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

EUROPEAN CARE HOME INC
European Care Home Inc
3716 55th Ave SW
SEATTLE, WA 98116

RE: European Care Home Inc License # 754040

Dear Provider:

This letter addresses Compliance Determination(s) 36553 (Completion Date 02/08/2024) and 33802 (Completion Date 12/27/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/08/2024 and found that you have corrected the violations listed in the Follow up report dated 12/27/2023. Your home is back in compliance as of 01/04/2024 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 388-76-10015-1

The Department staff who did the off-site verification:
Jimmie Jordan, NCI

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

Sincerely,

Ann Lee-Hunter

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

Rx 206-571-6791
Attn: Tina
Pg 1 of 4

Mailed on
1/5/2024

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

Statement of Deficiencies	License #: 754040	Compliance Determination # 33802
Plan of Correction	European Care Home Inc	Completion Date
Page 1 of 3	Licensee: EUROPEAN CARE HOME INC	12/27/2023

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 an unannounced on-site follow-up on 12/12/2023 and 12/12/2023 of:
European Care Home Inc
3716 55th Ave SW
SEATTLE, WA 98116

This document references the following SOD dated: 12/27/2023

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Ann Lee-Hunter
Residential Care Services

12/29/2023
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.

Statement of Deficiencies	License #: 754040	Compliance Determination # 33802
Plan of Correction	European Care Home Inc	Completion Date
Page 2 of 3	Licensee: EUROPEAN CARE HOME INC	12/27/2023

Marina Lin
Provider (or Representative)

12/29/2023
Date

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to respiratory protection by failing to provide 5 of 5 Staff members (Staff A, B, C, D and E) with fit testing, medical clearance approval to wear a respirator, training, record keeping, and a written Respiratory Protection Program (RPP). Failure to implement a RPP placed employees and residents at risk for contracting COVID-19 (COVID-19 is an infectious disease by a new virus causing respiratory illness that could result in severe impairment or death).

Findings Included...

NOTE: Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must include specific elements, including medical clearance approval to wear a respirator, initial and annual fit testing, annual training, record keeping, written program, designated administrator and identification of respiratory hazards in the workplace. COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability and death. Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094) and a duty to prevent the spread of infection to residents in their facility.

Review of the AFH records on 12/12/2023 showed the AFH had no RPP. The AFH had no records to show; Staff A (Provider), Staff B (Resident Manager), Staff C (Caregiver), Staff D (Caregiver), and Staff E (Caregiver) had been fit tested for a N95 respirator, no records of medical clearance approval to wear a respirator and no training on respirator use.

During an interview on 12/12/2023 at 2:00 PM Staff B (Resident Manager) stated that they do not have a RPP and that no staff have been fit tested to wear a N95 respirator. Staff B stated that they are working on it.

During an interview on 12/13/2023 at 10:15 AM, Staff A (Provider) stated that they

Statement of Deficiencies	License #: 754040	Compliance Determination # 33802
Plan of Correction	European Care Home Inc	Completion Date
Page 3 of 3	Licensee: EUROPEAN CARE HOME INC	12/27/2023

completed a RPP, but did not send it to the AFH or to the department. Staff A stated that they have no records of any staff being fit tested to wear a N95 respirator.

This is an uncorrected deficiency previously cited on 10/17/2023.

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, European Care Home Inc is or will be in compliance with this law and / or regulation on (Date) 1/04/2024.

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

Marina Lisin 12/29/2023

Provider (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 754040	Compliance Determination # 29567
Plan of Correction	European Care Home Inc	Completion Date
Page 1 of 10	Licensee: EUROPEAN CARE HOME INC	10/17/2023

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 09/14/2023 and 09/14/2023 of:

European Care Home Inc
3716 55th Ave SW
SEATTLE, WA 98116

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Ann Lee-Hunter
Residential Care Services

10/20/2023
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.

Marina Lin
Provider (or Representative)

11/03/2023
Date

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to respiratory protection by failing to provide 5 of 5 Staff members (Staff A, B, C, D and E) with fit testing, medical clearance approval to wear a respirator, training, record keeping, and a written Respiratory Protection Program (RPP). Failure to implement a RPP placed employees and residents at risk for contracting COVID-19 (COVID-19 is an infectious disease by a new virus causing respiratory illness that could result in severe impairment or death).

Findings included...

