STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Happy Family Adult Family Home #4 LLC
Happy Family Adult Family Home #4
21905 55th Ave W
Mountlake Terrace, WA 98043

RE: Happy Family Adult Family Home #4 License # 754445

Dear Provider:

This letter addresses Compliance Determination(s) 47325 (Completion Date 09/17/2024) and 45709 (Completion Date 08/22/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/17/2024 and found that you have corrected the violations listed in the Follow up report dated 08/22/2024. Your home is back in compliance as of 08/22/2024 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 388-76-10015-1

The Department staff who did the off-site verification:
Hang Lu, Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 follow-up on 08/15/2024 and 08/15/2024 of:
Happy Family Adult Family Home #4
18239 Linden Ave N
Shoreline, WA 98133

This document references the following SOD dated: 08/22/2024

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:

Hang Lu, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

08/30/2024
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) Janie Payne Date 9/1/24

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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 caregivers (Staff B) had record of N-95 respirator training. The AFH also failed to obtain a Medical Test Site Waiver license, as required. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for illness and infection. will continue to follow all required Documents at all times

Findings included...

<Respiratory Protection Program>
Review of the Washington State Department of Health's (DOH) "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Review of staff records showed the AFH hired Staff B, Resident Manager, on 03/13/2020. Record review showed the AFH did not have evidence of conducting respirator training for Staff B before their first use of the respirator and annually.

<Medical Test Site Waiver (MTSW)>
Review of Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as a Covid-19 [an infectious disease by a virus causing respiratory illness that could result in severe impairment or death] test), or interprets the test results, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State DOH website link to the MTSW licensing application. Completed 8/27/24 Had difficulty with DOH Staff Dena Aug 7, 24 Started issues about the application.

In an interview, on 07/09/2024 at 10:40 AM, Staff B reported that they and Staff E, Former Staff, conducted Covid testing on Resident 1 and Resident 4 in recent weeks by using the Covid-19 home test kits. Staff B stated that they had heard about the MTSW requirement, but they had not obtained the MTSW license for the home yet. Staff B stated that they would apply for the MTSW license right away.

Provider (or Representative) 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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 caregivers (Staff B) had record of N-95 respirator training. The AFH also failed to obtain a Medical Test Site Waiver license, as required. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for illness and infection.

Findings included...

<Respiratory Protection Program>
Review of the Washington State Department of Health's (DOH) "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Review of staff records showed the AFH hired Staff B, Resident Manager, on 03/13/2020. Record review showed the AFH did not have evidence of conducting respirator training for Staff B before their first use of the respirator and annually.

<Medical Test Site Waiver (MTSW)>
Review of Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as a Covid-19 [an infectious disease by a virus causing respiratory illness that could result in severe impairment or death] test), or interprets the test results, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State DOH website link to the MTSW licensing application.

In an interview, on 07/09/2024 at 10:40 AM, Staff B reported that they and Staff E, Former Staff, conducted Covid testing on Resident 1 and Resident 4 in recent weeks by using the Covid-19 home test kits. Staff B stated that they had heard about the MTSW requirement, but they had not obtained the MTSW license for the home yet. Staff B stated that they would apply for the MTSW license right away.

Statement of Deficiencies	License #: 754445	Compliance Determination # 45709
Plan of Correction	Happy Family Adult Family Home #4	Completion Date
Page 3 of 3	Licensee: Happy Family Adult Family Home #4 LLC	08/22/2024

Review of facility records showed no record of a MTSW license.

In an interview during a Follow-Up visit, on 08/15/2024 at 2:30 PM, Staff B stated that they had sent the application and payment to the DOH, but they had not received the MTSW yet. Staff B stated that they hoped to receive the MTSW and send a copy to the Department on 08/19/2024.
completed 8/27/24

Record review showed the Department did not receive copies of Staff B's respirator training and the home's MTSW.
5/13/24
completed

Review of an email correspondence, dated 08/21/2024, showed Staff B reporting that they had been communicating with the DOH representative (regarding the MTSW) and "everything was in the final stages."

This is an uncorrected deficiency previously cited on 07/17/2024.

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, Happy Family Adult Family Home #4 is or will be in compliance with this law and / or regulation on (Date) ~~8/27/24~~ 8/22/24.

