STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Highlands Best Care II LLC

Highlands Best Care II LLC
1061 SHELTON AVENUE NE
RENTON, WA 98056

RE: Highlands Best Care II LLC License # 753787

Dear Provider:

This letter addresses Compliance Determination(s) 30866 (Completion Date 10/10/2023) and 29886 (Completion Date 09/26/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/10/2023 and found that you have corrected the violations listed in the Full report dated 09/26/2023. Your home is back in compliance as of 09/21/2023 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 388-76-10650-2-b, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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Statement of Deficiencies	License #: 753787	Compliance Determination # 29886
Plan of Correction	Highlands Best Care II LLC	Completion Date
Page 1 of 3	Licensee: Highlands Best Care II LLC	09/26/2023

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 09/18/2023 and 09/18/2023 of:

Highlands Best Care II LLC
1061 SHELTON AVENUE NE
RENTON, WA 98056

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 09/28/2023 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) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure an Automatic Pressure Pump (APP) mattress (a medical device) for 1 of 2 sampled residents (Resident 1) was included in the Negotiated Care Plan (NCP) and had staff directives for care. In addition, the AFH failed to provide information on risks and benefits to Resident 1 and/or their representative. These failures placed Resident 1 at risk for injury related to inadequate monitoring of the device and having unrecognized/unmet care needs.

Findings included…

During a guided tour with Staff A, Entity Representative, on 09/18/2023 at 1:25 PM, Resident 1 was observed on an APP mattress. The APP mattress was "on" in setting 4.

In an interview on 09/18/2023 at 1:25 PM, Staff A stated that Resident 1 used the APP mattress to prevent skin breakdown.

Record Review showed that the Resident 1's used of APP was assessed on 12/02/2022.

Record review of Resident 1's NCP, dated 04/13/2023, the APP was not included and there was no care directives for staff.

In an interview on 09/18/2023 at 4:15 PM, Staff A stated that they told the caregivers to ensure that the APP mattress was not deflated. However, it was not included in the NCP because she was not aware that she had to. Staff A also stated that the risks and benefits for the APP mattress were not discussed with the resident and/or their representative because no one informed her that they had to.

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, Highlands Best Care II 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
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

09/28/2023

Highlands Best Care II LLC
Highlands Best Care II LLC
1061 SHELTON AVENUE NE
RENTON, WA 98056

RE: Highlands Best Care II LLC # 753787

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/26/2023 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

During an unannounced visit on 09/18/2023 at 12:42 PM, observation showed there was no inspection report posted in a visible location in a common area of the Adult Family Home. Staff A, Entity Representative, immediately posted the last inspection report.

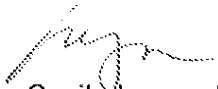
You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 (253)234-6033.

Sincerely,



Cecile Leano, Field Manager
Region 2, 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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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