STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Rainier View AFH LLC

Rainier View AFH LLC
7913 Connells Prairie Rd E
Bonney Lake, WA 98391

RE: Rainier View AFH LLC License # 754517

Dear Provider:

This letter addresses Compliance Determination(s) 37106 (Completion Date 02/20/2024) and 34731 (Completion Date 01/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/20/2024 and found that you have corrected the violations listed in the Full report dated 01/04/2024. Your home is back in compliance as of 02/18/2024 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 388-76-10280-2, WAC 388-76-10280-1, WAC 388-76-10280, WAC 388-76-10285-2, WAC 388-76-10285-1, WAC 388-76-10285, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 01/03/2024 and 01/03/2024 of:
Rainier View AFH LLC
7913 Connells Prairie Rd E
Bonney Lake, WA 98391

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:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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

01/05/2024
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) 02/18/2024 Date

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 3 staff (Caregiver A) had a single tuberculosis (TB, an infectious disease) test after their date of hire. This failure placed 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) at risk of being exposed to an infectious disease.

Findings included...

On 01/03/2024, record review showed Caregiver A (CG A) was hired 11/11/2023, but had documentation of one TB test completed on 10/04/2023. There was no other documentation CG A had been tested for TB after that date.

On 01/03/2024 at 3:30 PM, when asked why CG A only completed one TB test, the Provider stated they will make sure CG A completed another one.

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, Rainier View AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/18/2024.

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

Provider (or Representative) 02/18/2024 / 01/17/2024 Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 3 staff (Provider) had a two-step tuberculosis (TB, an infectious disease) test within three days of hire. This failure placed 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) at risk of being exposed to an infectious disease.

Findings included...

On 01/03/2024, record review showed the Provider opened their AFH on 09/11/2019, and had documentation of one negative TB test on 06/17/2019. There was no documentation the Provider completed a second TB test in the years after their AFH opened.

On 01/03/2024 at 3:30 PM, when asked why there was no documentation of a second TB test, the Provider replied they must have had documentation because it was a requirement to get their AFH license.

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, Rainier View AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/18/2024 .

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

[signature]
Provider (or Representative)

02/18/2024/01/17/2024
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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interviews, and record review, the adult family home (AFH) failed to ensure 1 of 2 residents (Resident 2) who had [redacted] (a medical device with known safety risks) had an assessment on how the [redacted] were used, had the risks and benefits reviewed by the resident or representative, and had documentation in their negotiated care plans (NCPs) how the [redacted] were used. These failures placed Resident 2 at risk of injury.

Findings included…

On 01/03/2024 at 10:34 AM, observation showed [redacted] were on Resident 2's (R2) bed.

On 01/03/2024, record review showed they admitted to the AFH on [redacted]/2023, and no documentation of an assessment was completed prior to the use of [redacted] no risks and benefits had been reviewed by the resident or representative, and no documentation was in the NCP on how the [redacted] were used.

On 01/03/2024, at 2:46 PM, when R2 was asked what they used the [redacted] for, R2 stated they hold on to the [redacted] for stability.

On 01/03/2024, at 3:30 PM, when asked why R2 did not have documentation an assessment was completed prior to the use of [redacted] documentation the benefits had been reviewed by the resident or representative, and documentation in the NCP on how the [redacted] were used, the Provider stated they will work on getting the documentation completed.

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, Rainier View AFH 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.

License #: 754517
Rainier View AFH LLC
Licensee: Rainier View AFH LLC

Compliance Determination # 34731
Completion Date
01/04/2024

Provider (or Representative)

02/18/2024 / 01/17/2024
Date