STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Golden Horizon AFH
Golden Horizon AFH
9606 N Ridgecrest Dr
Spokane, WA 99208

RE: Golden Horizon AFH License # 754543

Dear Provider:

This letter addresses Compliance Determination(s) 32909 (Completion Date 11/21/2023) and 29694 (Completion Date 10/10/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/21/2023 and found that you have corrected the violations listed in the Full report dated 10/10/2023. Your home is back in compliance as of 11/20/2023 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 388-76-10700-2-b, WAC 388-76-10700-2, WAC 388-76-10700-2-a, WAC 388-76-10285-2, WAC 388-76-10285, WAC 388-76-10285-1

The Department staff who did the on-site verification:
Scott Sorensen, AFH Licensor

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 754543	Compliance Determination # 29694
Plan of Correction	Golden Horizon AFH	Completion Date
Page 1 of 4	Licensee: Golden Horizon AFH	10/10/2023

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

The department completed data collection for the unannounced on-site full inspection on 09/18/2023 and 09/27/2023 of:
Golden Horizon AFH
9606 N Ridgecrest Dr
Spokane, WA 99208

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

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo
Residential Care Services

10/17/2023
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.

Statement of Deficiencies	License # 754543	Compliance Determination # 29694
Plan of Correction	Golden Horizon AFH	Completion Date
Page 2 of 4	Licensee: Golden Horizon AFH	10/10/2023

Provider (or Representative) 10/20/2023 Date

WAC 388-76-10700 Building official inspection and approval. The adult family home must have the building inspected and approved for use as an adult family home by the local building official:

(2) After any construction changes that:

(a) Affect resident's ability to exit the home; or

(b) Change, add or modify a resident's bedroom.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a room was inspected and approved before being used as a bedroom for 1 of 1 residents (Resident 4). This failure resulted in the resident residing in a room that was not approved to be used as a resident bedroom.

Findings included...

Observation on 09/18/2023 at 10:40 AM showed the garage had been converted into two bedrooms and a bathroom. Resident 4 was resting in one of the bedrooms. The resident had their bed and their personal belongings in the room.

During an interview on 09/18/2023 at 11:50 AM, Staff A, Provider, stated that Resident 4's bedroom was one of the newly converted bedrooms and the final inspection by the department was not completed yet. Staff A stated that it was the resident's preference to stay in one of the new bedrooms.

Review of the floor plan key dated on 05/21/2020 (signed by the Provider) showed the home had four approved bedrooms (A, B, C, D). There was no documentation to show the garage was converted and the department had approved the new additions.

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, Golden Horizon AFH is or will be in compliance with this law and / or regulation on (Date) 11/20/2023

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

Statement of Deficiencies	License # 754543	Compliance Determination # 29694
Plan of Correction	Golden Horizon AFH	Completion Date
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Provider (or Representative) 10/20/2023 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 two-step tuberculosis (TB) testing was completed for 2 of 2 sample staff (Staff C & D). This placed the residents at risk for exposure to respiratory illness.

Findings included...

Review of Staff C's, Caregiver, employee file showed a single negative TB test result on 06/16/2021. There was no documentation that Staff C received a second TB test one to three weeks after the initial test was completed on 06/16/2021.

Review of Staff D's, Caregiver, employee file showed a single negative TB test result on 11/16/2021. There was no documentation that Staff D received a second TB test one to three weeks after the initial test was completed on 11/16/2021.

During an interview on 10/04/2023 at 10:30 AM, Staff A, Provider, stated that both Staff C and Staff D only had a one-step TB test 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, Golden Horizon AFH is or will be in compliance with this law and / or regulation on (Date) 11/20/2023 .

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

Statement of Deficiencies	License #: 754543	Compliance Determination # 29694
Plan of Correction	Golden Horizon AFH	Completion Date
Page 4 of 4	Licensee: Golden Horizon AFH	10/10/2023

Provider (or Representative)

10/20/2023
Date

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Golden Horizon AFH
Golden Horizon AFH
9606 N Ridgecrest Dr
Spokane, WA 99208

RE: Golden Horizon AFH # 754543

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/10/2023 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:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• 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 388-76-10350 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.

The home did not to obtain an annual assessment for one resident as required. No significant changes in the resident's level of care and services occurred during that time.

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 (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
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:
Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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