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

Hewa Adult Family Homes LLC

Hewa Adult Family Homes LLC
138 Rhubarb Street SW
Pacific, WA 98047

RE: Hewa Adult Family Homes LLC License # 754457

Dear Provider:

This letter addresses Compliance Determination(s) 31606 (Completion Date 11/01/2023) and 27236 (Completion Date 08/08/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/01/2023 and found that you have corrected the violations listed in the Full report dated 08/08/2023. Your home is back in compliance as of 09/28/2023 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 388-76-10198, WAC 388-76-10198-1, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-2-d, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10315, WAC 388-76-10315-1, WAC 388-76-10315-1-g, WAC 388-76-10315-2

The Department staff who did the off-site verification:
Susan Aromi, Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
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 #: 754457	Compliance Determination # 27236
Plan of Correction	Hewa Adult Family Homes LLC	Completion Date
Page 1 of 5	Licensee: Hewa Adult Family Homes LLC	08/08/2023

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 07/25/2023 and 07/25/2023 of:
Hewa Adult Family Homes LLC
138 Rhubarb Street SW
Pacific, WA 98047

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Susan Aromi, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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.

Dahl Kim
Residential Care Services

08/18/2023
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

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Hewa Adult Family Homes LLC
138 Rhubarb Street SW
Pacific, WA 98047

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

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Susan Aromi, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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

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.

GUIDING WAYWARD
Provider (or Representative)

08/28/2023.
Date

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:

(1) Staff information such as address and contact information.

(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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 3 current staff (Staff A, Entity Representative/Resident Manager, Staff B, Caregiver, and Staff C, Caregiver) and 6 of 6 former staff (Staff D, E, F, G, H and I, Caregivers) had complete sets of staff records readily available to review. This failure delayed the department from determining if Staff A, B, C, D, E, F, G, H and I were qualified to care for the AFH's residents.

Findings included...

Observation on 07/25/2023 at 10:31 AM showed Staff B and Staff C with two residents (Residents 1 and 2) at the AFH.

In an interview on 07/25/2023 at 10:31 AM, Staff C said that Staff A was not at the AFH. Staff C said that Staff A was at the AFH once a week.

In an interview on 07/25/2023 at 10:32 AM, Staff B said that they had a third resident (Resident 3), who was out for an appointment. Staff C said they (Staff C) and Staff B were full time caregivers, and Staff D started in July 2023. Staff C said Staff E, F, G, H and I were former caregivers.

Provider (or Representative) Date

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:

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(3) Tuberculosis testing results.

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 3 current staff (Staff A, Entity Representative/Resident Manager, Staff B, Caregiver, and Staff C, Caregiver) and 6 of 6 former staff (Staff D, E, F, G, H and I, Caregivers) had complete sets of staff records readily available to review. This failure delayed the department from determining if Staff A, B, C, D, E, F, G, H and I were qualified to care for the AFH's residents.

Findings included…

Observation on 07/25/2023 at 10:31 AM showed Staff B and Staff C with two residents (Residents 1 and 2) at the AFH.

In an interview on 07/25/2023 at 10:31 AM, Staff C said that Staff A was not at the AFH. Staff C said that Staff A was at the AFH once a week.

In an interview on 07/25/2023 at 10:32 AM, Staff B said that they had a third resident (Resident 3), who was out for an appointment. Staff C said they (Staff C) and Staff B were full time caregivers, and Staff D started in July 2023. Staff C said Staff E, F, G, H and I were former caregivers.

When asked to bring out the staff records, on 07/25/2023 at 12:35 PM, Staff C said that Staff A had the records of all the current and the former staff.

In a phone interview on 07/25/2023 at 12:39 PM, Staff A said that they removed all the staff records from the AFH. Staff A added that they had former staff who took their own records when they left. Staff A said they would submit all the requested staff records on 07/27/2023 morning to the department office. The department staff was not in the office on 07/26/2023.

On 07/27/2023 at 9:18 AM, Staff A phoned the department staff to clarify what records to bring, then said they were on their way to the department office.

On 07/27/2023 at 1:08 PM, Staff A left the department staff a phone message stating that they were "running really late" and when they got to the AFH, they just remembered that Residents 1 and 2 "had appointments and they were behind". Staff A asked if they could bring the staff records to the department office on 07/28/2023. The department staff was not scheduled to work on 07/28/2023.

