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

Harbor View Adult Family Home LLC
Harbor View Adult Family Home LLC
5401 Norpoint Way NE
Tacoma, WA 98422

RE: Harbor View Adult Family Home LLC # 754114

Dear Provider:

This document references Compliance Determination 41649 (Completion Date 05/21/2024).

The Department completed a full inspection of your Adult Family Home on 05/21/2024 and found that your home does not meet the Adult Family Home licensing requirements.

The department staff who did the inspection and provided consultation:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

On 05/20/2024, observation showed the smoke alarm located on the bottom floor of the adult family home was not connected to the fire alarms on the main floor. No residents resided on the bottom floor as it was used as a private residence. Fifteen (15) minutes later, observation showed the downstairs smoke alarm was connected to the smoke alarms on the main floor and worked properly when tested. Resident 1, Resident 2, and Resident 6 stated they had no concerns with their safety and remembered participating in fire evacuation drills. Resident 1's Representative stated they had no concerns with the safety of the residents. The Provider stated they adjusted the connection and this was the first time this happened. The Provider explained their plan to ensure it will never happen again.

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

On 05/20/2024, record review showed Caregiver A (CG A) was hired on 04/24/2024, and had documentation of a negative Tuberculosis (TB, an infectious disease) blood test dated 06/29/2022. The Provider stated they thought CG A had completed a TB test. The Provider submitted proof CG A received a chest X-Ray on 05/20/2024, and was clear for TB. Resident 1, Resident 2, and Resident 6 stated they had no concerns with their health safety at the adult family home (AFH). Resident 1's Representative stated they had no concerns with the health safety of the residents at the AFH. All other employee TB documentation met the requirements.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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

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

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