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

Ruby Matti Caring Professionals LLC

Ruby Matti Caring Professionals LLC
30042 14th Ave S
Federal Way, WA 98003

RE: Ruby Matti Caring Professionals LLC License # 753952

Dear Provider:

This letter addresses Compliance Determination(s) 47408 (Completion Date 09/17/2024) and 44938 (Completion Date 08/01/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/17/2024 and found that you have corrected the violations listed in the Full report dated 08/01/2024. Your home is back in compliance as of 08/25/2024 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 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10530-2, WAC 388-76-10532-2-c, WAC 388-76-10522-3, WAC 388-76-10522-6, WAC 388-76-10750-1, WAC 388-76-10750-6-c, WAC 388-76-10810-2-b, WAC 388-76-10430-2-d, WAC 388-76-10198-4, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10135-7, WAC 388-76-10135-4, WAC 388-112A-0610-1-f, WAC 388-76-10380-4

The Department staff who did the on-site verification:
Olga Petrov, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager

Region 2, Unit G
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

Statement of Deficiencies	License #: 753952	Compliance Determination #:44938
Plan of Correction	Ruby Matti Caring Professionals LLC	Completion Date
Page 1 of 16	Licensee: Ruby Matti Caring Professionals LLC	09/01/2024

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 07/29/2024 and 07/29/2024 at:
Ruby Matti Caring Professionals LLC
30042 14th Ave S
Federal Way, WA 98003

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Petrov, NCI

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

8-8-2024
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.

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 07/29/2024 and 07/29/2024 of:

Ruby Matti Caring Professionals LLC
30042 14th Ave S
Federal Way, WA 98003

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Petrov, NCI

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

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.

CAROLINE PRICE
Provider (or Representative)

08/14/2024
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 a system in place to ensure 1 of 1 resident with [redacted] (Resident 4) were assessed, care planned, and had risk and benefits explained before the use of [redacted]. This failure placed Resident 4 at risk of harm from entrapment and or injury if the [redacted] were not used properly or appropriate for individual resident use.

Findings included...

In an interview, on 07/29/2024 at 8:55 AM, Staff A, Entity Representative, stated that Resident 4 had severe cognition impairment, not interviewable, was a [redacted], was totally dependent on caregivers with transfers and was not able to position themselves and was on Hospice services (end of life).

During the environmental tour of the home on 07/29/2024 at 10:57 AM, observation showed Resident 4's bed had [redacted] up.

Observation showed Resident 4 was not able to answer the department representative's questions.

In an interview, on 07/29/2024 at 10:58 AM, when asked for why the home used [redacted] for Resident 4, Staff C, Caregiver stated that the home used [redacted] to prevent resident from falling from the bed.

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:

(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 a system in place to ensure 1 of 1 resident with [redacted] (Resident 4) were assessed, care planned, and had risk and benefits explained before the use of [redacted]. This failure placed Resident 4 at risk of harm from entrapment and or injury if the [redacted] were not used properly or appropriate for individual resident use.

Findings included…

In an interview, on 07/29/2024 at 8:55 AM, Staff A, Entity Representative, stated that Resident 4 had severe cognition impairment, not interviewable, was a [redacted] was totally dependent on caregivers with transfers and was not able to position themselves and was on Hospice services (end of life).

During the environmental tour of the home on 07/29/2024 at 10:57 AM, observation showed Resident 4's bed had [redacted] up.

Observation showed Resident 4 was not able to answer the department representative's questions.

In an interview, on 07/29/2024 at 10:58 AM, when asked for why the home used [redacted] for Resident 4, Staff C, Caregiver stated that the home used [redacted] to prevent resident from falling from the bed.

Review of records revealed the AFH admitted Resident 4 on [redacted]/2021. Resident 4's Annual assessment, dated 10/12/2023, showed they had severe cognition impairment, diagnosis of [redacted], required two-person assistance with transfer, received hospice services. The need for [redacted] use was not included in the assessment.