NOTE: Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must include specific elements, including medical clearance approval to wear a respirator, initial and annual fit testing, annual training, record keeping, written program, designated administrator and identification of respiratory hazards in the workplace. COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability and death. Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094) and a duty to prevent the spread of infection to residents in their facility.

Record review on 09/14/2023 showed that the AFH had no RPP. The AFH had no records of staff fit tested for a N95 respirator and no records of medical clearance approval to wear a respirator.

During an interview on 09/14/2023 at 3:45 PM Staff B (Resident Manager) stated that they do not have a RPP and that no staff have been fit tested to wear a N95 respirator.

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, European Care Home Inc is or will be in compliance with this law and / or regulation on (Date) 12/13/2023 .

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

Marina Lin — Provider (or Representative)

11/03/2023 — Date

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

(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;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 5 Staff (Staff C) had a current valid first-aid card and a current valid CPR card. This failure placed 6 of 6 (Residents 1, 2, 3, 4, 5 and 6) at risk of harm in the event of an emergency.

Findings included...

Record review of Staff C's (Caregiver) personnel records showed Staff C had a CPR/First Aid card that expired 07/21/2023.

During an interview on 09/14/2023 at 2:07 PM Staff C stated that they forgot to renew their CPR/First Aid.

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, European Care Home Inc is or will be in compliance with this law and / or regulation on (Date) 11/03/2023.

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

Marina Sus — Provider (or Representative)

11/03/2023 — Date

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have written documentation of a character, competence, and suitability (CC&S) determination for 1 of 6 staff (Staff E Caregiver) whose Background Check (BCG) revealed negative actions. This failure placed 6 of 6 (Residents 1, 2, 3, 4, 5 and 6) at risk of receiving care from a staff member with an unsuitable background to care for vulnerable adults.

Findings included...

Record review of a BGC for Staff E dated 04/08/2021, showed information reported by one or more background check sources that required a CC&S review based upon a non-disqualifying negative action. Staff E's personnel file did not contain a CC&S determination.

On 09/14/2023 at 1:10 PM, Staff B (Resident Manager) stated that they were unaware they needed to have written a CC&S determination for Staff E.

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, European Care Home Inc is or will be in compliance with this law and / or regulation on (Date) 11/03/2023 .

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

Marina Sus — Provider (or Representative)

11/03/2023 — Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to develop a Negotiated Care Plan (NCP) for 2 of 2 sampled Residents (Resident 1 and 2) within 30 days of admission to the home. This failure placed Residents 1 and 2 at risk for unmet care needs.

Findings included...

Review of the AFH record showed the AFH admitted Resident 1 on [redacted]/2023. Review of Resident 1's binder showed no NCP had been developed.

Review of the AFH record showed the AFH admitted Resident 2 on [redacted]/2020. Review of Resident 2's binder showed no NCP had been developed.

During an interview on 09/14/2023 at 3:41 PM, Staff B (Resident Manager) stated that they don't have them. Staff B stated that the nurse who does their assessments didn't tell them they needed to have NCPs.

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, European Care Home Inc is or will be in compliance with this law and / or regulation on (Date) 11/13/2023.

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

Marina Lin — Provider (or Representative)

11/03/2023 — Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents' (Resident 1) medications were available in the facility. This failure placed Resident 1 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2023. Resident 1's Assessment and Preliminary Service Plan dated 02/07/2023 showed assistance with medication management was needed.

Record review of Resident 1's September 2023 Medication Log showed physician orders written on 03/08/2023 for desitin diaper rash 40 % paste (medication used to treat skin condition) mix with hydraguard (medication used to protect the skin from moisture) and apply topically three times daily to affected perineal area as needed.

In a joint observation on 09/14/2023 at 3:20 PM, with Staff B (Resident Manager), of Resident 1's medication supply showed the desitin diaper rash 40% paste and hydraguard were not available in the AFH.

During an interview on 09/14/2023 at 3:20 PM, Staff B stated that when those medications ran out two months ago, and they contacted the pharmacy to refill. Staff B stated that the pharmacist told them they needed the doctor to authorize the refill.

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, European Care Home Inc is or will be in compliance with this law and / or regulation on (Date) 11/03/2023 .

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

Marina Luis — 11/03/2023

Provider (or Representative) — Date

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(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 record review, observation and interview, the Adult Family Home (AFH) failed to have a system in place for 4 of 6 residents (Resident 1, 3, 5 and 6) to ensure an assessment was completed, the resident was given information on the safety risks associated with [redacted] and the Negotiated Care Plan included how the resident will use the [redacted] before a medical device with a known safety risk was used. This failure placed Residents 1, 3, 5 and 6 at risk for injury from improper use of the medical device.

