STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Better Place Adult Family Home #3 LLC

Better Place Adult Family Home #3 LLC
629 21st St SE
Puyallup, WA 98372

RE: Better Place Adult Family Home #3 LLC License # 753969

Dear Provider:

This letter addresses Compliance Determination(s) 38907 (Completion Date 03/26/2024) and 36158 (Completion Date 02/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/26/2024 and found that you have corrected the violations listed in the Full report dated 02/12/2024. Your home is back in compliance as of 02/14/2024 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10176-2, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Emily Vincent, AFH Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 753969	Compliance Determination # 36158
Plan of Correction	Better Place Adult Family Home #3 LLC	Completion Date
Page 1 of 6	Licensee: Better Place Adult Family Home #3 LLC	02/12/2024

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 01/31/2024 and 01/31/2024 of:
Better Place Adult Family Home #3 LLC
703 21st ST SE
Puyallup, WA 98372

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Emily Vincent, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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 — 02/12/2024 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)

2-14-24
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 reviews, the adult family home (AFH) failed to ensure 2 of 4 staff (Resident Manager and Caregiver A) had a Washington (WA) state name and date of birth (DOB) background check every two years as required. This failure placed all residents at risk of unsupervised access by caregivers with a disqualifying criminal background.

Findings included...

Review of the Resident Manager's personnel file showed their WA state name and DOB background check result expired on 04/04/2023, and there was no new background check authorization form or valid background check result in the Resident Manager's file.

Review of Caregiver A's personnel file showed their WA state name and DOB background check result expired on 04/02/2023, and there was no new background check authorization form or valid background check result in Caregiver A's file.

On 02/06/2024 at 4:40 PM in an interview, the AFH Provider said they were not aware the WA state name and DOB background check results in the Resident Manager's and Caregiver A's personnel files had expired.

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, Better Place Adult Family Home #3 LLC is or will be in compliance with this law and / or regulation on (Date) 2-6-24.

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

Provider (or Representative) — Date: 2-14-24

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 4 staff (Caregiver B) hired after 01/07/2012, had a pending national fingerprint (NFP) background check result within 120 days of employment. This failure placed all residents at risk of unsupervised access by a caregiver with a disqualifying criminal background.

Findings included...

Review of Caregiver B's personnel file showed their date of hire (DOH) as 06/09/2023, but there was no evidence of a NFP background check result in their personnel file.

On 02/08/2024 at 4:40 PM in an interview, the AFH Provider said they thought Caregiver B had a NFP background check result because Caregiver B got fingerprinted. The Provider said they were not aware Caregiver B had not submitted their fingerprints for a background check within 120 days of their employment.

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, Better Place Adult Family Home #3 LLC is or will be in compliance with this law and / or regulation on (Date) 2-14-24.

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

Provider (or Representative) | Date: 2-14-24

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, interview and record reviews, the adult family home (AFH) failed to ensure 2 of 6 residents (Resident 5 and Resident 6) received their medication as prescribed. This failure placed Resident 5 and Resident 6 at risk of health complications.

Findings included...

Resident 5
On 01/31/2024 at 11:00 AM, an observation of Resident 5's medication supply showed a bottle of 500 milligram (mg) Calcium gummies (a bone health supplement).

A review of Resident 5's January 2024 medication administration record (MAR) and medication orders showed Calcium Antacid 750 mg tablet, take 2 tablets (1500 mg) by mouth every morning.

On 01/31/2024 at 11:00 AM in an interview, the Resident Manager said they gave Resident 5 one Calcium gummy every morning (500 mg, instead of 1500 mg as ordered).

On 01/31/2024 at 11:00 AM, an observation of Resident 5's medication supply showed a bottle of 1500 mg Glucosamine tablets (a natural compound found in cartilage that cushions the joints).

A review of Resident 5's January 2024 MAR and medication orders showed Glucosamine

500 mg capsules, take 2 capsules (1000 mg) by mouth every morning.

On 01/31/2024 at 11:00 AM in an interview, the Resident Manager said they gave Resident 5 one tablet of the Glucosamine every morning (1500 mg, instead of 1000 mg as ordered).

