STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Blue Goose Care Center 2 LLC
Blue Goose Care Center 2
3781 Thayer Rd NE
Moses Lake, WA 98837

RE: Blue Goose Care Center 2 License # 753956

Dear Provider:

This letter addresses Compliance Determination(s) 29158 (Completion Date 09/07/2023) and 27149 (Completion Date 08/01/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/07/2023 and found that you have corrected the violations listed in the Full report dated 08/01/2023. Your home is back in compliance as of 08/08/2023 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the off-site verification:
Melanie Hopkins, NHI-AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 753956	Compliance Determination # 27149
Plan of Correction	Blue Goose Care Center 2	Completion Date
Page 1 of 3	Licensee: Blue Goose Care Center 2 LLC	08/01/2023

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 07/25/2023 and 07/26/2023 of:
Blue Goose Care Center 2
3781 Thayer Rd NE
Moses Lake, WA 98837

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner
Residential Care Services

08/08/2023
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.

VERONICA NGANGA
Provider (or Representative)

8/8/2023
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 observation, record review and interview, the Adult Family Home (AFH) failed to have a date of birth background check (BGI) for 1 of 1 household member (HH1). This failure placed the residents at risk for an unqualified person living in the home with unsupervised access to residents

Findings included . . .

In an observation on 07/25/2023 at 2:30 PM, HH1, household member, was seen walking from the AFH to their car on the property.

On 07/25/2023 at 4:00 PM, department record review showed BGI for HH1 had expired on 11/20/2022

In an interview on 07/07/2023 at 4:00 PM, Staff A provider, stated that HH1 stays at the AFH in the staff/provider living area when they are home during college breaks. Staff A stated that they were not aware a BGI was needed for HH1 as they did not stay in the home continuously.

Attestation Statement

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 observation, record review and interview, the Adult Family Home (AFH) failed to have a date of birth background check (BGI) for 1 of 1 household member (HH1). This failure placed the residents at risk for an unqualified person living in the home with unsupervised access to residents.

Findings included . . .

In an observation on 07/25/2023 at 2:30 PM, HH1, household member, was seen walking from the AFH to their car on the property.

On 07/25/2023 at 4:00 PM, department record review showed BGI for HH1 had expired on 11/201/2022.

In an interview on 07/07/2023 at 4:00 PM, Staff A, provider, stated that HH1 stays at the AFH in the staff/provider living area when they are home during college breaks. Staff A stated that they were not aware a BGI was needed for HH1 as they did not stay in the home continuously.

Attestation Statement

Statement of Deficiencies	License # 753956	Compliance Determination # 27149
Plan of Correction	Blue Goose Care Center 2	Completion Date
Page 3 of 3	Licensee: Blue Goose Care Center 2 LLC	08/01/2023

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, Blue Goose Care Center 2 is or will be in compliance with this law and / or regulation on (Date) 8/8/2023

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

VERONICA WANGANGA
Provider (or Representative)

8/8/2023
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Blue Goose Care Center 2 LLC
Blue Goose Care Center 2
3781 Thayer Rd NE
Moses Lake, WA 98837

RE: Blue Goose Care Center 2 # 753956

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/01/2023 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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

Union Gap, WA 98903

• 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

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

The Adult Family Home did not create and follow a written Respiratory Protection Program.

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 (509)572-7394.

Sincerely,

Michelle Closner
Michelle Closner, Field Manager
Region 1, Unit C
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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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

DATE: 8/8/2023

TO: Department of Social and Health Services

FROM: Veronica Nganga, Provider at Blue Goose Care Center 2 AFH

Hi,

Thank you for the inspection on7/25/2023at my home at 3781 Thayer Rd Ne, Moses Lake, WA, 98837. I received the report on 8/8/2023. I am now in compliance after creating a respiratory protection program as required and I will follow this program in all my homes from now on. I sent Melanie Hopkins a copy of this program which she acknowledged by email. I also run a background check on one family member Peter Nganga who had visited the home and was residing there at the time of your visit. I sent Melanie Hopkins a copy of the background check results which she also acknowledged by email.

Thank you.

Yours sincerely,

Veronica Nganga

Owner/Provider, Blue Goose Care Center 2 LLC AFH