Resident 4's Negotiated Care Plan (NCP), dated 02/24/2020, showed Resident 4 needed assistance at night. Under bed mobility equipment/supply was documented "none." Resident 4's NCP had not included the need for use of a [redacted] and the related safety plans.

There was no documentation found in Resident 4's record that the home provided the resident 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.

In an interview, on 07/29/2024 at 11:20 AM, when asked why the home used [redacted] for Resident 4, Staff A stated that they used them for Resident 4's safety to prevent falls.

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, Ruby Matti Caring Professionals LLC is or will be in compliance with this law and / or regulation on .
(Date) 08/09/2024

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

CAROLINE PRICE
Provider (or Representative)

08/14/2024
Date

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.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure a written Notice of Services was provided to 6 of 6 resident, (Residents 1, 2, 3, 4, 5 and 6) every 24 months. This failure placed all six residents at risk of being unaware of house rules, services, and costs.

Review of records revealed the AFH admitted Resident 4 on [redacted]/2021. Resident 4's Annual assessment, dated 10/12/2023, showed they had severe cognition impairment, diagnosis of [redacted], required two-person assistance with transfer, received hospice services. The need for [redacted] use was not included in the assessment.

Resident 4's Negotiated Care Plan (NCP), dated 02/24/2020, showed Resident 4 needed assistance at night. Under bed mobility equipment/supply was documented "none." Resident 4's NCP had not included the need for use of a [redacted] and the related safety plans.

There was no documentation found in Resident 4's record that the home provided the resident 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.

In an interview, on 07/29/2024 at 11:20 AM, when asked why the home used [redacted] for Resident 4, Staff A stated that they used them for Resident 4's safety to prevent falls.

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, Ruby Matti Caring Professionals 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

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.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure a written Notice of Services was provided to 6 of 6 resident, (Residents 1, 2, 3, 4, 5 and 6) every 24 months. This failure placed all six residents at risk of being unaware of house rules, services, and costs.

Findings included...

Observation, on 07/29/2024 at 8:01 AM, found that Residents 1, 2, 3, 4, 5 and 6 lived in the AFH and received care and services from the AFH caregivers, including Staff A, Entity Representative, Staff B, Caregiver and Staff C, Caregiver.

Review of records revealed the initial Notice of Service (which included house rules, resident rights, services and activities provided, and charges for them) were signed by the residents or their representatives as follows. Resident 2's Notice of Service dated and signed on [redacted]/2021; Resident 4's dated and signed on [redacted]/2019; Resident 5's dated and signed on [redacted]/2019. Initial notice of services for Resident 1's dated [redacted]5/2022; Resident 3's Notice of Service dated [redacted]/2021 were not signed by Staff A and/or resident representative; and Resident 6's notice of services dated [redacted]/2021 was not signed by the resident's representative. There were no other admission agreements found in Residents 1, 2, 3, 4, 5 and 6's records.

In an interview, on 02/19/2024 at 8:55 AM, when asked about the timeframe to renew the Notice of Services, Staff A, stated that it was at the resident's admittance to the home. Staff A stated that they were not aware the notice of service needed to be reviewed every 24 months.

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, Ruby Matti Caring Professionals LLC is or will be in compliance with this law and / or regulation on (Date) 08/15/2024

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

CAROLINE PRICE — Provider (or Representative)

08/14/2024 — Date

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Findings included…

Observation, on 07/29/2024 at 8:01 AM, found that Residents 1, 2, 3, 4, 5 and 6 lived in the AFH and received care and services from the AFH caregivers, including Staff A, Entity Representative, Staff B, Caregiver and Staff C, Caregiver.

Review of records revealed the initial Notice of Service (which included house rules, resident rights, services and activities provided, and charges for them) were signed by the residents or their representatives as follows: Resident 2's Notice of Service dated and signed on [redacted]/2021; Resident 4's dated and signed on [redacted]/2019; Resident 5's dated and signed on [redacted]/2019. Initial notice of services for Resident 1's dated [redacted]/2022; Resident 3's Notice of Service dated [redacted]/2021 were not signed by Staff A and/or resident representative; and Resident 6's notice of services dated [redacted]/2021 was not signed by the resident's representative. There were no other admission agreements found in Residents 1, 2, 3, 4, 5 and 6's records.