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

Jamie Dayne
Provider (or Representative)

9/1/24
Date

Review of facility records showed no record of a MTSW license.

In an interview during a Follow-Up visit, on 08/15/2024 at 2:30 PM, Staff B stated that they had sent the application and payment to the DOH, but they had not received the MTSW yet. Staff B stated that they hoped to receive the MTSW and send a copy to the Department on 08/19/2024.

Record review showed the Department did not receive copies of Staff B's respirator training and the home's MTSW.

Review of an email correspondence, dated 08/21/2024, showed Staff B reporting that they had been communicating with the DOH representative (regarding the MTSW) and "everything was in the final stages."

This is an uncorrected deficiency previously cited on 07/17/2024.

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, Happy Family Adult Family Home #4 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

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 07/09/2024 and 07/09/2024 of:

Happy Family Adult Family Home #4
18239 Linden Ave N
Shoreline, WA 98133

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:

Hang Lu, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee Bourgue
Residential Care Services

7/18/2024
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.

Janie Payne EM
Provider (or Representative)

7/31/24
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home failed to ensure 2 of 2 sampled residents (Residents 1 and 2) received medications as prescribed by their doctors and had all doctor's orders, prescribed medications available on site, and accurate Medication Logs. This failure placed Residents 1 and 2 at risk for medication errors.

Findings included...

RESIDENT 1
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]2022 with medically disabling diagnoses. Record review showed Resident 1 was on multiple prescribed medications.

Observation of Resident 1's medication supply, on 07/09/2024 at 3:15 PM, showed there was an over the counter (OTC) bottle of Fish Oil (a supplement) containing 1000 milligrams (mg) capsules. The OTC Fish Oil bottle was not labeled with the resident's name, dosage, and frequency of administration.

Review of Resident 1's July 2024 Medication Log (ML) showed the medication entry read, "Fish Oil 1200 mg capsule: Take two capsules (2400 mg) by mouth every other day." Review of the doctor's order, dated 11/29/2023, showed the Fish Oil medication order matched the medication entry on the ML.

Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home failed to ensure 2 of 2 sampled residents (Residents 1 and 2) received medications as prescribed by their doctors and had all doctor's orders, prescribed medications available on site, and accurate Medication Logs. This failure placed Residents 1 and 2 at risk for medication errors.

Findings included...

RESIDENT 1
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2022 with medically disabling diagnoses. Record review showed Resident 1 was on multiple prescribed medications.

Observation of Resident 1's medication supply, on 07/09/2024 at 3:15 PM, showed there was an over the counter (OTC) bottle of Fish Oil (a supplement) containing 1000 milligrams (mg) capsules. The OTC Fish Oil bottle was not labeled with the resident's name, dosage, and frequency of administration.

Review of Resident 1's July 2024 Medication Log (ML) showed the medication entry read, "Fish Oil 1200 mg capsule: Take two capsules (2400 mg) by mouth every other day." Review of the doctor's order, dated 11/29/2023, showed the Fish Oil medication order matched the medication entry on the ML.

In an interview, on 07/09/2024 at 3:15 PM, Staff C, Caregiver, stated that they gave two Fish Oil capsules (2000 mg) to Resident 1 every other day. Staff C stated that they did not realize the dosage of each capsule in the OTC Fish Oil bottle was 1000 mg instead of 1200 mg. Staff B, Resident Manager, stated that Resident 1 purchased their own OTC Fish Oil. Staff B stated that they would call the pharmacy to have the Fish Oil order changed to match the dosage on the OTC bottle.

Observation, on 07/09/2024 at 3:20 PM, showed Staff B labeling Resident 1's OTC Fish Oil bottle with the resident's name and instructions for medication administration.

Record review showed the doctor's order, dated 08/23/2023, read, "Hydrocodone- APAP 10-325 mg tablet: Take one tablet by mouth two times a day as needed (PRN) for severe pain."

