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

Cozy Place AFH LLC

Cozy Place AFH LLC
9527 E Mission Ave
Spokane Valley, WA 99206

RE: Cozy Place AFH LLC License # 754549

Dear Provider:

This letter addresses Compliance Determination(s) 30544 (Completion Date 10/04/2023) and 27797 (Completion Date 08/16/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/04/2023 and found that you have corrected the violations listed in the Full report dated 08/16/2023. Your home is back in compliance as of 08/26/2023 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 388-76-10015-1, WAC 388-76-10176-2

The Department staff who did the on-site verification:
Valorie Bradley, AFH/ALF Licensor

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

Sincerely,

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 # 754549	Compliance Determination # 27797
Plan of Correction	Cozy Place AFH LLC	Completion Date
Page 1 of 4	Licensee: Cozy Place AFH LLC	08/16/2023

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 08/08/2023 and 08/08/2023 of:
Cozy Place AFH LLC
9827 E Mission Ave
Spokane Valley, WA 99206

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF 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

08/23/2023 — 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 #: 754549	Compliance Determination # 27797
Plan of Correction	Cozy Place AFH LLC	Completion Date
Page 2 of 4	Licensee: Cozy Place AFH LLC	08/16/2023

Kate Farley 8/26/23
Provider (or Representative) Date

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

This requirement was not met as evidenced by:

WAC 296-842-15005 – Conduct fit testing.

(1) Provide, at no cost to the employee, fit tests for all tight-fitting respirators on the following schedule:

(a) Before employees are assigned duties that may require the use of respirators.

Based on record review and interview, the Adult Family Home (AFH) failed to ensure fit testing for an N95 mask was completed for 5 of 5 staff (Staff 1, 2, 3, 4 & 5). This failure placed residents at risk for exposure to communicable disease.

Findings included. . .

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed the AFH is required to fit test health care workers with a N95 mask for protection against communicable diseases.

Review of infection control records showed there was no documentation that Staff A, Provider, Staff B, Caregiver, Staff C, Caregiver, Staff D, Caregiver and Staff E, Caregiver, who worked in the AFH had been fit tested for N95 masks.

During an interview on 08/09/2023 at 9:25AM Staff A, Provider, stated they planned to conduct staff fit testing but postponed it due to sick calls and hiring of new employees.

Attestation Statement

• Fit tests completed 8/13/23

Statement of Deficiencies	License # 754549	Compliance Determination # 27797
Plan of Correction	Cozy Place AFH LLC	Completion Date
Page 3 of 4	Licensee: Cozy Place AFH LLC	08/16/2023

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, Cozy Place AFH LLC is or will be in compliance with this law and / or regulation on (Date) 8/26/23.

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

Katie Fraley — Provider (or Representative)

8/26/23 — Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure national final fingerprint results were obtained within 120 days of hire for 1of 17 former staff (Staff O). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included...

Review of Dear Provider letter "Resuming Fingerprint Background Checks" dated 04/28/2022 showed staff who began working between November 1, 2019, and April 30, 2022, would have 120 days to obtain non-disqualifying fingerprint results from the Background Check Central Unit (BCCU). This meant that providers must have non-disqualifying fingerprint results dated no later than August 28, 2022.

Review of employee records on 08/14/2023 showed Staff O, Former Caregiver, was hired on 04/12/2022 and departed on 10/12/2022 and had no record of a national fingerprint background check.

During an interview on 08/12/2023 at 4:23 PM Staff A, Provider, stated final fingerprint results were not obtained for Staff O because the employee was undecided about continuing employment and only worked 8 hours in May 2022 and 6 hours in October 2022.

Attestation Statement

Facility will adhere to WAC Deadlines.

Statement of Deficiencies	License #: 754549	Compliance Determination # 27797
Plan of Correction	Cozy Place AFH LLC	Completion Date
Page 4 of 4	Licensee: Cozy Place AFH LLC	08/16/2023

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, Cozy Place AFH LLC is or will be in compliance with this law and / or regulation on (Date) 8/26/23

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

Katie Frisby
Provider (or Representative)

8/26/23
Date

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

Cozy Place AFH LLC
Cozy Place AFH LLC
9527 E Mission Ave
Spokane Valley, WA 99206

RE: Cozy Place AFH LLC # 754549

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/16/2023 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 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

Review of emergency evacuation plan in the home showed the upper level of the AFH were one employee lived did not have the emergency evacuation posted.

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.

Review of resident records showed the notice of rights and services were not reviewed every 24 months for 1 of 2 sampled residents.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

Review of resident records showed no disclosure of charges for 2 of 2 sampled residents.

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