STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Vine Maple Care Home LLC

Vine Maple Care Home LLC
12530 Vine Maple Dr SW
Lakewood, WA 98499

RE: Vine Maple Care Home LLC License # 753804

Dear Provider:

This letter addresses Compliance Determination(s) 40094 (Completion Date 04/22/2024) and 37153 (Completion Date 02/23/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/22/2024 and found that you have corrected the violations listed in the Full report dated 02/23/2024. Your home is back in compliance as of 04/08/2024 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 388-76-10265-1-d

The Department staff who did the off-site verification:
Ibe Hatch, Licensor

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 02/21/2024 and 02/23/2024 of:
Vine Maple Care Home LLC
12530 Vine Maple Dr SW
Lakewood, WA 98499

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:

Ibe Hatch, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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 388-76-10265 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 interview and record review the adult family home (AFH) failed to ensure 1 of 2 staff (Staff B, Caregiver) completed tuberculosis (TB, an infectious disease) testing as required. This failure placed two current residents at risk of exposure to an infectious disease.

Findings included…

Review of Staff B's employee file showed they were hired 10/01/2023. Their file included documentation they had a TB test 12/18/2021, but no TB testing within three days of hire.

In an interview on 02/21/2024, at 12:25 p.m., the Entity Representative (ER) said they thought that was a two-step test and no more testing was needed.

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, Vine Maple Care 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 _____

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AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Vine Maple Care Home LLC
Vine Maple Care Home LLC
12530 Vine Maple Dr SW
Lakewood, WA 98499

RE: Vine Maple Care Home LLC # 753804

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/23/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10015 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

Record review on 02/21/2024, showed R3 had blood glucose testing every morning. On 02/21/2024, at 10 1:20 a.m., when asked if they had a Medical Test Site Waiver (MTSW), the Entity Representative said they had it previously, and had reapplied for the waiver 02/16/2024.

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

Record review on 02/21/2024, showed the Entity Representative's (ER) interim background check expired 05/14/2020. In an interview on 02/21/2024, at 12:30 p.m., the ER said they did not know they had to renew their background check. The ER renewed their background check 02/22/2024. There was no disqualifying or negative finding on the background check.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

Review of the AFH administrative records failed to include a written succession plan. In an interview on 10/21/2023, at 1:20 p.m., the Entity Representative (ER) said they did not have one. The ER wrote a succession plan during the inspection.

WAC 388-76-10480 Medication organizers. The adult family home must ensure:

(4) Medication organizer labels clearly show the following:

(a) The name of the resident;

(b) A list of all prescribed and over-the-counter medications;

(c) The dosage of each medication;

(d) The frequency which the medications are given.

Observation on 02/21/2024, at 11:15 a.m., showed Resident 3's over-the-counter medications were contained in a medication organizer. There was no label on the organizer. In an interview on 02/21/2024, at 11:15 a.m., the ER, a Registered Nurse, said they filled the organizer, gave the medications, and would label the organizer as required.

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

Review of the adult family home's (AFH) evacuation drill logs showed all drills done between 02/07/2023 and 02/13/2024, were done at 1:00 p.m. and 2:00 p.m., and not at random shifts as required. In an interview on 02/21/2024, at 1:15 p.m., the Entity Representative said they were unaware of the requirement to do drills over random shifts and would do them from now on.

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)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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