Review of Resident 1's July 2024 ML showed the Hydrocodone- APAP medication entry matched the doctor's order. Record review showed Staff C's initials indicating they gave the medication each day from 07/05/2024 to 07/09/2024. Review of additional PRN charting on the back page of the ML showed Staff C documented for giving the Hydrocodone-APAP medication at 8 AM and 5 PM each day from 07/05/24 to 07/09/2024. Record review showed Staff C wrote the dates (07/10/2024 to 07/21/2024) with the times "8 AM" and "5 PM" next to each of those dates and "Hydrocodone" and "Pain Med(ication)" next to each "8 AM" and "5 PM" in advance down the rest of the page. Review of Resident 1's July 2024 ML showed the PRN Hydrocodone-APAP medication was being given routinely at 8 AM and 5 PM instead of PRN, as prescribed by the doctor.

In an interview, on 07/09/2024 at 3:40 PM, Staff C stated that Resident 1 had been taking the Hydrocodone-APAP routinely at 8 AM and 5 PM since their admission to the AFH. Staff C stated that they had talked to Resident 1's doctor, but the doctor did not change the order from PRN to routine (two times a day).

Review of the doctor's order, dated 06/22/2022, showed the instructions read, "Baclofen (for pain) 10 mg: Take three tablets (30 mg) by mouth four times a day."

Review of Resident 1's July 2024 ML showed multiple entries for Baclofen. There were two entries that read, "Baclofen 10 mg tablet: Take three tablets (30 mg) by mouth at 6 AM, and two tablets (20 mg) at 12 PM, 6 PM, and 11 PM". Record review showed Staff C initialed to indicate they gave the medication at 6 AM from 07/06/2024 to 07/09/2024 at one entry. Record review showed Staff C wrote "H" (Hold) on 07/01/2024 and drew a line across the dates (07/02/2024 through 07/05/2024) at the other entry.

Review of Resident 1's July 2024 ML showed two other Baclofen entries that read, "Baclofen 10 mg: Take two tablets (20 mg) at 12 PM, 6 PM, and 11 PM." Record review

showed Staff C initialed to indicate they gave the medication at 12 PM, 6 PM, and 11 PM from 07/06/2024 to 07/09/2024. Record review showed Staff C wrote "H" for 07/01/2024 and drew a line across the dates (07/02/2024 through 07/06/2024) at the other entry.

Record review showed the doctor's order, dated 08/14/2022, read, "Vitamin B 12 (a supplement) 1000 microgram (mcg) tablet: Take one tablet (1000 mcg) by mouth daily."

Observation of Resident 1's Vitamin B 12 medication supply, on 07/09/2024 at 3:42 PM, and review of Resident 1's July 2024 ML showed the instructions read, "Vitamin B 12 (1000 mcg) tablets: Take one tablet by mouth every other day." Review of Staff C's initials on the ML showed Staff C gave the Vitamin B 12 every other day.

In an interview, on 07/09/2024 at 3:45 PM, Staff B acknowledged the discrepancies for Baclofen and Vitamin B 12. Staff B stated that they would call the pharmacy to request copies of current doctor's orders and make sure the ML was accurate.

RESIDENT 2
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2020 with medically disabling diagnoses. Record review showed Resident 2 was on multiple prescribed medications.

Observation of Resident 2's medication supply, on 07/09/2024 at 3:50 PM, showed there was a medication with a pharmacy label that read, "Mometasone Furoate (for skin rash) 0.1%: Apply a thin film to lower legs twice daily."

Record review showed Mometasone Furoate was not listed on Resident 2's July 2024 ML. Record review showed the AFH did not have a copy of the doctor's order for Mometasone Furoate on file.

Review of Resident 2's July 2024 ML showed the following topical medication entries: "Bacitracin Ointment (for skin infection) 500 U (Unit): Apply to wound on right foot once daily. OK for patient to self-apply", "SSD (Sulfadiazine) 1% Cream (for skin infection): Apply topically to ulcerations once daily and keep covered", "Triamcinolone 0.1 % Ointment (for skin rash and itching): Apply a thin film on legs and back twice daily for up to two weeks. Avoid face and groin. After two weeks of use, take one week holiday before using", and Clotrimazole 1% Cream: Apply topically to affected area of groin twice daily for two to four weeks at a time PRN for jock itch." Record review showed Staff C's initials indicating Triamcinolone was applied at 8 AM and 8 PM from 07/01/2024 to 07/08/2024, and at 8 AM on 07/09/2024. There was no documentation regarding the use of Bacitracin Ointment, SSD Cream, and PRN Clotrimazole Cream.