In an interview, on 02/19/2024 at 8:55 AM, when asked about the timeframe to renew the Notice of Services, Staff A, stated that it was at the resident's admittance to the home. Staff A stated that they were not aware the notice of service needed to be reviewed every 24 months.

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, Ruby Matti Caring Professionals 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

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide a copy of a completed department's disclosure of charges form to all 6 of 6 current residents (Residents 1, 2, 3, 4, 5 and 6). This failure placed all residents at risk of not knowing the charges for care, services, and activities that the home provided.

Findings included...

Observation on 07/29/2024 at 8:01 AM, found Residents 1, 2, 3, 4, 5 and 6 lived in the AFH and received care and services from the AFH caregivers, including Staff A, Entity Representative, Staff B, Caregiver and Staff C, Caregiver.

Review of residents' records showed the home admitted residents as follows: Resident 1 on [redacted]/2022, Resident 2 on [redacted]/2021; Resident 3 on [redacted]/2021; Resident 4 on [redacted]/2019; Resident 5 on [redacted]/2019 and Resident 6 on [redacted]/2021.

Residents 1, 2, 3, 4, 5 and 6's records did not show a written acknowledgment that they had received a copy of the completed department's disclosure of charges form. None of the disclosure of charges forms for Residents 1, 2, 3, 4, 5 and 6 had been signed by the residents, or their representatives, and Staff A.

In an interview, on 04/04/2024 at 8:43 AM, Staff A stated that they did not know why the disclosure of charges forms were not signed.

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, Ruby Matti Caring Professionals LLC is or will be in compliance with this law and / or regulation on (Date) 08/15/2024

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

CAROLINE PRICE — Provider (or Representative)

08/14/2024 — Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(3) Be provided to all prospective residents, before admission to the home;

(6) Be signed and dated by the resident and kept in the resident record after signature.

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide a copy of a completed department's disclosure of charges form to all 6 of 6 current residents (Residents 1, 2, 3, 4, 5 and 6). This failure placed all residents at risk of not knowing the charges for care, services, and activities that the home provided.

Findings included…

Observation on 07/29/2024 at 8:01 AM, found Residents 1, 2, 3, 4, 5 and 6 lived in the AFH and received care and services from the AFH caregivers, including Staff A, Entity Representative, Staff B, Caregiver and Staff C, Caregiver.

Review of residents' records showed the home admitted residents as follows: Resident 1 on [redacted]/2022, Resident 2 on [redacted]/2021; Resident 3 on [redacted]/2021; Resident 4 on [redacted]/2019; Resident 5 on [redacted]/2019 and Resident 6 on [redacted]/2021.

Residents 1, 2, 3, 4, 5 and 6's records did not show a written acknowledgment that they had received a copy of the completed department's disclosure of charges form. None of the disclosure of charges forms for Residents 1, 2, 3, 4, 5 and 6 had been signed by the residents, or their representatives, and Staff A.

In an interview, on 04/04/2024 at 8:43 AM, Staff A stated that they did not know why the disclosure of charges forms were not signed.

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, Ruby Matti Caring Professionals 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

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(3) Be provided to all prospective residents, before admission to the home;

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to provide 2 of 6 residents (Residents 5 and 6) a disclosure of their policy on accepting Medicaid payments. In addition, the home failed to ensure the home's policy on accepting Medicaid as a payment source was signed by 4 of 6 residents (Residents 1, 2, 3 and 4) or their representatives. These failures placed Residents 1, 2, 3, 4, 5, 6, and their representatives at risk of not knowing their rights in terms of payments options and sources.

Findings included...

