STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Archstone Adult Family Home LLC
Archstone Adult Family Home LLC
18611 114th Ave SE
Renton, WA 98055

RE: Archstone Adult Family Home LLC License # 754416

Dear Provider:

This letter addresses Compliance Determination(s) 25020 (Completion Date 06/07/2023) and 22714 (Completion Date 04/26/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/07/2023 and found that you have corrected the violations listed in the Full report dated 04/26/2023. Your home is back in compliance as of 05/16/2023 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 388-76-10355-7-b, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10315-1-g, WAC 388-76-10165-1-b, WAC 388-76-10165-1-a, WAC 388-76-10165-1

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 754416	Compliance Determination # 22714
Plan of Correction	Archstone Adult Family Home LLC	Completion Date
	Licensee: Archstone Adult Family Home LLC	04/26/2023

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 04/17/2023 and 04/17/2023 of:
Archstone Adult Family Home LLC
18611 114th Ave SE
Renton, WA 98055

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

04/27/2023
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.

Afeafe
Provider (or Representative)

05/05/23
Date

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WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the adult family home (AFH) failed to ensure Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 5) was complete with specific problems and care directives for the identified behavior issues. This failure placed Resident 5 at risk of harm and decreased quality of life.

Findings included...

During an unannounced visit at the AFH on 04/19/2023 between 10:28 AM to 5:54 PM, Resident 5 was observed interacting and receiving care from staff in the AFH.

In an interview on 04/17/2023 at 11:24 AM, Staff A, Entity Representative, stated that Resident 5 had behaviors such as hitting the wall, screaming, and punching gestures.

Record review of Resident 5's assessment, dated 01/12/2023, showed the resident had a medical condition that included but not limited to mental health disorder. The assessment identified Resident 5's behaviors such as accusing others of stealing, breaking/throwing items, yelling, screaming, intimidating/threatening, uncontrollable crying/tearfulness, suspicious, unrealistic fears, and hitting the wall when upset.

Record review of Resident 5's NCP, dated 07/01/2023, showed that the above behaviors were not addressed.

In an interview on 04/19/2023 at 4:13 PM, Staff A did not offer an explanation as to why there were no caregiver directives on what to do for the above-identified behaviors.

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, Archstone Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/16/2023.

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

Afesa Je — Provider (or Representative)

05/05/23 — Date

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:

(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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a Medicaid (state paid healthcare insurance) as a payment source policy written on a page separate from other documents that was signed and dated by 2 of 2 sampled residents (Residents 1 and 5) and/or by their representatives. This failure placed Resident 1, Resident 5, and/or their representatives of not being fully informed of the AFH policy regarding Medicaid as a payment source.

Findings included...

During an unannounced visit at the AFH on 04/19/2023 between 10:28 AM to 5:54 PM, Residents 1 and 5 were observed interacting and receiving care from staff in the AFH.

Record review showed, the AFH admitted Resident 1 on [redacted]/2020 and Resident 5 on [redacted]/2022. The residents' records did not include a Medicaid policy on a separate page, in 14 fonts, signed, and dated by the residents and/or their representatives.

In an interview on 04/19/2023 at4:42 PM, Staff A, Entity Representative, stated that they did not give Resident 1 and Resident 5 a [redacted] policy prior to their admission as they were [redacted] funded residents and they thought that they only had to give the [redacted] policy to private pay residents.

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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, Archstone Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/16/2023.

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

Provider (or Representative) ____________ Date 05/05/23

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) Negotiated Care Plan (NCP) was available to the Department staff when requested. This failure resulted in the records not being available to the Department Staff for review and placed Resident 1 and/or their representative to not being able to ask a copy of the NCP when and if they needed.

Findings included....

During an unannounced visit at the AFH on 04/19/2023 between 10:28 AM to 5:54 PM, Resident 1 was observed interacting and receiving care from staff in the AFH.

Record review of Resident 1's current NCP, dated 06/20/2022, showed the AFH admitted Resident 1 on [redacted]/2020. Resident 1's record did not include a copy of the prior year's NCP.

In an interview on 04/19/2023 at 5:02 PM, Staff A, Entity Representative, stated that the previous NCP was signed and dated 06/10/2021 but unable to provide it to the Department Staff as they discarded it already.

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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, Archstone Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/16/2023.

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

Provider (or Representative)

Date 05/05/23

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington state background check (BGC) for 1 of 2 staff (Staff A, Entity Representative). This failure placed all the residents at risk of harm from staff with unknown current criminal background.

Findings included...

During an unannounced visit at the AFH on 04/19/2023 between 10:28 AM to 5:54 PM, observation showed Staff A, Entity Representative, interacted and provided care to the residents.

Record review of personnel file showed Staff A's BGC expired on 11/04/2021.

In an interview on 04/19/2023 at 5:24 PM, Staff A stated that they were not aware of the BGC to be renewed every two years.

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, Archstone Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/16/2023 .

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

Provider (or Representative)

05/05/23
Date

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

04/27/2023

CERTIFIED MAIL

9489 0090 0027 6318 7126 55

Archstone Adult Family Home LLC
Archstone Adult Family Home LLC
18611 114th Ave SE
Renton, WA 98055

RE: Archstone Adult Family Home LLC # 754416

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/26/2023 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

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Kent, WA 98032

• 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 388-76-10525 Resident rights Postings. The adult family home must post the following in a common use area where they can be easily viewed by anyone in the home, including residents, resident representatives, the department, and visitors:

(3) The poster from the agency designated as the protection and advocacy system for residents with disabilities.

During the tour of the home on 04/19/2023 at 12:14 PM, the Disability Rights of Washington (DRW) information that contained the name, address and phone number of protection and advocacy systems for residents was not posted in a manner that it would be visible to residents, family members and anyone interested to see it. The adult family home immediately corrected the issue.

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 (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

Enclosure

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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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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