Observation of Resident 2's medications, on 07/09/2024 at 3:50 PM, showed there were no supplies for Bacitracin Ointment, SSD Cream, Triamcinolone Ointment, and

Clotrimazole Cream in the home.

In an interview, on 07/09/2024 at 3:55PM, Staff C stated that Resident 1 had been using the Mometasone cream instead of the Bacitracin, SSD cream, Triamcinolone, and Clotrimazole. Received D/C orders.

Review of Resident 2's July 2024 ML showed there were two entries for PRN Nystatin Powder (for skin redness and rash). One entry read, "Nyamycin (Nystatin) 100000 Units/ Gram (Gm): Apply topically to affected area in groin twice daily for two to four weeks PRN." The other entry read, "Nystatin 100000 U/Gm: Apply topically to red skin in groin area twice daily PRN." Corrected

Record review showed there were no doctor's orders for the Nystatin Powder on file for review. Received

Observation and interview, on 07/09/2024 at 4:00 PM, showed Staff B looking for doctor's orders in Resident 2's record. Staff B stated that they would send all current medication orders to the Department the next day.

Review of documents, received by the Department on 07/10/2024, showed Staff B sending medication orders for Residents 1 and 2. Record review showed the current doctor's orders for Resident 1's Vitamin B-12 and Resident 2's Mometasone Furoate and PRN Nystatin were still missing. → have but not every other day Waiting → powder on site

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, Happy Family Adult Family Home #4 is or will be in compliance with this law and / or regulation on (Date) 7/31/24.

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

Jamie Payne GM — Provider (or Representative)

7/31/24 — Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

Clotrimazole Cream in the home.

In an interview, on 07/09/2024 at 3:55PM, Staff C stated that Resident 1 had been using the Mometasone cream instead of the Bacitracin, SSD cream, Triamcinolone, and Clotrimazole.

Review of Resident 2's July 2024 ML showed there were two entries for PRN Nystatin Powder (for skin redness and rash). One entry read, "Nyamycin (Nystatin) 100000 Units/ Gram (Gm): Apply topically to affected area in groin twice daily for two to four weeks PRN." The other entry read, "Nystatin 100000 U/Gm: Apply topically to red skin in groin area twice daily PRN."

Record review showed there were no doctor's orders for the Nystatin Powder on file for review.

Observation and interview, on 07/09/2024 at 4:00 PM, showed Staff B looking for doctor's orders in Resident 2's record. Staff B stated that they would send all current medication orders to the Department the next day.

Review of documents, received by the Department on 07/10/2024, showed Staff B sending medication orders for Residents 1 and 2. Record review showed the current doctor's orders for Resident 1's Vitamin B-12 and Resident 2's Mometasone Furoate and PRN Nystatin were still missing.

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, Happy Family Adult Family Home #4 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

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 4) had a safety assessment to use a medical device ([redacted]). This failure placed Resident 4 at risk for injury from improper use of the [redacted].

Findings included...

Review of Resident 4's record showed the AFH admitted Resident 4 on [redacted] 2020 with multiple medical diagnoses. Record review showed Resident 4 had an informed consent and the care plan for using the [redacted]. Record review showed there was no assessment to determine Resident 4's need and ability to use the [redacted] safely.

In an interview, on 07/09/2024 at 11:55 AM, Staff B, Resident Manager, stated that they had asked the physical therapist (PT) from a home health agency to do the [redacted] safety assessment for Resident 4, but the PT never did it.

Observation and interview, on 07/09/2024 at 04:15PM, showed Resident 4 had [redacted] (one on each side) in raised position on their bed. Staff B stated that they would have the PT do the safety assessment for Resident 4 to use the [redacted]. Still work on this. due to delay from PT.

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, Happy Family Adult Family Home #4 is or will be in compliance with this law and / or regulation on (Date) 7/31/24 .

