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

Carriage Lane Senior Living Facility LLC

Carriage Lane Senior Living Facility LLC
18162 146th Ave SE
Renton, WA 98058

RE: Carriage Lane Senior Living Facility LLC License # 753873

Dear Provider:

This letter addresses Compliance Determination(s) 40011 (Completion Date 04/18/2024) and 38902 (Completion Date 03/28/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/18/2024 and found that you have corrected the violations listed in the Full report dated 03/28/2024. Your home is back in compliance as of 04/01/2024 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 388-76-10285-2

The Department staff who did the off-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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 03/26/2024 and 03/26/2024 of:

Carriage Lane Senior Living Facility LLC
18162 146th Ave SE
Renton, WA 98058

The following sample was selected for review during the unannounced on-site visit: 0 of 0 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 — 03.29.2024 (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.

LARISA MAIDENIUC Maideniuc 3/29/24
Provider (or Representative) Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 sampled staff (Staff A, Entity Representative) had two-step tuberculosis (TB) skin testing. This failure placed previous residents and potential residents (the AFH was licensed for 4 residents capacity but had no resident at the time of the visit) at risk of exposure to a communicable disease.

Findings included...

During an unannounced visit at the AFH on 03/26/2024 from 10:27 AM to 1:09 PM, Staff A was observed in the home with no resident.

In a telephone interview on 03/27/2024, Staff A stated that they took care of 6 or 7 previous residents since the AFH opened in 2018.

Review of personnel records showed the Staff A has been an Entity Representative since 11/07/2018. Staff A's records included a TB skin testing that was administered on 05/16/2017 and read with a negative result on 05/18/2017. Staff A's records included a doctor's note dated 02/28/2018 that says, "... A chest x-ray (a medical test that produces images of a part of the body) was not required".

In an interview on 03/26/2024, Staff A stated that they went twice to the clinic for the TB testing (one was the administration and the other was reading the result of the TB test) and thought that was a 2 step TB testing.

Attestation Statement

Statement of Deficiencies	License #: 753873	Compliance Determination # 38902
Plan of Correction	Carriage Lane Senior Living Facility LLC	Completion Date
Page 3 of 3	Licensee: Carriage Lane Senior Living Facility LLC	03/28/2024

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, Carriage Lane Senior Living Facility LLC is or will be in compliance with this law and / or regulation on (Date) 4/1/24 .

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

LARISA MAIDENIUC — Provider (or Representative)

4/1/24 — Date

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

03/29/2024

Carriage Lane Senior Living Facility LLC
Carriage Lane Senior Living Facility LLC
18162 146th Ave SE
Renton, WA 98058

RE: Carriage Lane Senior Living Facility LLC # 753873

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/28/2024 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:

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 388-76-10161 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.

During an unannounced visit to the Adult Family Home (AFH) on 03/26/2024 from 10:27 AM to 1:09 PM, Household Member (HM 4) over the age of 11 years old was observed in the AFH. In a telephone interview on 03/27/2024, Staff A, Entity Representative stated that HM 4 lived in the AFH since a month ago but did not have a background check (BGC). The AFH did not have a resident at the time of the visit since 11/11/2023. Staff A immediately completed a BGC on HM 4 that came back negative of any crime.

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 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