Review of residents' records showed the home admitted residents as follows: Resident 1 on [redacted]/2022, Resident 2 on [redacted]/2021; Resident 3 on [redacted]/2021; Resident 4 on [redacted]/2019, Resident 5 on [redacted]/2019 and Resident 6 on [redacted]/2021.

Review of Residents 5 and 6's record showed no written, dated, and signed policy on the home accepting Medicaid as a payment source.
In an interview on 07/29/2024 at 9:10 AM Staff A, Entity Representative stated that they thought they had one for Residents 5 and 6, but they could not find it.

Review of Residents 1, 2, 3 and 4s' records showed a Medicaid conversion policy. The Medicaid conversion policies of the home were not dated and/or signed by the residents or their representatives.

In interview on 07/29/2024 at 9:10 AM, Staff A said they did not sign the documents.

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, Ruby Matti Caring Professionals LLC is or will be in compliance with this law and / or regulation on (Date) 08/25/2024

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

CAROLINE PRICE — Provider (or Representative)

08/14/2024 — Date

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to provide 2 of 6 residents (Residents 5 and 6) a disclosure of their policy on accepting Medicaid payments. In addition, the home failed to ensure the home's policy on accepting Medicaid as a payment source was signed by 4 of 6 residents (Residents 1, 2, 3 and 4) or their representatives. These failures placed Residents 1, 2, 3, 4, 5, 6, and their representatives at risk of not knowing their rights in terms of payments options and sources.

Findings included…

Review of residents' records showed the home admitted residents as follows: Resident 1 on [redacted]/2022, Resident 2 on [redacted]/2021; Resident 3 on [redacted]/2021; Resident 4 on [redacted]/2019; Resident 5 on [redacted]/2019 and Resident 6 on [redacted]/2021.

Review of Residents 5 and 6's record showed no written, dated, and signed policy on the home accepting Medicaid as a payment source.
In an interview on 07/29/2024 at 9:10 AM Staff A, Entity Representative stated that they thought they had one for Residents 5 and 6, but they could not find it.

Review of Residents 1, 2, 3 and 4s' records showed a Medicaid conversion policy. The Medicaid conversion policies of the home were not dated and/or signed by the residents or their representatives.

In interview on 07/29/2024 at 9:10 AM, Staff A said they did not sign the documents.

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, Ruby Matti Caring Professionals 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

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;

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep 1 of 1 home internally clean, with a safe and sanitary environment free of hazards. In addition, the home failed to ensure the water temperature in 2 of 2 community bathrooms (Bathrooms 1 and 2) were not below 105 degrees Fahrenheit, all six residents at risk of a receiving cold shower and at risk of injury from unsafe conditions and a decreased quality of life.

Findings included…

Observation, on 07/29/2024 at 8:01 AM, found Residents 1, 2, 3, 4, 5 and 6 lived in the AFH and received care and services from the AFH caregivers, including Staff A, Entity Representative, Staff B, Caregiver and Staff C, Caregiver.

During a tour of the home, on 07/29/2024 at 10:50 AM, the following were observed inside the home: yellowish colored hallway's walls, dining room walls and entrance walls had brownish color discoloration on the walls and black marks on them. Bedroom [redacted] occupied by Resident 1 had a white colored plastic blinds on the window. The blinds were broken in several places and broken in the center with opening of 12 inches by 12 inches.

The community bathroom (Bathroom 1) in the bedrooms' hallway, the outside white colored door trim (on the left at the entrance to the bathroom, had chipped paint and scratched. There was a tiled walk-in shower in the community bathroom that was used by all residents. The corner of the shower's walls and the shower floor had had a black coating of organic matter, resembling mold, by the perimeter of it. There was matter that was a pink color discoloration, resembling mold, on the tiles of the walk -in shower walls. The wall separated the walk-in shower and toilet had rusty colored discoloration and black marks at the bottom of the wall. There was a brown coating of organic matter on the floor around the toilet.

Observation on 07/29/2024 at 10:57 AM, showed the water temperature in the sink of the community bathroom (Bathroom 2), used by all residents, was 101.9 degrees Fahrenheit.

