STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

A Quality Adult Homecare Inc

A Quality Adult Homecare Inc
1703 13th Ave SW
Olympia, WA 98502

RE: A Quality Adult Homecare Inc License # 754149

Dear Provider:

This letter addresses Compliance Determination(s) 40176 (Completion Date 04/25/2024) and 35667 (Completion Date 02/21/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/25/2024 and found that you have corrected the violations listed in the Complaint report dated 02/21/2024. Your home is back in compliance as of 02/16/2024 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 388-76-10535-1-b, WAC 388-76-10535-1-a, WAC 388-76-10535-1

The Department staff who did the on-site verification:
Laura Newberry

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: A Quality Adult Homecare Inc
Provider Type: Adult Family Home
License/Cert.#: 754149
Intake ID: 107012
Compliance Determination #: 35667
Region/Unit #: RCS Region 3 / Unit G
Investigator: Laura Newberry
Investigation Date(s): 01/23/2024 through 02/21/2024
Complainant Contact Date(s): 01/31/2024

Allegation(s):

1. Death – The named resident (NR) passed away on hospice.
2. Financial Exploitation – The NR was charged a rent increase without proper notice.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 1 Closed records sample size: 1
Observations:	N/A
Interviews:	NR responsible party, AFH staff
Record Reviews:	NR disclosure statement, rent increase notice, afh text

Investigation Summary:

1. Death – Interview with NR responsible party stated no concerns with care or service of NR passing in AFH. Interview with AFH staff and NR responsible party stated NR passed while under the care of hospice. No failed practice was found.
2. Financial Exploitation – Review of records showed AFH increased the monthly rate without proper notice. Interview with AFH staff stated they did not give proper notice of rent increase. Failed practice was found.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 complaint investigation on 01/23/2024 and 01/23/2024 of:

A Quality Adult Homecare Inc
1703 13th Ave SW
Olympia, WA 98502

This document references the following complaint number(s): 107012

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Provider (or Representative) _____ Date _____

WAC 388-76-10535 Resident rights Notice of change to services.

(1) The adult family home must inform each resident in advance of changes to services, items, activities, scope of care, or home rules as follows:

(a) In writing;

(b) At least fourteen days before the effective date of a change due to a substantial and continuing change in the resident's condition that necessitates substantially greater or lesser services, items, or activities;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to give proper notice of a rent increase to 1 of 6 Residents (Resident 1 [R1]). This failure resulted in R1 paying for an increase in rent without proper notice.

Findings included…

On 01/23/2024 at 3:44 PM, interviewed Provider, who stated that the AFH gave a written notice to R1's responsible party of rent increase that was not 14 days as required.

Review of AFH record, titled "Notice of payment increase", dated September 27th, 2023, showed the AFH was increasing R1's rent on October 1st, 2023 (or a 7-day notice of increase).

On 01/31/2024 at 10:50 AM, interviewed Provider, who stated that R1's responsible party paid the new rate for the entire month of October, 2023. Provider stated the previous rate was $9,000 and the new rate was $13,450, which was paid in full on 10/13/2023.

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, A Quality Adult Homecare Inc 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

A Quality Adult Homecare Inc
A Quality Adult Homecare Inc
1703 13th Ave SW
Olympia, WA 98502

RE: A Quality Adult Homecare Inc # 754149

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 02/21/2024 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jennifer LeMaster, Field Manager
Residential Care Services

Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

• 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 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(4) If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:

(a) Must refund any deposit or charges paid by the resident less the home's per diem rate for the days the resident actually resided, reserved, or retained a bed in the home regardless of any minimum stay policy or discharge notice requirements;

(b) May keep an additional amount to cover its reasonable and actual expenses incurred as a result of a private-pay resident's move, not to exceed five days per diem charges, unless the resident has given advance notice in compliance with the home's admission agreement; and

The adult family home (AFH) failed to properly disclose their refund policy in their Disclosure of Charges. The AFH made immediate corrective action and updated all current residents' Disclosure forms. Consultation was provided.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster, Field Manager

Region 3, Unit G
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:
Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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

---

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