STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Peak Adult Care Home LLC

Peak Adult Care Home LLC
13904 SE 11th St
Vancouver, WA 98683

RE: Peak Adult Care Home LLC License # 754501

Dear Provider:

This letter addresses Compliance Determination(s) 36806 (Completion Date 03/13/2024) and 33538 (Completion Date 12/21/2023).

The Department completed a follow-up inspection of your Adult Family Home on 03/13/2024 and found that you have corrected the violations listed in the Full report dated 12/21/2023. Your home is back in compliance as of 02/01/2024 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 388-76-10650-2-a, WAC 388-76-10310-1, WAC 388-76-10265-1-d, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-76-10161-2

The Department staff who did the on-site verification:
Sarah Bjork, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 12/06/2023 and 12/06/2023 of:
Peak Adult Care Home LLC
13904 SE 11th St
Vancouver, WA 98683

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:

Sarah Bjork, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Jennifer LeMaster
Residential Care Services

12/26/2023
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) 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 and interview, the adult family home failed to ensure an assessment was completed which evaluated need for and use for medical devices for one of five residents (Resident 4/R4) who used [redacted] and a [redacted]. This failure placed R4 at risk for not being professionally determined to be an appropriate candidate and placed R4 at risk for subsequent harm.

Findings included...

During an initial interview with the provider at 11:58 AM, during a full inspection at the adult family home on 12/06/2023, the provider stated R4 used a wheelchair and was dependent on staff for transfers with a [redacted].

During a tour of the home (12:15 PM), R4's bed was observed to have [redacted] and a [redacted] device.

Record review of a prescription dated 12/14/2022 read [redacted] for sides of bed, 2, always daily PRN (as needed."

During an interview with the Provider at 12:15 PM, when asked if a medical device assessment had been completed for R4, the provider and manager searched through files and were unable to locate an assessment. The provider stated an assessment would be scheduled.

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, Peak Adult Care Home LLC 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 388-76-10265 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;

WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to have evidence of testing for Tuberculosis (TB) as required for the provider and Staff A (caregiver). This failure resulted in being unable to determine whether the provider and Staff A were safe to work with residents.

Findings included...

During an interview with the provider at 12:09 PM, during a full inspection at the adult family home on 12/06/2023, the provider stated he worked full time at the adult family home and lived onsite. He stated Staff A, caregiver, worked full time at the adult family home.

Staff records were reviewed and discussed with the provider at 1:45 PM on 12/06/2023. The provider was unable to locate any of his TB testing records. Staff A's undated hire and orientation checklist documented Staff A was hired 04/20/2019 and was oriented to the home on 02/19/2019. Staff A had documentation of a (negative) X-ray dated 03/06/2015 and a (negative) TB blood test dated 03/11/2015. No evidence of testing for TB test within three days of Staff A's date of hire was found.

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, Peak Adult Care Home LLC 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 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure background checks were completed and/or available to review for four of four staff (the provider, Staff A/caregiver, Staff B/caregiver, Staff C/on-call caregiver). This failure resulted in being unable to verify the adult family home did not have disqualifying findings on their criminal background checks.

Findings included...

During an interview with the provider at 12:09 PM, during a full inspection at the adult family home on 12/06/2023, the provider stated he worked full time at the adult family home and lived onsite. He stated Staff A and Staff B, caregivers, worked full time at the adult family home. He stated Staff C worked at the adult family home on an as-needed basis.

Staff records were reviewed and discussed with the provider at 1:45 PM on 12/06/2023. The provider was unable to locate his national fingerprint criminal background check. Staff A's undated hire and orientation checklist documented a hire date of 04/20/2019. The provider was unable to find a national fingerprint criminal background check for Staff A. The provider estimated Staff B was hired 11/09/2023 and did not have a hire/orientation checklist for Staff C as the provider stated Staff C was only a back-up caregiver. The provider was not able to find any background checks for Staff C and Staff D. A scan was received on 12/08/2023 which included a Washington state criminal background check for Staff B and Staff C. Both background checks were unreadable. The provider stated they would resend along with the national fingerprint background checks when they were

located.

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, Peak Adult Care Home LLC 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
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

12/26/2023

Peak Adult Care Home LLC
Peak Adult Care Home LLC
13904 SE 11th St
Vancouver, WA 98683

RE: Peak Adult Care Home LLC # 754501

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/21/2023 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:

Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• 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 388-76-10015 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

The adult family home failed to ensure staff were tested for appropriate fit for respirators as a part of a respiratory protection program. The adult family home did not have Medical Test Site Waiver certification in place.

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.

Resident 2 was admitted to the home on [redacted]/2021. A notice of services was not found for Resident 2.

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

Resident 3's most recent assessment was completed 03/07/2022. The provider stated he would schedule an assessment for Resident 3 and that Resident 3 had not experienced significant changes in their care needs or preferences.

WAC 388-76-10191 Liability insurance required. The adult family home must:

(3) Have evidence of liability insurance coverage available if requested by the department.

The provider was not able to locate a current policy of liability insurance and only had evidence of a quote.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit F
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:
Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 IDR**s 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