Observation on 07/29/2024 at 11:07 AM, showed the water temperature in the sink of the community bathroom (Bathroom 1), used by all residents, was 100.8 degrees Fahrenheit.

In an interview on 07/29/2024 at 11:10 AM, Staff A stated that they needed to paint the home's walls and clean the bathroom. Staff A stated that they were not aware of the temperature requirement and added they would adjust the water temperature.

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, Ruby Matti Caring Professionals LLC is or will be in compliance with this law and / or regulation on (Date) 08/23/2024

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

CAROLINE PRICE — 18/14/2024

Provider, or Representative) — Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 fire extinguishers was serviced annually. This failure placed all residents at risk of harm in the event of a fire emergency, and the fire extinguishers did not function.

Finding included...

During the tour of the home, on 07/29/2024 at 11:11 AM, observed a fire extinguisher on the wall in the kitchens cabinet. The fire extinguishers had an attached purchase receipt to it, with a purchase date 03/11/2023.

In an interview on 07/29/2024 at 11:13 AM, Staff A, Entity Representative, stated that they thought that the fire extinguisher was still good, and they purchase it in November of last year.

Observation on 07/29/2024 at 11:07 AM, showed the water temperature in the sink of the community bathroom (Bathroom 1), used by all residents, was 100.8 degrees Fahrenheit.

In an interview on 07/29/2024 at 11:10 AM, Staff A stated that they needed to paint the home's walls and clean the bathroom. Staff A stated that they were not aware of the temperature requirement and added they would adjust the water temperature.

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, Ruby Matti Caring Professionals 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

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 fire extinguishers was serviced annually. This failure placed all residents at risk of harm in the event of a fire emergency, and the fire extinguishers did not function.

Finding included…

During the tour of the home, on 07/29/2024 at 11:11 AM, observed a fire extinguisher on the wall in the kitchen cabinet. The fire extinguishers had an attached purchase receipt to it, with a purchase date 03/11/2023.

In an interview on 07/29/2024 at 11:13 AM, Staff A, Entity Representative, stated that they thought that the fire extinguisher was still good, and they purchase it in November of last year.

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, Ruby Matti Caring Professionals LLC is or will be in compliance with this law and / or regulation on (Date) 08/14/2024

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

CAROLINE PRICE — Provider (or Representative)

08/14/2024 — Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Adult Family Home (AFH) did not have "as needed" (PRN) medications available for 1 of 2 sampled residents (Resident 2). This failure placed the resident at risk of unmet medication needs.

Findings included...

In an interview on 07/29/2024 at 8:55 AM, Staff A, Entity Representative stated that they assisted Resident 2 with all their medications.

Observation on 07/29/2024 at 9:48 AM showed Resident 2's medications in a plastic bin.

Review of Resident 2's record showed July 2024 pharmacy generated Medication Administration Record (MAR). The following medications, listed on Resident 2's July 2024 MAR were not available: Lidocaine patches (used to treat pain), apply 1 patch once a day, PRN for pain, Oxycodone (for pain) 5 mg (milligram), take 1 tablet (tab), every 4 hours PRN for pain; Zolpidem (for sleep) 5 mg, 1 tab at bedtime PRN sleep.

On 07/29/2024 at 9:59 AM, Staff A stated that Resident 2 never had they supply of the PRN medications at the AFH, and Staff A should have gotten an order from the

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, Ruby Matti Caring Professionals 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

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Adult Family Home (AFH) did not have “as needed” (PRN) medications available for 1 of 2 sampled residents (Resident 2). This failure placed the resident at risk of unmet medication needs.

Findings included...

In an interview on 07/29/2024 at 8:55 AM, Staff A, Entity Representative stated that they assisted Resident 2 with all their medications.

Observation on 07/29/2024 at 9:48 AM showed Resident 2's medications in a plastic bin.

