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

Tammie S. Harkins
Angel Cottage (AFH)
6611 W Mason Rd
Deer Park, WA 99006

RE: Angel Cottage (AFH) License # 754576

Dear Provider:

This letter addresses Compliance Determination(s) 30453 (Completion Date 10/03/2023) and 29196 (Completion Date 09/25/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/03/2023 and found that you have corrected the violations listed in the Full report dated 09/25/2023. Your home is back in compliance as of 09/07/2023 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 388-76-10165-1-a, WAC 388-76-10015-1

The Department staff who did the on-site verification:
Jacqueline Block, 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 # 754576	Compliance Determination # 29196
Plan of Correction	Angel Cottage (AFH)	Completion Date
Page 1 of 4	Licensee: Tammie S. Harkins	09/25/2023

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 09/07/2023 and 09/07/2023 of:
Angel Cottage (AFH)
6811 W Mason Rd
Deer Park, WA 99006

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:

Jacqueline Block, 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

09/27/2023
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.

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

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Residential Care Services

Date

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Statement of Deficiencies	License #: 754576	Compliance Determination # 29196
Plan of Correction	Angel Cottage (AFH)	Completion Date
Page 2 of 4	Licensee: Tammie S. Hankins	09/25/2023

Provider (or Representative) 9/27/23 Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth (NDOB) background check was completed every two years for 3 of 4 staff (Staff A, B & C) and 4 of 4 household members (Collateral Contact 1, Collateral Contact 2, Collateral Contact 3 & Collateral Contact 4). This placed residents at risk for receiving care or contact with persons not qualified to have access to vulnerable adults.

Findings included...

Review of staff records showed Staff A, Provider, Staff B, Caregiver, and Staff C, Caregiver, showed a NDOB background check that expired on 08/04/2023.

Review of household members NDOB showed Collateral Contact 1 (CC1), Household Member, Collateral Contact 2 (CC2), Household Member, and Collateral Contact 3 (CC3), Household Member, had NDOB background checks that expired on 08/04/2023. Collateral Contact 4 (CC4), Household Member, had a NDOB background check that expired on 07/16/2023.

In an interview on 08/07/2023 at 10:36 AM, Staff A stated Washington State NDOB background checks are all done at the same time and they thought the NDOB had to be completed every 3 years.

Attestation Statement

Provider (or Representative) Date

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Findings included...

Review of staff records showed Staff A, Provider, Staff B, Caregiver, and Staff C, Caregiver, showed a NDOB background check that expired on 06/04/2023.

Review of household members NDOB showed Collateral Contact 1 (CC1), Household Member, Collateral Contact 2 (CC2), Household Member, and Collateral Contact 3 (CC3), Household Member, had NDOB background checks that expired on 06/04/2023. Collateral Contact 4 (CC4), Household Member, had a NDOB background check that expired on 07/15/2023.

In an interview on 09/07/2023 at 10:36 AM, Staff A stated Washington State NDOB background checks are all done at the same time and they thought the NDOB had to be completed every 3 years.

Attestation Statement

Statement of Deficiencies	License #: 754576	Compliance Determination # 29196
Plan of Correction	Angel Cottage (AFH)	Completion Date
Page 3 of 4	Licensee: Tammie S. Harkins	09/25/2023

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, Angel Cottage (AFH) is or will be in compliance with this law and / or regulation on (Date) 9/7/23.

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

Provider (or Representative) 9/27/23 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:

Based on interview and record review, the Adult Family Home (AFH) failed to have a written respiratory program (RPP) including training on use of a respirator and fit testing for N95 respirators for 4 of 4 staff (Staff A, B, C & D). This failure placed residents at risk for exposure to communicable diseases.

Findings included...

WAC 296-842-12005
Develop and maintain a written program.

(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.

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 develop and maintain a Respiratory Protection Program. The letter also required the AFH to fit test health care workers with a N95 respirator for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 "Respirator Fit Testing and Respiratory Protection Program Resource" provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators.

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, Angel Cottage (AFH) 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

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(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:

Based on interview and record review, the Adult Family Home (AFH) failed to have a written respiratory program (RPP) including training on use of a respirator and fit testing for N95 respirators for 4 of 4 staff (Staff A, B, C & D). This failure placed residents at risk for exposure to communicable diseases.

Findings included…

WAC 296-842-12005
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(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.

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 develop and maintain a Respiratory Protection Program. The letter also required the AFH to fit test health care workers with a N95 respirator for protection against communicable diseases.

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Statement of Deficiencies	License #: 754576	Compliance Determination #: 29196
Plan of Correction	Angel Cottage (AFH)	Completion Date
Page 4 of 4	Licensee: Tammie S. Harkins	09/25/2023

Review of employee files showed there was no written respiratory protection program, no documentation that training for use of personal protective equipment or fit testing had occurred for Staff A, Provider, Staff B, Caregiver, Staff C, Caregiver, and Staff D, Caregiver.

In an interview on 09/07/2023 at 9:45 AM, Staff A stated that they did not have a respiratory protection program in place and none of the staff were fit tested for N95 respirators. Staff A stated that they were not aware of the requirement.

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, Angel Cottage (AFH) is or will be in compliance with this law and / or regulation on (Date) 9/13/23.

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

[signature] 9/27/23

Provider (or Representative) Date

Review of employee files showed there was no written respiratory protection program, no documentation that training for use of personal protective equipment or fit testing had occurred for Staff A, Provider, Staff B, Caregiver, Staff C, Caregiver, and Staff D, Caregiver.

In an interview on 09/07/2023 at 9:45 AM, Staff A stated that they did not have a respiratory protection program in place and none of the staff were fit tested for N95 respirators. Staff A stated that they were not aware of the requirement.

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, Angel Cottage (AFH) 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
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Tammie S. Harkins
Angel Cottage (AFH)
6611 W Mason Rd
Deer Park, WA 99006

RE: Angel Cottage (AFH) # 754576

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/25/2023 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 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

The home did not ensure 1 of 5 cats had an updated Rabies vaccine. Once the Provider was made aware of expired Rabies an appointment was made the same day and completed during the inspection.

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

To whom it may concern,
Our plan of correction is as follows,
-Staff A, B, C, and D received NDOB background checks on 9/7/23. CC 1, 2, 3, and 4 also had NDOB background checks done on 9/7/23.
-A RPP was written and gone over with all staff on 9/13/23, fit testing for masks were done on 9/13/23 as well. Fit tests were performed by Vlad Hivvrenko with Stayin alive CPR.

Thank you
Tammie Harkins
Angel Cottage AFH

9/27/23