The department staff phoned Staff A on 08/01/2023 at 12:08 PM to bring the requested staff records to the department office. Staff A arrived at 2:12 PM with the current and former staff's records. When reviewed Staff A's Nursing Assistant Certification (NAC) expired on 03/28/2023. Staff A said they would send to the department their current NAC. Staff A brought Staff C's complete records instead of Staff B's (sampled staff) complete records. Staff A said that Staff D was hired in July 2023 and left a week later. Staff A did not bring the requested orientation, hire date and background check records for Staff D. Staff A did not bring the requested departure date records of the former staff (Staff D, E, F, G, H and I).

Staff A e-mailed the following staff records to the department on 08/02/2023 at 12:50 AM: Staff A's Nursing Assistant Certification with an expiration date of 03/28/2024, Staff B's current Food Handler Card and Washington name and date-of-birth background check (NDOBBC), Staff D's hire date and NDOBBC, and the departure dates of the former staff (Staff D, E, F, G, H and I).

On 08/02/2023 at 4:10 PM, the department staff phoned Staff A to inform them the department had not received Staff C's tuberculosis (TB, a communicable disease affecting the lungs) test results and fingerprint background check.

The AFH e-mailed to the department, on 08/08/2023 at 10:02 AM, Staff C's TB test results and fingerprint background check.

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, Hewa Adult Family Homes LLC is or will be in compliance with this law and / or regulation on (Date) 09/28/2023. GW

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

When asked to bring out the staff records, on 07/25/2023 at 12:35 PM, Staff C said that Staff A had the records of all the current and the former staff.

In a phone interview on 07/25/2023 at 12:39 PM, Staff A said that they removed all the staff records from the AFH. Staff A added that they had former staff who took their own records when they left. Staff A said they would submit all the requested staff records on 07/27/2023 morning to the department office. The department staff was not in the office on 07/26/2023.

On 07/27/2023 at 9:18 AM, Staff A phoned the department staff to clarify what records to bring, then said they were on their way to the department office.

On 07/27/2023 at 1:08 PM, Staff A left the department staff a phone message stating that they were "running really late" and when they got to the AFH, they just remembered that Residents 1 and 2 "had appointments and they were behind". Staff A asked if they could bring the staff records to the department office on 07/28/2023. The department staff was not scheduled to work on 07/28/2023.

The department staff phoned Staff A on 08/01/2023 at 12:08 PM to bring the requested staff records to the department office. Staff A arrived at 2:12 PM with the current and former staff's records. When reviewed Staff A's Nursing Assistant Certification (NAC) expired on 03/28/2023. Staff A said they would send to the department their current NAC. Staff A brought Staff C's complete records instead of Staff B's (sampled staff) complete records. Staff A said that Staff D was hired in July 2023 and left a week later. Staff A did not bring the requested orientation, hire date and background check records for Staff D. Staff A did not bring the requested departure date records of the former staff (Staff D, E, F, G, H and I).

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

Katrina Unwarth
Provider (or Representative)

08/28/2023
Date

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

(2) Ensure staff has access to the parts of residents' records needed by staff to provide care and services; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have complete records for 2 of 2 sampled residents (Residents 1 and 2) readily available to the department staff for review. This failure delayed the department from knowing if the home was in compliance with regulations. In addition, the AFH failed to ensure the caregivers had access to Residents 1, 2 and 3's Assessment and Negotiated Care Plan (NCP). This failure placed the residents at risk of their needs not being recognized and met.

Findings included...

Observation on 07/25/2023 at 10:31 AM showed two residents (Residents 1 and 2) at the AFH with Staff B and Staff C (Caregivers). Staff B said Staff A, Entity Representative/Resident Manager, was not at the AFH. Staff C said that Staff A was at the AFH once a week.

In an interview on 07/25/2023 at 10:32 AM, Staff C said they had a third resident (Resident 3), who was out for a medical appointment. Staff C said they provided care and services to all three residents.