Review of Resident 2’s record showed July 2024 pharmacy generated Medication Administration Record (MAR). The following medications, listed on Resident 2's July 2024 MAR were not available: Lidocaine patches (used to treat pain), apply 1 patch once a day, PRN for pain; Oxycodone (for pain) 5 mg (milligram), take 1 tablet (tab), every 4 hours PRN for pain; Zolpidem (for sleep) 5 mg, 1 tab at bedtime PRN sleep.

On 07/29/2024 at 9:58 AM, Staff A stated that Resident 2 never had they supply of the PRN medications at the AFH, and Staff A should have gotten an order from the

resident's doctor to discontinue them.

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, Ruby Matti Caring Professionals LLC is or will be in compliance with this law and / or regulation on (Date) 08/23/2024

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

CAROLWE PRICE — Provider (or Representative)

08/24/2024 — Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

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 4 sampled caregivers, (Staff B, Caregiver) had a fingerprint background result readily available to review. This failure delayed the department from determining if Staff B was a qualified to care for vulnerable adults in the AFH.

Findings included...

Observation on 07/29/2024 at 7:56 AM showed Staff B answered the door. Staff B and Staff C, Caregiver found with six residents (Residents 1, 2, 3, 4, 5 and 6) in the home.

In interview, on 07/29/2024 at 8:55 AM, Staff A, Entity Representative, stated that Staff B was live-in caregiver and worked full time.

Review of Caregiver B's records revealed a hire date of 12/23/2024 and had a pending based on fingerprint result done on 04/25/2024 with negative results. There was no record of a final national fingerprint-based background check found for Staff B.

In an interview on 07/29/2024 at 9:15 AM, Staff A stated that Staff B had a fingerprint-

resident's doctor to discontinue them.

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, Ruby Matti Caring Professionals 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

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

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 4 sampled caregivers, (Staff B, Caregiver) had a fingerprint background result readily available to review. This failure delayed the department from determining if Staff B was a qualified to care for vulnerable adults in the AFH.

Findings included...

Observation on 07/29/2024 at 7:56 AM showed Staff B answered the door. Staff B and Staff C, Caregiver found with six residents (Residents 1, 2, 3, 4, 5 and 6) in the home.

In interview, on 07/29/2024 at 8:55 AM, Staff A, Entity Representative, stated that Staff B was live-in caregiver and worked full time.

Review of Caregiver B's records revealed a hire date of 12/23/2024 and had a pending based on fingerprint result done on 04/25/2024 with negative results. There was no record of a final national fingerprint-based background check found for Staff B.

In an interview on 07/29/2024 at 9:15 AM, Staff A stated that Staff B had a fingerprint-

based background check done and they would forward it to the department.

As of 07/30/2024, no Staff B's fingerprint-based background check result had been received by the department.

In a phone interview on 07/30/2024 at 10:26 AM, Staff A stated that they could not locate the record of Staff B's fingerprint-based background check result.

On 08/01/2024, the department received an email from background unit that verified that Staff B completed fingerprint-based background check on 04/18/2024.

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, Ruby Matti Caring Professionals LLC is or will be in compliance with this law and / or regulation on (Date) 08/12/2024.

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

CAROLINE PRICE — Provider (or Representative)

08/14/2024 — Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a valid Washington state name and date of birth Background Inquiry (BGI) was obtained for 1 of 4 caregivers (Staff A, Entity Representative) and no new background authorization form was submitted to the background check unit for Staff A. This failure placed all 6 residents at risk of harm from a caregiver with an unknown criminal background.

based background check done and they would forward it to the department.

As of 07/30/2024, no Staff B's fingerprint-based background check result had been received by the department.

In a phone interview on 07/30/2024 at 10:25 AM, Staff A stated that they could not locate the record of Staff B's fingerprint-based background check result.

On 08/01/2024, the department received an email from background unit that verified that Staff B completed fingerprint-based background check on 04/19/2024.

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, Ruby Matti Caring Professionals 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

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a valid Washington state name and date of birth Background Inquiry (BGI) was obtained for 1 of 4 caregivers (Staff A, Entity Representative) and no new background authorization form was submitted to the background check unit for Staff A. This failure placed all 6 residents at risk of harm from a caregiver with an unknown criminal background.

