STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036

12/29/2021

Family Care One AFH LLC
Family Care One AFH LLC
13028 133RD PL NE
KIRKLAND, WA 98034

RE: Family Care One AFH LLC License # 754504

Dear Provider:

This letter addresses Compliance Determination(s) 2828 (Completion Date 12/29/2021) and 1850 (Completion Date 12/08/2021).

The Department completed a follow-up inspection of your Adult Family Home on 12/29/2021 and found no deficiencies. Your home meets the Adult Family Home licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10380-4

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

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036

12/16/2021

CERTIFIED MAIL

9489 0090 0027 6072 4329 74

Licensee: Family Care One AFH LLC
Family Care One AFH LLC
13028 133RD PL NE
KIRKLAND, WA 98034

RE: Family Care One AFH LLC License # 754504

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/08/2021 and found that your home does not meet the Adult Family Home licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Brenda Mooney, Field Manager
Residential Care Services
Region 2, Unit I
20816 44th Ave West, Suite 240
Lynnwood, WA 98034-98036

• 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.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

• 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.

If You Have Any Questions:

• Please contact me at (425)670-6061.

Sincerely,

Brenda Mooney

Brenda Mooney, 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:
Brenda Mooney, Field Manager

Residential Care Services
Region 2, Unit I
20816 44th Ave West, Suite 240
Lynnwood, WA 98034

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20816 44th Ave West, Suite 240, 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 12/01/2021 and 12/01/2021 of:

Family Care One AFH LLC
13028 133RD PL NE
KIRKLAND, WA 98034

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
20816 44th Ave West, Suite 240
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.

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.

Provider (or Representative) — 12/18/21 Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to review and update the negotiated care plan (NCP) for one of two residents (Resident 2) at least every twelve months. This failure placed the resident at risk of unrecognized/ unmet care needs.

Findings included...

On 12/01/2021, record review showed Resident 2 had been living in the AFH for several years and they continued to stay after the change of ownership took place on 05/04/2020. Record review showed Resident 2 had medically disabling diagnoses including [redacted] and [redacted]. Record review showed the resident's NCP was last reviewed and signed on 06/05/2020. There was no evidence Staff A, Entity Representative, reviewed the resident's NCP in June 2021.

During an interview on 12/01/2021 at 11:55 AM, Staff A, stated that they did not realize the resident's NCP was due for review in June 2021. Staff A stated that they did not know they had to review the NCP at least every twelve months. Staff A promptly reviewed the NCP and called the resident's representative during the inspection. On 12/02/2021, a copy of the signature page of Resident 2's NCP was received from the home via email. Review of the emailed document showed both Staff A and the resident's representative signed the NCP on 12/01/2021.

called provider 12/20/2021 confirmed date as 12/18/21 BB

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, Family Care One AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/18/21.

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

Provider (or Representative) — 12/18/21 Date