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

AJ Total Care AFH, LLC

AJ Total Care AFH, LLC
11904 E Fairview Ave
Spokane Valley, WA 99206

RE: AJ Total Care AFH, LLC License # 754384

Dear Provider:

This letter addresses Compliance Determination(s) 30555 (Completion Date 10/04/2023) and 28185 (Completion Date 08/25/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/04/2023 and found that you have corrected the violations listed in the Full report dated 08/25/2023. Your home is back in compliance as of 09/13/2023 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 388-76-10265-1-d, WAC 388-76-10198-4, WAC 388-76-10015-1

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 #: 754384	Compliance Determination # 28185
Plan of Correction	AJ Total Care AFH, LLC	Completion Date
Page 1 of 5	Licensee: AJ Total Care AFH, LLC	08/25/2023

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 08/15/2023 and 08/15/2023 of:

AJ Total Care AFH, LLC
11904 E Fairview Ave
Spokane Valley, WA 99206

The following sample was selected for review during the unannounced on-site visit: 5 of 5 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

09/11/2023
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.

Provider (or Representative) 09/12/2023 Date

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;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure required tuberculosis (TB) testing was completed by the reinstatement testing date for 1 of 6 staff (Staff B) and within three days of hire for 1 of 6 Staff (Staff E). This failure paced residents at risk for respiratory illness.

Findings included....

Review of Dear Provider Letter dated 04/03/2020 "Emergency Rules Suspending TB Testing" showed all requirements related to tuberculosis testing were suspended on 04/03/2020.

Review of Dear Provider Letter amended 05/23/2022 "Reinstatement of Tuberculosis Testing Requirements July 1, 2022" showed that the suspended tuberculosis testing requirement would end on 07/01/2022 and the permanent rules would be reimplemented.

Review of staff records showed Staff B, Caregiver, was hired on 04/01/2022. There was no documentation to show if a blood test or two-step TB test had been completed in the file.

Review of staff records showed Staff E. Caregiver, was hired on 03/24/2020. Documentation from a prior employer showed a one-step TB test was completed on 10/12/2018.

During an interview on 08/21/2023 at 11:05 AM, Staff A, Provider, stated they were unaware staff needed to complete a blood test or two-step TB test within three days of hire.

Statement of Deficiencies	License #: 754384	Compliance Determination # 28185
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Page 3 of 5	Licensee: AJ Total Care AFH, LLC	08/25/2023

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, AJ Total Care AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 09/13/2023

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

Provider (or Representative) — Date 09/12/2023

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a national final fingerprint background checks were available to the department during an inspection for 3 of 6 sample staff (Staff A, D & E). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included....

Review of employee records on 08/15/2023 showed Staff A, Provider, Staff D, Caregiver, and Staff E, Caregiver, did not have national fingerprint background check results available for review by the department during the inspection.

During an interview on 08/20/2023 at 11:06 AM Staff A, Provider stated all staff had obtained fingerprint background checks, but they were unsure where they were located.

Attestation Statement

Statement of Deficiencies	License #: 754384	Compliance Determination # 28185
Plan of Correction	AJ Total Care AFH, LLC	Completion Date
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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, AJ Total Care AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 09/13/2023

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

Provider (or Representative) 09/12/2023 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 interview and record review, the Adult Family Home (AFH) failed to develop a written respiratory protection program (RPP) that included information about medical evaluations, respirator training, fit testing and record keeping for 6 of 6 staff (Staff A, B, C, D, E & F). This failure placed residents at risk of exposure to communicable respiratory diseases.

Findings included...

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.

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.

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.

Statement of Deficiencies	License #: 754384	Compliance Determination # 28185
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Review for a written RPP showed the there was no written program that documented respirator medical evaluations, respirator training, fit testing, and record keeping for Staff A, Provider, Staff B, Caregiver, Staff C, Caregiver, Staff D, Caregiver, Staff E, Caregiver and Staff F, Caregiver.

In an interview on 08/15/2023 at 9:12 AM, Staff A stated that they did not have a respiratory protection program in place and were unaware it was required.

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, AJ Total Care AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 09/13/2023

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

Provider (or Representative) — Date 09/12/2023

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

AJ Total Care AFH, LLC
AJ Total Care AFH, LLC
11904 E Fairview Ave
Spokane Valley, WA 99206

RE: AJ Total Care AFH, LLC # 754384

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/25/2023 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

Review of resident records showed the notice of rights and services were not reviewed every 24 months for 2 of 2 residents who lived in the AFH.

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

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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