Findings included...

Observation on 07/29/2024 at 8:42 AM, found Residents 1, 2, 3, 4, 5 and 6 lived in the AFH and received care and services from the AFH caregivers, including Staff A, Staff B, Caregiver and Staff C, Caregiver.

In interview on 07/29/2024 at 8:50 AM, Staff A stated that they visited the home every day and worked at the home as a caregiver as needed.

Review of staff records revealed Staff A's BGI results expired on 03/18/2024. There was no new background authorization form found for Staff A.

In interview, on 07/29/2024 at 9:15 AM, Staff A stated that they would forward Staff A's background check to the department. As of 07/30/2024, no Staff A's background check result had been received by the department.

In a phone interview, on 07/30/2024 at 10:25 AM, Staff A stated that they did not have Staff A's BGI result. Staff A stated that would apply for the new background check. Staff A stated that they were sorry.

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, Ruby Matti Caring Professionals LLC is or will be in compliance with this law and / or regulation on
(Date) 08/14/2024

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

CAROLYNE PRICE — Provider (or Representative)

08/14/2024 — Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

Findings included…

Observation on 07/29/2024 at 8:42 AM, found Residents 1, 2, 3, 4, 5 and 6 lived in the AFH and received care and services from the AFH caregivers, including Staff A, Staff B, Caregiver and Staff C, Caregiver.

In interview on 07/29/2024 at 8:50 AM, Staff A stated that they visited the home every day and worked at the home as a caregiver as needed.

Review of staff records revealed Staff A's BGI results expired on 03/18/2024. There was no new background authorization form found for Staff A.

In interview, on 07/29/2024 at 9:15 AM, Staff A stated that they would forward Staff A's background check to the department. As of 07/30/2024, no Staff A's background check result had been received by the department.

In a phone interview, on 07/30/2024 at 10:25 AM, Staff A stated that they did not have Staff A's BGI result. Staff A stated that would apply for the new background check. Staff A stated that they were sorry.

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, Ruby Matti Caring Professionals 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

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

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 2 sampled caregivers (Staff A, Entity Representative) had a valid Cardio-Pulmonary Resuscitation (CPR) and First Aid (1st aid) certificate. In addition, Staff A did not have a safe food handling training. These failures placed all six residents at risk of receiving incorrect care in the case of a medical emergency and at risk for food borne illnesses related to food handling issues.

Findings included...

Observation, on 07/29/2024 at 8:01 AM, found Residents 1, 2, 3, 4, 5 and 6 lived in the AFH and received care and services from the AFH caregivers, including Staff A, Staff B, Caregiver and Staff C, Caregiver.

In interview on 07/29/2024 at 8:50 AM, Staff A stated that they visited the home every day and worked at the home as a caregiver as needed.

CPR/1st aid
Review of staff records showed Staff A showed CPR/1st aid certificate expired on 12/28/2022. Staff A’s record did not show a current CPR/1st aid certificate.

In an interview, on 07/29/2024 at 9:15 AM, Staff A stated that they have their certificate and would forward it to the department.

On 07/30/24 11:01 AM, the department received an email from Staff A that showed Staff A’s CPR/ 1st aid certificate, dated 07/29/2024 (the date of the full inspection of the home).

In a phone interview on 07/30/2024 2:14 PM, Staff A stated they took CPR class after the inspection.

Food Safety Training
Review of staff record showed Staff A's food worker card with expiration date on 12/31/2022. Review of Staff A's record showed no current food safety training certificate.

In an interview, on 07/29/2024 at 9:15 AM, Staff A stated that they would send their food safety training to the department.

On 7/30/2024 11:01 AM, the department received an email from Staff A that showed Staff A's food worker card, dated 07/30/2024 (the date after the full inspection of the home).