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

Janice Payne GM — Provider (or Representative)

7/31/24 — Date

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:

(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:

Statement of Deficiencies	License #: 754445	Compliance Determination # 43914
Plan of Correction	Happy Family Adult Family Home #4	Completion Date
Page 7 of 10	Licensee: Happy Family Adult Family Home #4	07/17/2024

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 caregivers (Staff B) had a valid Washington State Name and Date of Birth (DOB) Background Check (BGC). This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of having a caregiver with an unknown criminal background.

Findings included...

Review of staff records showed the AFH hired Staff B, Resident Manager, on 03/13/2020. Record review showed Staff B's Washington State Name and DOB BGC had expired on 06/27/2024.

In an interview, on 07/09/2024 at 1:42 PM, Staff B stated that they should have a more current BGC on file because they applied for a license with the Department in May 2024. Staff B stated that did not have access to the home's BGC account to print their current BGC results. Staff B stated that they would ask Staff A, Entity Representative, to send a copy of their BGC results.

In a phone interview, on 07/11/2024 at 11:30 AM, Staff B stated that the AFH sent an application to renew their BGC on 07/10/2024. Staff B stated that the BGC that they filed in May 2024 was for licensing another home.

Review of document, received by the Department on 07/15/2024, showed the AFH had renewed the BGC for Staff B on 07/10/2024.

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, Happy Family Adult Family Home #4 is or will be in compliance with this law and / or regulation on (Date) 7/31/24 .

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

Jamie Jayne Gin — Provider (or Representative)

7/31/24 — 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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 caregivers (Staff B) had a valid Washington State Name and Date of Birth (DOB) Background Check (BGC). This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of having a caregiver with an unknown criminal background.

Findings included...

Review of staff records showed the AFH hired Staff B, Resident Manager, on 03/13/2020. Record review showed Staff B's Washington State Name and DOB BGC had expired on 06/27/2024.

In an interview, on 07/09/2024 at 1:42 PM, Staff B stated that they should have a more current BGC on file because they applied for a license with the Department in May 2024. Staff B stated that did not have access to the home's BGC account to print their current BGC results. Staff B stated that they would ask Staff A, Entity Representative, to send a copy of their BGC results.

In a phone interview, on 07/11/2024 at 11:30 AM, Staff B stated that the AFH sent an application to renew their BGC on 07/10/2024. Staff B stated that the BGC that they filed in May 2024 was for licensing another home.

Review of document, received by the Department on 07/15/2024, showed the AFH had renewed the BGC for Staff B on 07/10/2024.

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, Happy Family Adult Family Home #4 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

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 record review and interview, the Adult Family Home (AFH) failed to have a written Respiratory Protection Program (RPP) that contained relevant information and ensure 4 of 4 caregivers (Staff A, B, C, and D) had records of respirator training, medical clearance, and respirator fit testing every year. In addition, the AFH failed to obtain a Medical Test Site Waiver license, as required. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, 5, and 6) at risk for illness and infection.

Findings included...

<Respiratory Protection Program>
Review of the Dear Provider Letter, dated 11/05/2021, showed the requirements necessary in developing a RPP in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing of N-95 respirators and the Washington State Department of Health (DOH) website link to the RPP for Long-Term Care Facilities.

Review of the Washington State DOH's "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Review of facility records showed the AFH had a written RPP with the name of a random person (not known to the home) as the RPP Administrator and trainer. That same name appeared in several places of the home's RPP. Record review showed the AFH did not have evidence of conducting respirator training for each of their staff before their first use of the respirator and annually.

Review of staff records showed Staff A, Entity Representative, had documentation of a fit test, dated 04/08/2022, without evidence of the medical clearance. Record review showed Staff A did not have evidence of the annual medical clearance and fit test in April 2023 and 2024.

Review of staff records showed the AFH hired Staff B, Resident Manager, on 03/13/2020. Record review showed Staff B had documentation of a fit test, dated 04/08/2022, without evidence of the medical clearance. Record review showed Staff B did not have evidence of the annual medical clearance and fit test in April 2023 and 2024.

Review of staff records showed the AFH hired Staff C, Caregiver, on 12/20/2021. Record review showed Staff C had documentation of a fit test, dated 04/08/2022, without evidence of the medical clearance. Record review showed Staff C had the medical clearance and fit test, dated 06/23/2023. Record review showed Staff C did not have evidence of the medical clearance and fit test in June 2024.