On 07/25/2023 at 12:31 PM, the department staff asked Staff C for Residents 1 and 2's records (Assessment, NCP, Medicaid Acceptance Policy, Personal Belongings Inventory, Admission Agreement and Disclosure of Charges). Staff C provided the department staff a white plastic binder with blank forms (NCP, Personal Belongings Inventory, Admission Agreement and Disclosure of Charges, among others). When asked where the filled-out resident records were, Staff C said Staff A had them. The only resident records available at the AFH were the 2023 medication logs for Residents 1, 2 and 3. Staff C proceeded to phone someone.

In a phone interview on 07/25/2023 at 12:38 AM, Staff A said that they took all of Residents 1, 2 and 3's records out of the AFH and locked them up as they had staff who left and tried to access the residents' information. Staff A said they would come to the department office and bring all the requested resident records in the morning of 07/27/2023, for the department staff's review.

In an interview on 07/25/2023 at 1:41 PM, Staff B said they were hired in July 2022. Staff B

Provider (or Representative) Date

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In an interview on 07/25/2023 at 10:32 AM, Staff C said they had a third resident (Resident 3), who was out for a medical appointment. Staff C said they provided care and services to all three residents.

On 07/25/2023 at 12:31 PM, the department staff asked Staff C for Residents 1 and 2's records (Assessment, NCP, Medicaid Acceptance Policy, Personal Belongings Inventory, Admission Agreement and Disclosure of Charges). Staff C provided the department staff a white plastic binder with blank forms (NCP, Personal Belongings Inventory, Admission Agreement and Disclosure of Charges, among others). When asked where the filled-out resident records were, Staff C said Staff A had them. The only resident records available at the AFH were the 2023 medication logs for Residents 1, 2 and 3. Staff C proceeded to phone someone.

In a phone interview on 07/25/2023 at 12:39 AM, Staff A said that they took all of Residents 1, 2 and 3's records out of the AFH and locked them up as they had staff who left and tried to access the residents' information. Staff A said they would come to the department office and bring all the requested resident records in the morning of 07/27/2023, for the department staff's review.

In an interview on 07/25/2023 at 1:41 PM, Staff B said they were hired in July 2022. Staff B

said they did not remember when they last read the care plans of Residents 1, 2 and 3. When asked if they had seen any of the residents' records, Staff B did not respond.

In an interview on 07/25/2023 at 1:54 PM, Staff C said that Staff A locked the residents records to protect them. Staff C said they did not know where Staff A locked the records.

On 07/27/2023 at 9:18 AM, Staff A phoned the department staff to clarify what records to bring, then said they were on their way to the department office.

On 07/27/2023 at 1:08 PM, Staff A left the department staff a phone message stating that they were "running really late" and when they got to the AFH, they just remembered that Residents 1 and 2 "had appointments and they were behind". Staff A asked if they could bring the requested records to the department office on 07/28/2023. The department staff was not scheduled to work on 07/28/2023.

On 08/01/2023 at 2:12 PM, Staff A brought the complete records of Residents 2 and 3, and only the Assessment and NCP for Resident 1. The department staff had requested for the complete records of the sampled residents, Residents 1 and 2, not Resident 3. Staff A said they would scan at the AFH, Resident 1's Medicaid Acceptance Policy, Personal Belongings Inventory, Admission Agreement and Disclosure of Charges, then e-mail them to the department. Staff A said that all their resident records were actually locked in a filing cabinet in the AFH garage. Staff A said that they were the only one who had the key to the filing cabinet.

The AFH e-mailed to the department on 08/02/2023 Resident 1's Personal Belongings Inventory and Disclosure of Charges.

On 08/02/2023 at 4:10 PM, the department staff phoned Staff A to inform them the department had not received the following records: Resident 1's Medicaid Acceptance Policy and Admission Agreement.

The AFH e-mailed to the department, on 08/08/2023 at 10:02 AM, Resident 1's Medicaid Acceptance Policy and Admission Agreement.

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, Hewa Adult Family Homes LLC is or will be in compliance with this law and / or regulation on (Date) 08/28/2023. EW

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

EVELINE WANGARI — 08/28/2023.

Provider (or Representative) — Date

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In an interview on 07/25/2023 at 1:54 PM, Staff C said that Staff A locked the residents records to protect them. Staff C said they did not know where Staff A locked the records.

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On 08/02/2023 at 4:10 PM, the department staff phoned Staff A to inform them the department had not received the following records: Resident 1's Medicaid Acceptance Policy and Admission Agreement.

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

_____ _____

Provider (or Representative) Date