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, Ruby Matti Caring Professionals LLC is or will be in compliance with this law and / or regulation on
(Date) 07/30/2024 07/30/2024

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

CAROLINE PRICE
Provider (or Representative)

08/14/2024
Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to review and sign the Negotiated Care Plans of 5 of 6 current residents (Residents 1, 2, 4, 5 and 6) at least every twelve months. This placed the Residents 1, 2, 4, 5 and 6 at risk of unmet needs.

Findings included...

In interview, on 07/29/2024 at 8:55 AM, Staff A, Entity Representative, stated that the home assisted all five (Residents 1, 2, 4, 5 and 6) residents with their medications.

Food Safety Training
Review of staff record showed Staff A's food worker card with expiration date on 12/31/2022. Review of Staff A's record showed no current food safety training certificate.

In an interview, on 07/29/2024 at 9:15 AM, Staff A stated that they would send their food safety training to the department.

On 7/30/2024 11:01 AM, the department received an email from Staff A that showed Staff A's food worker card, dated 07/30/2024 (the date after the full inspection of the home).

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, Ruby Matti Caring Professionals 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

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to review and sign the Negotiated Care Plans of 5 of 6 current residents (Residents 1, 2, 4, 5 and 6) at least every twelve months. This placed the Residents 1, 2, 4, 5 and 6 at risk of unmet needs.

Findings included…

In interview, on 07/29/2024 at 8:55 AM, Staff A, Entity Representative, stated that the home assisted all five (Residents 1, 2, 4, 5 and 6) residents with their medications,

prepared all their meals, and offered them hands-on assistance, cues and reminders for their personal care.
Staff A stated that Resident 4 had severe cognition impairment, not interviewable, was [redacted], totally depended on caregivers with transfers, not able to position themselves, and on Hospice services (end of life).

Review of records revealed Resident 1's NCP dated 11/25/2022 was signed by Staff A on 11/25/2022 and not signed by the resident's representative. On the top of the front page of the NCP was handwritten "reviewed 08/03/2023." The NCP was not signed in 2023.

Resident 2's NCP was last reviewed and signed by the resident's representative on 04/20/2022, by Staff A on 09/27/2021. On the top of the front page of the NCP was handwritten "reviewed 02/10/2023." The NCP was not signed by resident and/or their representative in 2023.

Resident 4's record showed the home admitted to the home on [redacted]/2021. There was no signature page on the NCP. Resident 4's "updated" NCP dated 02/24/2020 showed that Resident 4 was independent with their mobility, needs minimal assistance in the bed; used bathroom with assistance and preferred socializing. The resident's NCP was not reviewed and signed by the resident's representative and by Staff A in 2020, 2021, 2022, 2023 and 2024.

Resident 5's NCP was last reviewed and signed by the resident's representative on 06/23/2022 and by Staff A on 02/08/2023. On the top of the front page of the NCP was handwritten "reviewed 02/08/2023." The NCP was not signed as reviewed by resident representative in 2023 and 2024.

Resident 6's NCP was last reviewed and signed by the resident's on 01/22/2022; by Staff A on 01/13/2023. On the top of the front page of the NCP was handwritten "reviewed 02/10/2023." The NCP was not signed as reviewed by the resident or resident representative in 2023 and 2024.

In an interview on 07/29/2024 at 9:20 AM, when asked what the time frame for NCP review was, Staff A stated the NCP should be reviewed and signed every year or when resident had a significant change in their condition. Staff A stated that they reviewed residents' NCPs, but they were not signed by residents' representatives.

Attestation Statement

Statement of Deficiencies	License #: 753952	Compliance Determination # 44936
Plan of Correction	Ruby Matti Caring Professionals LLC	Completion Date
Page of 16	Licensee: Ruby Matti Caring Professionals LLC	08/01/2024

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, Ruby Matti Caring Professionals LLC is or will be in compliance with this law and / or regulation on (Date) 08/16/2024

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

CAROLINE PRICE — Provider (or Representative)

08/14/2024 — Date

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, Ruby Matti Caring Professionals 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