Review of staff records showed the AFH hired Staff D, Caregiver, on 12/15/2022. Record review showed Staff D had documentation of a fit test, dated 09/13/2023, without

evidence of the medical clearance.

Interview, on 07/09/2024 at 2:25 PM, showed Staff B stating that they had worked hard on the home's written RPP. Staff B stated that they did not recognize the name of the RPP Administrator and trainer listed on the home's written RPP. Staff B acknowledged they did not have documentation of respirator training for each of their staff. Staff B stated that they and Staff A had done the fit test in 2023. Staff B stated that they would look for the missing documents to send to the Department by the next day. Filed and corrected trained staff.

Review of documents, received by the Department on 07/10/2024, showed Staff A had a fit test, dated 09/13/2023, without evidence of the medical clearance, and Staff B had the medical clearance and fit test, dated 05/18/2023. Renewed completed

<Medical Test Site Waiver (MTSW)>
Review of Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as a Covid-19 [an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death] test), or interprets the test results, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application. Formed sent in with $ to DOH today.

In an interview, on 07/09/2024 at 10:40 AM, Staff B reported that they and Staff C conducted Covid testing on Resident 1 and Resident 4 in recent weeks by using the Covid-19 home test kits. Staff B stated that they had heard about the MTSW requirement, but they had not obtained the MTSW license for the home yet. Staff B stated that they would apply for the MTSW license right away.

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, Happy Family Adult Family Home #4 is or will be in compliance with this law and / or regulation on (Date) 7/31/24.

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

Janie Payne GM — 7/31/24

Provider (or Representative) — Date

evidence of the medical clearance.

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Review of documents, received by the Department on 07/10/2024, showed Staff A had a fit test, dated 09/13/2023, without evidence of the medical clearance, and Staff B had the medical clearance and fit test, dated 05/18/2023.

<Medical Test Site Waiver (MTSW)>
Review of Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as a Covid-19 [an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death] test), or interprets the test results, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application.

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Attestation Statement

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

_____ _____

Provider (or Representative) Date

Statement of Deficiencies	License #: 754445	Compliance Determination # 43914
Plan of Correction	Happy Family Adult Family Home #4	Completion Date
Page of 10	Licensee: Happy Family Adult Family Home #4	07/17/2024

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep the laundry room in clean and sanitary condition. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for a decreased quality of life.

Findings included...

Observation of the AFH's laundry room and interview, on 07/09/2024 at 4:30 PM, showed a half-inch thick buildup of dust and lint covering the surfaces of the air vent on the ceiling, window blinds, floors, and walls near the dryer. Staff B, Resident Manager, stated that they didn't know the laundry room was in this condition. Staff B stated that they would ask AFH staff to clean the laundry room right away. Taken care of will continue to monitor

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, Happy Family Adult Family Home #4 is or will be in compliance with this law and / or regulation on (Date) 7/31/24.

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

Janie Payne GM — Provider (or Representative)

7/31/24 — Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep the laundry room in clean and sanitary condition. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for a decreased quality of life.

Findings included...

Observation of the AFH's laundry room and interview, on 07/09/2024 at 4:30 PM, showed a half-inch thick buildup of dust and lint covering the surfaces of the air vent on the ceiling, window blinds, floors, and walls near the dryer. Staff B, Resident Manager, stated that they didn't know the laundry room was in this condition. Staff B stated that they would ask AFH staff to clean the laundry room right away.

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, Happy Family Adult Family Home #4 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
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Happy Family Adult Family Home #4 LLC
Happy Family Adult Family Home #4
21905 55th Ave W
Mountlake Terrace, WA 98043

RE: Happy Family Adult Family Home #4 # 754445

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/17/2024 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 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10198 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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

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

The personnel record for Staff D, Caregiver, was missing the orientation form, valid background check, Tuberculosis test results, cardiopulmonary resuscitation/ 1st aid, HIV (Human Immunodeficiency Virus) training, and specialty training in Developmental Disabilities. Staff B, Resident Manager, sent Staff D's missing documents to the Department the next day.

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 (206)914-5042.

Sincerely,

Renee Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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