Findings included...

NOTE: On 05/15/2013 a "Dear Adult Family Home Provider" letter was issued to AFH providers related to the safety risks associated with the use of all medical devices, including transfer poles, Posey or lap belts, and side bed rails. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Resident 1
Review of the AFH record for Resident 1 showed an Occupational Therapy Assessment dated 03/13/2023 advising the use of a [redacted] to assist in safe transfers in and out of the bed. The AFH record for Resident 1 showed no documentation the resident or the resident representative had been given information regarding the risks associated with a [redacted] device. Resident 1 had no negotiated care plan (NCP) to give instructions or guidance to the caregivers on when to use the [redacted]

In a joint observation with Staff B (Resident Manager) at 11:25 AM showed Resident 1 had half side bed [redacted] on their bed.

During an interview with Staff B (Resident Manager) and Resident 1, on 09/14/2023 at 3:48 PM, Staff B stated that the side bed [redacted] was used by Resident 1 for transfers in and out of bed.

Resident 3
Review of the AFH record for Resident 3 showed no assessment had been completed for a bed [redacted] that identified Resident 3's ability to safely use the [redacted] The AFH record for Resident 3 showed no documentation the resident or the resident representative had been given information regarding the risks associated with a [redacted] device. Resident 3 had no

NCP to give instructions or guidance to the caregivers on when to use the [redacted]

In a joint observation with Staff B on 09/14/2023 at 9:45 AM showed Resident 3 in bed with upper half [redacted] elevated.

Resident 5
Review of the AFH record for Resident 5 showed no assessment had been completed for a bed [redacted] that identified Resident 5's ability to safely use the [redacted] The AFH record for Resident 5 showed no documentation the resident or the resident representative had been given information regarding the risks or benefits associated with a [redacted] device. Resident 5 had no NCP to give instructions or guidance to the caregivers on when to use the [redacted]

In a joint observation with Staff B at 11:30 AM showed Resident 5 had half side bed [redacted] on their bed.

During an interview with Staff B and Resident 5, on 09/14/2023 at 3:48 PM, Staff B stated that the bed side [redacted] was used by Resident 5 for repositioning.

Resident 6
Review of the AFH record for Resident 6 showed no assessment had been completed for a bed [redacted] that identified Resident 6's ability to safely use the [redacted] The AFH record for Resident 6 showed no documentation the resident or the resident representative had been given information regarding the risks or benefits associated with a [redacted] device. Resident 6 had no NCP to give instructions or guidance to the caregivers on when to use the [redacted]

In a joint observation with Staff B at 11:35 AM showed Resident 6 had half side bed [redacted] on their bed.

During an interview on 09/14/2023 at 3:48 PM, Staff B stated that they are working with hospice to get the proper documentation for Resident 6.

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, European Care Home Inc is or will be in compliance with this law and / or regulation on (Date) 11/13/2023 .

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

Marina Lui — Provider (or Representative)

11/03/2023 — Date

WAC 388-76-10730 Grab bars and hand rails.

(2) Homes licensed and bathroom additions that occur after November 1, 2016, must install grab bars securely fastened in accordance with WAC 51-51-0330 at the following locations:

(b) Each side of any toilet used by residents.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to have properly installed grab bars by the toilet in 1 of 3 bathrooms (Bathroom 2). This failure placed Resident 1, 2, 3, 4, 5 and 6 at risk for injury during toileting.

Findings included...

Review of the Department's Facilities Management Services records showed the AFH became licensed on 04/22/2019.

A joint observation with Staff B (Resident Manager) on 09/14/2023 at 11:09 AM showed Bathroom 2 had no grab bars installed next to the toilet.

Observation on 09/14/2023 at 12:10 PM showed Staff D (Caregiver) transferring Resident 1 onto a portable shower chair with bilateral armrests, then placing Resident 1 over the toilet. The portable shower chair had wheels, which needed to be locked while placed over the toilet.

In an interview on 09/14/2023 at 4:53 PM, Staff B stated that they don't know why the bathroom doesn't have grab bars.

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, European Care Home Inc is or will be in compliance with this law and / or regulation on (Date) 11/24/2023 .

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

Marina Sus

Provider (or Representative)

11/03/2023

Date