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

Kings and Queens Adult Family Home LLC
Kings and Queens Adult Family Home
3825 W Broad Ave
Spokane, WA 99205

RE: Kings and Queens Adult Family Home License # 754643

Dear Provider:

This letter addresses Compliance Determination(s) 37639 (Completion Date 03/01/2024) and 35820 (Completion Date 02/05/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/01/2024 and found that you have corrected the violations listed in the Full report dated 02/05/2024. Your home is back in compliance as of 02/29/2024 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 388-76-10285-2, WAC 388-76-10146-2-e, WAC 388-112A-0610-1-a-i, WAC 388-112A-0610-1-a-iii, WAC 388-112A-0610-1-a-iv, WAC 388-76-10810-2-b

The Department staff who did the on-site verification:
Selena Clemons, NCI-Complaint Investigator

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

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 01/25/2024 and 01/25/2024 of:
Kings and Queens Adult Family Home
3825 W Broad Ave
Spokane, WA 99205

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Selena Clemons, NCI-Complaint Investigator

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.

_____ _____
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.

CHARLES M. NEW Provider (or Representative) 02/16/2024 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:

(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 a second tuberculosis (TB) test was completed one to three weeks after the first test for 4 of 7 current caregivers (Staff B, C, D, & F). This failure placed residents at risk of exposure to tuberculosis.

Findings included...

Review of the employee file for Staff B, Caregiver, showed they were hired on 03/15/2023 and completed a one-step TB skin test on 02/11/2023. There was no record of completion of a second TB skin test.

Review of the employee file for Staff C, Caregiver, showed they were hired on 10/16/2022 and completed a one-step TB skin test on 10/14/2022. There was no record of completion of a second TB skin test.

Review of the employee file for Staff D, Caregiver, showed they were hired on 02/17/2023 and completed a one-step TB skin test on 02/08/2023. There was no record of completion of a second TB skin test.

Review of the employee file for Staff F, Caregiver, showed they were hired on 02/02/2023 and completed a one-step TB skin test on 01/20/2023. There was no record of completion of a second TB skin test.

On 01/25/2024 at 2:45 PM, Staff A, Provider, stated they were not aware of the requirement to complete a second TB skin test one to three weeks after the first test.

Attestation Statement

Statement of Deficiencies	License # 754843	Compliance Determination # 35820
Plan of Correction	Kings and Queens Adult Family Home	Completion Date
Page 3 of 6	Licensee: Kings and Queens Adult Family Home	02/05/2024

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, Kings and Queens Adult Family Home is or will be in compliance with this law and / or regulation on (Date): 02/29/2024

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

CHARLES M. NJOKU 02/16/2024

Provider (or Representative) Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 12 hours of Department of Social and Health Services (DSHS) approved continuing education was completed within the required timeframe for 2 of 7 current caregivers (Staff A & G). This failure resulted in residents receiving care from unqualified caregivers.

Findings included...

Review of Dear Provider Letter dated 09/09/2022 entitled "Governor's Proclamations Related to COVID-19 Ending October 31" showed that the waivers for long-term care

worker training requirements, which included continuing education, ended effective 10/27/2022.

Review of the Dear Provider Letter dated 03/03/2023 entitled "Emergency Rules Filed to Amend Long-Term Care Worker Continuing Education Deadlines" showed that long-term care workers in AFH's were required to complete the continuing education that came due between 03/16/2020 to 10/27/2022 no later than 06/31/2023.

On 01/25/2024 review of the employee record showed Staff A, Caregiver, held a Nursing Assistant Certification (NAC) and had documentation of seven hours of completed DSHS approved continuing education. Based on their birthday, Staff A was required to complete 12 hours of DSHS approved continuing education between 10/29/2022 and 10/29/2023. Staff A completed seven hours of continuing education which did not meet the requirement to complete 12 hours of DSHS continuing education.

On 01/25/2024 review of the employee record showed Staff G, Caregiver, held a Home Care Aide (HCA) certification and had documentation of three hours of completed DSHS approved continuing education. Based on their birthday, Staff G was required to complete 12 hours of continuing education between 09/23/2022 and 09/23/2023. Staff G completed three hours of continuing education which did not meet the requirement to complete 12 hours of DSHS continuing education.

On 01/25/2024 at 2:45 PM, Staff A stated they believed themselves and Staff G had completed 12 hours of DSHS approved continuing education through 2022 and 2023 and would look for the remaining certificates of completion.

On 01/31/2024 Staff A sent the Department certificates of completion showing that Staff A had completed eight hours of DSHS approved continuing education on 01/29/2024 (4 days after the inspection.) Staff A also sent the Department certificates of completion showing that Staff G had completed eight hours of DSHS approved continuing education on 01/29/2024 (4 days after the inspection) and one hour of DSHS approved continuing education on 01/27/2024 (2 days after the inspection.

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, Kings and Queens Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 02/29/2024

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

CHARLES M. NJERU 02/16/2024
Provider (or Representative) Date

Statement of Deficiencies	License # 754643	Compliance Determination # 35820
Plan of Correction	Kings and Queens Adult Family Home	Completion Date
Page 5 of 5	Licensee: Kings and Queens Adult Family Home	02/05/2024

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 fire extinguishers (Upper Level and Basement fire extinguishers) were inspected and serviced annually. This failure placed residents at risk for harm in the event of a fire.

Findings included...

On 01/25/2024 at 1:05 PM, observation of the fire extinguisher on the upper level of the AFH showed it was last serviced in November 2022. At 1:25 PM observation of the fire extinguisher on the basement level showed it was last serviced in November 2022. Both fire extinguishers were 14 months overdue for inspection and service.

On 01/25/2024 at 2:45 PM, Staff A, Provider, stated they were unaware the fire extinguishers were overdue for inspection and servicing.

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, Kings and Queens Adult Family Home is or will be in compliance with this law and / or regulation on

(Date) 02/29/2024

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

CHARLES M. NJERU — 02/16/2024

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

Kings and Queens Adult Family Home LLC
Kings and Queens Adult Family Home
3825 W Broad Ave
Spokane, WA 99205

RE: Kings and Queens Adult Family Home # 754643

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/05/2024 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 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

Based on housing six residents and six staff members, the adult family home was required to store 36 gallons of emergency water on-site, and only 18 gallons of water were observed during the inspection. The provided stated they would obtain more water. There was no negative outcome to the 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