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) 45868 (Completion Date 08/20/2024) and 42157 (Completion Date 06/27/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/20/2024 and found that you have corrected the violations listed in the Complaint report dated 06/27/2024. Your home is back in compliance as of 06/27/2024 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 388-76-10225-3-b

The Department staff who did the on-site verification:
Lisa Pickett, Complaint Investigator

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services

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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 an unannounced on-site complaint investigation on 06/04/2024 and 06/04/2024 of:

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

This document references the following complaint number(s): 131879, 134799

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Lisa Pickett, 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.

Selena Clemons — Residential Care Services

07/02/2024 — 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) Date

WAC 388-76-10225 Reporting requirement.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(b) The department's complaint toll-free hotline number.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to report to the Department Complaint Resolution Unit (CRU) an outbreak of COVID-19 for 3 of 6 (Resident 2, 3, & 6). This failure resulted in the Department not being notified of the COVID-19 outbreak in the home.

Findings included...

Review of the Department's Secure Tracking and Reporting System (STARS) on 06/04/2024 showed no record of a report submitted by the AFH regarding a resident who tested [redacted] for COVID-19.

Record review of the AFH incident reports showed Resident 2 tested [redacted] for COVID-19 on 05/21/2024, Resident 3 and Resident 6 tested [redacted] on 05/20/2024.

On 06/04/2024 at 9:40 AM, Staff B, Caregiver, stated Residents 2, 3, and 6 tested [redacted] for COVID-19.

On 06/10/2024 at 12:55 PM Collateral Contact 1 (CC1), Case Manager, stated Resident 6 tested [redacted] for COVID-19 and went to the hospital.

On 06/13/2024 at 2:00 PM, Staff A stated Residents 2, 3, and 6 tested [redacted] for COVID-19. Staff A stated they contacted the Department Hotline and were unable to provide a confirmation of that contact.

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)_____ .

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

_____ _____

Provider (or Representative) Date