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

Assurecare Adult Home, LLC
Assurecare Adult Home LLC
PO BOX 817
Spanaway, WA 98387

RE: Assurecare Adult Home LLC License # 753846

Dear Provider:

This letter addresses Compliance Determination(s) 29476 (Completion Date 09/13/2023) and 25745 (Completion Date 08/08/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/13/2023 and found that you have corrected the violations listed in the Full report dated 08/08/2023. Your home is back in compliance as of 09/01/2023 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 388-76-10161-3, WAC 388-76-10265-1, WAC 388-76-10265-1-d, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10845-2

The Department staff who did the on-site verification:
Alfredo Brown, AFH Licensor

If you have any questions, please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
Residential Care Services

RECEIVED

SEP 14 2023

Stamped in error

DSHS/ALTSA/RCS

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 #: 753846	Compliance Determination #25745
Plan of Correction	Assurecare Adult Home LLC	Completion Date
Page 1 of 6	Licensee: Assurecare Adult Home, LLC	08/08/2023

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 06/22/2023 and 06/22/2023 of:

Assurecare Adult Home LLC
12963 NE Bel Red Rd
Bellevue, WA 98005

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:

Alfredo Brown, AFH Licensor

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.

Ann Lee-Hunter
Residential Care Services

08/11/2023
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)

09-01-2023
Date

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

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 5 of 5 household members (Household Member 1, 2, 3, 4, and 5) had a valid Washington State Name and Date of Birth Background Check (BGC). This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of possibly being left exposed to someone who may have a disqualifying criminal background.

Findings included...

Record review of the, undated, AFH floorplan showed the AFH was a multilevel home. The second level of the home had its own sperate main entrance and exit, and a shared stairway that connected the second level of the home to the first level (licensed portion of the home).

During an interview, on 06/22/2023 at 10:38 AM Staff C (Caregiver) stated that the AFH had four household members who resided in the upstairs portion of the AFH. Staff C stated all four household members were over the age of eleven.

Observation, on 06/22/2023 at 12:58 PM, showed that Household Member 5 was residing in a licensed bedroom (Bedroom E).

During an interview, on 06/22/2023 at 12:58 PM, Staff B (Resident Manager) stated that Household Member 5 had been residing in Bedroom E for the last two weeks.

Review of the AFH records showed no current or valid BGC in place for Household Member 1, Household Member 2, Household Member 3, Household Member 4, and Household Member 5.

During an interview, on 06/23/2023 at 11:28 AM, Staff A (Entity Representative) stated that there was not a valid BGC Household Member 5. Staff A stated that they were not

aware the household members who resided upstairs needed to have a BGC.

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, Assurecare Adult Home LLC is or will be in compliance with this law and / or regulation on (Date) 9-1-2023

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

Marylin S Mamaclay — Provider (or Representative)

09-01-2023 — 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 a tuberculosis (TB) testing was initiated for 1 of 2 sampled staff (Staff C, Caregiver) within three days of employment. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of contracting a communicable disease.

Findings included...

Record review of the AFH's personnel file for Staff C (Caregiver) showed a hire date of 09/01/2019. Staff C's personnel file showed no documentation that a TB test had been done within 3 days of hire.

During an interview, on 08/08/2023 at 10:50 AM, Staff A (Entity Representative) stated they were aware of the TB requirements, and just missed the chance to initiate Staff C's TB testing.

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, Assurecare Adult Home LLC is or will be in compliance with this law and / or regulation on (Date) 09-01-2023

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

Maryline S/Mamaclay — Provider (or Representative)

09-01-2023 — 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:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(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 have an assessment in place for [redacted] that identified the resident's need for and ability to use a medical device with a known safety risk, provide resident representative with information on the benefits and safety risks associated with [redacted], document on the Negotiated Care Plan (NCP) how [redacted] would be used and [redacted] safety for 1 of 2 sampled residents (Residents 1)This placed Resident 1 at risk for injury from improper use of a medical device.

Findings included...

Resident 1
Observation, on 06/22/2023 at 12:20 PM, showed Resident 1 had a half a [redacted] attached to their [redacted]. The attached [redacted] was in the lowered position.

Record review of Resident 1's Assessment, dated 09/03/2022, did not mention or identify Resident 1's need for and ability to use a medical device with a known safety risk.

Record review of Resident 1's Negotiated Care Plan (NCP), dated 10/15/2022, did not mention the use of [redacted] or how staff would ensure the [redacted] were properly installed.

Review of the AFH's records for Resident 1 did not show Resident 1's representative had been provided with information to make an informed decision regarding the use of Resident 1's [redacted]

During an interview, on 6/22/2023 at 3:29 PM, Resident 1 stated that AFH staff placed the [redacted] in the raised position when assisting them with transferring, toileting care, and dressing.

During an interview, on 08/02/2023 at 1:20PM, Staff A stated that they were aware of the process for using medical devices in an AFH. Staff A stated that the AFH staff had not made them aware Resident 1 utilized [redacted].

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, Assurecare Adult Home LLC is or will be in compliance with this law and / or regulation on (Date) 09-01-2023

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

Marylin J Mamedov — 09-01-2023

Provider (or Representative) — Date

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have the required amount of on-site emergency drinking water supply for the AFH's licensed capacity, caregiving staff, and household members. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5), 1 Staff living on site (Staff D, Caregiver), two caregivers per shift, and 5 of 5 household members (Household Member 1, 2, 3, 4, and 5) at risk of dehydration in the event of an emergency.

Findings included...

Review of the Department's records showed the AFH licensed capacity was for six residents.

During an interview, 06/26/2023 at 10:38 AM, Staff C (Caregiver) stated that Staff D lived on site. Staff C stated that the AFH had Household Member 1, Household Member 2, Household Member 3, and Household Member 4 resided in the second level of the AFH. Household Member 5, resided a licensed bedroom (Bedroom E)

Record review showed the AFH would need a minimum of 42 gallons of water. This included 18 gallons for the licensed capacity, 6 gallons for the two staff members on shift throughout the day, 15 gallons for the five household members, and 3 gallons for Staff D who resided at the AFH.

Observation, on 06/26/2023 at 12:01 PM, showed the AFH had 30 gallons of on-site emergency drinking water supply.

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, Assurecare Adult Home LLC is or will be in compliance with this law and / or regulation on (Date) 09-01-2023

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

Maryline S/Mamadoy — 09-01-2023

Provider (or Representative) — Date