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

HASET ADULT FAMILY HOME LLC
Haset Adult Family Home LLC
19711 Whitman Ave N
Shoreline, WA 98133

RE: Haset Adult Family Home LLC License # 753836

Dear Provider:

This letter addresses Compliance Determination(s) 41016 (Completion Date 05/09/2024) and 39161 (Completion Date 04/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/09/2024 and found that you have corrected the violations listed in the Full report dated 04/10/2024. Your home is back in compliance as of 04/30/2024 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 388-76-10750-1, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Hang Lu, Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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

Statement of Deficiencies	License #: 753836	Compliance Determination # 39161
Plan of Correction	Haset Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: HASET ADULT FAMILY HOME LLC	04/10/2024

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 04/01/2024 and 04/01/2024 of:
Haset Adult Family Home LLC
19711 Whitman Ave N
Shoreline, WA 98133

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:

Hang Lu, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
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.

Renee' Bourgue
Residential Care Services

04/10/2024
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.

Provider (or Representative) 04/16/2024 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 and interview, the Adult Family Home (AFH) failed to have a written Respiratory Protection Program (RPP) and ensure 3 of 3 caregivers (Staff A, B, and C) had record of respirator training, medical clearance, and respirator fit testing. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for illness and infection.

Findings included...

Review of the Dear Provider Letter, dated 11/05/2021, showed the requirements necessary in developing a RPP in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing of N95 respirators and the Washington State Department of Health website link to the RPP for Long-Term Care Facilities.

Review of the Washington State Department of Health's "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Review of the AFH's personnel record showed Staff A, Entity Representative, did not have record of medical clearance and respirator fit testing.

Review of personnel record showed Staff B, Resident Manager, did not have record of respirator training, medical clearance, and respirator fit testing.

Review of personnel record showed Staff C, Caregiver, did not have record of respirator training, medical clearance, and respirator fit testing.

Review of facility records showed the AFH did not have evidence of a written RPP and conducting respirator training for staff, as required.

Interview, on 04/01/2024 at 3:02 PM, showed Staff B stating that they did not think they had a written RPP. Staff B stated that they would ask Staff A about the home's RPP and respirator fit testing records for all staff to send to the Department by the next business day.

On 04/02/2024, the Department did not receive the written RPP and respirator fit testing records from the AFH.

In a phone interview, on 04/02/2024 at 3:30 PM, Staff A stated that they would like to have a copy of the Department of Health's RPP template to use. Staff A stated that they had tried to set up an appointment for staff to do the respirator fit test in the past. Staff A stated that they had not done any respirator fit testing yet.

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, Haset Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 04/30/2024

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

Provider (or Representative) 04/16/2024 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain the environment in good repair and keep hazardous cleaning supplies in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for a diminished quality of life and potential safety issues.

Findings included...

Observation and interview, on 04/01/2024 at 3:25 PM, showed scuff marks and missing paint on the walls in the hallway, living room, and dining area of the home. There were also heavy scuff marks on the doors of the main resident bathroom and Resident 1's bedroom.

Statement of Deficiencies	License #: 753836	Compliance Determination # 39161
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Staff B, Resident Manager, stated that the scuff marks were from the motorized wheelchairs used by residents. Staff B stated that they had painted the walls and doors many times.

Observation and interview, on 04/01/2024 at 3:35 PM, showed the lock on the storage closet (where cleaning supplies such as Clorox bleach, disinfectant sprays, and laundry detergents were kept) was not in working order. Staff B and Staff C, Caregiver, were observed trying to get the lock to work, but they were unable to. Staff B stated that they would fix the lock or get a new lock for the storage closet.

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, Haset Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 04/30/2024

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

Provider (or Representative) 04/16/2024 Date

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

04/10/2024

HASET ADULT FAMILY HOME LLC
Haset Adult Family Home LLC
19711 Whitman Ave N
Shoreline, WA 98133

RE: Haset Adult Family Home LLC # 753836

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/10/2024 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The Adult Family Home (AFH) did not give the Admission Agreement to Resident 2 to review, sign, and date at least every 24 months (due 03/19/2024). Staff A, Entity Representative, sent a copy of the Admission Agreement, signed by Resident 2 and dated 04/02/2024, to the Department the next day.

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)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 IDRs** 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