ML for the Lidocaine 5% patch for the past week, to indicate that Resident 2 had received that medication every morning.

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Provider (or Representative) Date