STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Stonewall Valleyway 1 LLC

Stonewall Valleyway 1 LLC
1617 S Vera Crest Dr
Spokane Valley, WA 99037

RE: Stonewall Valleyway 1 LLC License # 754213

Dear Provider:

This letter addresses Compliance Determination(s) 28735 (Completion Date 08/29/2023) and 26056 (Completion Date 07/10/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/29/2023 and found that you have corrected the violations listed in the Full report dated 07/10/2023. Your home is back in compliance as of 08/24/2023 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 388-76-10015-1, WAC 388-76-10750-6-c, WAC 388-76-10146-2-c, WAC 388-76-10146-2-d

The Department staff who did the on-site verification:
Valorie Bradley, AFH/ALF Licensor

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License # 754213	Compliance Determination # 26056
Plan of Correction	Stonewall Valleyway 1 LLC	Completion Date
Page 1 of 5	Licensee: Stonewall Valleyway 1 LLC	07/10/2023

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 06/29/2023 and 06/29/2023 of:
Stonewall Valleyway 1 LLC
12417 E Valleyway Ave
Spokane Valley, WA 99216

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

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo — Residential Care Services

07/19/2023 — 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 # 754213	Compliance Determination # 26056
Plan of Correction	Stonewall Valleyway 1 LLC	Completion Date
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Provider (or Representative)

7/24/2023
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:

WAC 296-842-12005

Develop and maintain a written program.

(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.

Based on interview and record review, the Adult Family Home (AFH) failed to develop a written respiratory protection program (RPP) that included information on the use of N95 respirators worn by 9 of 10 staff (Staff A, B, D, E, F, G, H, I & J). This failure placed residents at risk of exposure to communicable respiratory diseases by not ensuring staff were trained on use of N95 respirators.

Findings included...

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed the AFH is required to develop and maintain a Respiratory Protection Program. The letter also required the AFH to fit test health care workers with a N95 respirator for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 "Respirator Fit Testing and Respiratory Protection Program Resource" provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators.

Review of infection control records showed there was no written respiratory protection program or documentation that training for use of personal protective equipment had occurred for Staff A, Provider, Staff B, Resident Manager, Staff D, Caregiver, Staff E, Caregiver, Staff F, Caregiver, Staff G, Caregiver, Staff H, Caregiver, Staff I, Caregiver & Staff J, Caregiver.

Statement of Deficiencies	License # 754213	Compliance Determination # 26056
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In an interview on 06/29/2023 at 1:10 PM Staff B, Resident Manager, stated they did not know that staff were required to be fit tested for N95 masks or if the home had a respiratory protection plan.

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, Stonewall Valleyway 1 LLC is or will be in compliance with this law and / or regulation on (Date) ~~9/6/2023~~ UM 8/24/2023 ~~8/28/2023~~ DM

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

[redacted] 7/24/2023

Provider (or Representative) Date

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the hot water temperatures remained between 105 to 120 degrees Fahrenheit (F) for 1 of 3 sinks (Kitchen sink) for 3 of 5 residents (Resident 2, 3 & 4). This placed residents at risk for burns.

Findings included...

On 06/29/2023 at 9:02 AM observation showed Resident 2 placed her dishes by the kitchen sink independently.

At 10:55 AM during the environmental tour the s kitchen sink hot water temperature was 122.7 F.

During an interview on 06/29/2023 at 10:56 AM Staff B, Resident Manager, stated they check the kitchen sink water temperature with a thermometer monthly but do not document temperatures.

Statement of Deficiencies	License # 754213	Compliance Determination # 26056
Plan of Correction	Stonewall Valleyway 1 LLC	Completion Date
Page 4 of 5	Licensee: Stonewall Valleyway 1 LLC	07/10/2023

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, Stonewall Valleyway 1 LLC is or will be in compliance with this law and / or regulation on (Date) ~~9/6/2023~~ 8/24/2023.

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

Provider (or Representative) 7/24/2023 Date

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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure Dementia and Mental Health specialty training certifications for 1 of 10 staff (Staff B). This failure placed residents at risk of receiving care from staff not trained to work with dementia and mental health issues.

Findings included....

Review of employee files on 06/29/2023 showed that Staff B, Resident Manager, was hired on 06/08/2021 and had no Dementia or Mental Health specialty training certification.

In an interview on 06/29/2023 at 9:17AM Staff B stated they assumed they had dementia and mental health specialty training but did not know where training certificates might be.

In an interview on 06/29/2023 at 10:09AM Staff C, General Manager, stated they did not know Staff B had no documentation of dementia and mental health specialty training.

Attestation Statement

Statement of Deficiencies	License # 754213	Compliance Determination # 26056
Plan of Correction	Stonewall Valleyway 1 LLC	Completion Date
Page 5 of 5	Licenses: Stonewall Valleyway 1 LLC	07/10/2023

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, Stonewall Valleyway 1 LLC is or will be in compliance with this law and / or regulation on (Date) ~~9/6/2023 cm~~ 8/24/2023 cm ~~9/6/2023~~

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

Provider (or Representative)

7/24/23
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Stonewall Valleyway 1 LLC
Stonewall Valleyway 1 LLC
1617 S Vera Crest Dr
Spokane Valley, WA 99037

RE: Stonewall Valleyway 1 LLC # 754213

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/10/2023 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:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

Review of resident records showed no Medicaid policy available for 1 of 2 residents sampled.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

Review of employee records showed no Name and Date of Birth (NDOB) and national fingerprint background check available for review for 1 of 10 staff sampled.

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)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
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:
Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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