The Resident Manager said the Calcium and Glucosamine supplements were supplied by Resident 5's family. The Resident Manager was unaware the Calcium gummies and Glucosamine tablets provided by Resident 5's family were not the correct dosages.

Resident 6
A review of Resident 6's January 2024 MAR and medication orders showed Bupropion (treatment for depression) 100 mg tablet, take 1 tablet by mouth twice daily. The MAR also showed an order for Finasteride (treatment for enlarged prostate, an organ of the male reproductive system) 5 mg tablet, take 1 tablet by mouth daily at bedtime.

On 01/31/2024 at 11:10 AM, an observation of Resident 6's medication supply showed no evidence of Bupropion or Finasteride.

On 01/31/2024 at 11:10 AM in an interview, the Resident Manager said the pharmacy had not sent Resident 6's Bupropion or Finasteride in weeks. The Resident Manager said they contacted the pharmacy, but there were no refills remaining. The pharmacy was waiting for a new prescription from Resident 6's healthcare provider (HP). The Resident Manager said Resident 6 had not allowed caregivers to contact their HP, but Resident 6 said they had an appointment scheduled in January. The Resident Manager said, to their knowledge, Resident 6 had not seen their HP to-date.

Review of Resident 6's assessment dated 02/23/2023, showed Resident 6 required assistance with managing their medications. The AFH was responsible for ordering and ensuring Resident 6 received their medications as ordered.

Revie of Resident 6's progress notes showed no documentation of the medication issue since 11/28/2023. The home had not taken further action to resolve the medication discrepancy for over two 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, Better Place Adult Family Home #3 LLC is or will be in compliance with this law and / or regulation on
(Date) 2-14-24 .

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

Provider (or Representative)

2-14-24
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Better Place Adult Family Home #3 LLC
Better Place Adult Family Home #3 LLC
629 21st St SE
Puyallup, WA 98372

RE: Better Place Adult Family Home #3 LLC # 753969

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/12/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10265 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;

The adult family home (AFH) did not ensure Caregiver A initiated tuberculosis (TB, an infectious respiratory disease) testing within three days of employment or ensure Caregiver B completed the second step of their two-step TB skin test within three weeks of their first TB skin test. Caregiver A and Caregiver B completed their TB testing, but not within the required timelines.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The adult family home (AFH) did not have a documented personal belongings inventory in Resident 6's record. The AFH Provider ensured Resident 6 completed, signed, and dated their itemized personal belongings inventory and placed a copy of the form in Resident 6's record before the completion of the licensing inspection.

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

(c) At the resident's request or at the request of the resident's representative; or

The adult family home (AFH) did not ensure Resident 6 had an accurate assessment of their medication management needs when Resident 6's functional abilities improved, and their negotiated care plan (NCP) no longer reflected Resident 6's ability and preference to manage their own medications. The AFH had Resident 6's functional ability to manage

medication assessed and updated Resident 6's NCP to show Resident 6 was capable and preferred to manage their own medication independently before the completion of the licensing inspection.

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.

The adult family home (AFH) did not ensure Resident 5 and Resident 6 reviewed and signed the home's standardized Disclosure of Charges form before they moved into the home. The AFH Provider had Resident 5 and Resident 6 each review and sign the home's Disclosure of Charges form before the completion of the licensing inspection.

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

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

The adult family home (AFH) did not ensure unsupervised residents were unable to access toxic cleaning supplies found in an unlocked closet. Residents had not attempted to access the closet and a caregiver secured the cleaning supplies during the licensing inspection after they were made aware.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

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 .

The adult family home (AFH) did not ensure the Resident Manager and Caregiver A , who both handled and prepared food, completed the half hour of Safe Food Handling continuing education (CE) before their birthdays in 2023. The Resident Manager and Caregiver A completed the required half hour of Safe Food Handling CE before the

completion of the licensing inspection.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

The adult family home (AFH) did not ensure the cardiopulmonary resuscitation (CPR) and first aid training taken by the Resident Manager and Caregiver A, met Occupational Safety and Health Administration (OSHA) guidelines to include a hands-on training component in addition to the online training. The Resident Manager and Caregiver A completed a CPR/first aid training that met OSHA guidelines before the completion of the licensing inspection.

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)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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 IDR**s 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