STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223
1/16/2024

Mountain View AFH LLC
Mountain View AFH LLC
2545 Mountain View Road
Ferndale , WA 98248

RE: Mountain View AFH LLC License # 754721

Dear Provider:

This letter addresses Compliance Determination(s) 33811 (Completion Date 12/21/2023) and 31084 (Completion Date 10/18/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/21/2023 and found that you have corrected the violations listed in the Full report dated 10/18/2023. Your home is back in compliance as of 12/01/2023 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 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10522, WAC 388-76-10380-4, WAC 388-76-10750-11-b, WAC 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10015-1

The Department staff who did the on-site verification:
Candie Salatka, LTC Surveyor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 754721	Compliance Determination # 31084
Plan of Correction	Mountain View AFH LLC	Completion Date
Page 1 of 8	Licensee: Mountain View AFH LLC	10/18/2023

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 10/13/2023 and 10/13/2023 of:

Mountain View AFH LLC
2545 Mountain View Road
Ferndale , WA 98248

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Candie Salatka, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

11/13/2023
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.

Provider (or Representative) 11/29/2023 Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 2 of 2 sampled staff (Staff A, Entity Representive, Staff C, Caregiver) had a valid first aid and cardiopulmonary resuscitation (CPR) card or certificate. These failures placed residents at risk of harm from a delay in receiving emergency assistance from qualified caregivers.

Findings included...

Record review on 10/13/2023 at 2:10 PM, showed that Staff A's first aid and CPR certification expired in 09/2023.

Record review on 10/13/2023 at 2:10 PM, showed that Staff C's first aid and CPR certification expired in 05/2023.

During an interview, on 10/13/2023 at 1:15 PM, Staff A reported they forgot to renew their first aid and CPR certification. Staff A reported that Staff C also forgot to renew their certification.

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, Mountain View AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/28/2023.

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

Provider (or Representative) 11/29/2023 Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to provide 3 of 3 residents (Residents 1, 2 and 3) the AFH's policy on accepting Medicaid as a payment source. This failure placed residents at risk of not being fully informed of their rights or understanding the AFH's policy on accepting Medicaid as a payment source.

Findings included...

Record review, on 10/13/2023 at 10:45 AM, showed Resident 1's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review, on 10/13/2023 at 10:47 AM, showed Resident 2's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review, on 10/13/2023 at 10:50 AM, showed Resident 3's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

During an interview, on 10/13/2023 at 2:50 PM, Staff A (Entity Representative) stated they have the Medicaid form but forgot to have it signed.

Attestation Statement

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Provider (or Representative) 11/29/2023 Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure 1 of 3 residents (Resident 1) had a Negotiated Care Plan (NCP) that was reviewed and revised at least every 12 months. This failure placed Resident 1 at risk of unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2021. Review of Resident 1's NCP, dated 10/07/2021, showed that the NCP was 12 months overdue for review and revision.

During an interview, on 10/13/2023 at 2:15 PM, Staff A (Entity Representative) stated they did not realize the NCP was overdue.

Attestation Statement

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Provider (or Representative) 11/29/2023 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(11) Keep the home free from:

(b) Flies;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure the home was free from green flies. This failure placed residents (Residents 1, 2 and 3) at risk for exposure to an unsanitary environment with green flies.

Observation, on 10/13/2023 at 10:14 AM, showed several dead green flies in the windowsill in vacant Bedroom A.

Observation, on 10/13/2023 at 10:17 AM, showed at least a dozen of dead green flies in the windowsill in vacant Bedroom B.

Observation, on 10/13/2023 at 10:21 AM, showed several dead green flies in the windowsill in vacant Bedroom C.

Observation, on 10/13/2023 at 11:56 AM, showed a living green fly in the kitchen.

During an interview, on 10/23/2023 at 2:20 PM, Staff A (Entity Representative) stated new windows were recently installed in the vacant bedrooms and the flies must have entered the home when this occurred.

Attestation Statement

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Provider (or Representative) 11/29/2023 Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to secure all medications. The AFH also failed to ensure that medications requiring refrigeration were secured in medication lock box in the refrigerator. These failures placed 3 of 3 residents (Resident 1, 2 and 3) at risk for harm and safety by accessing medication not prescribed for them.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2021 with multiple diagnoses that included [redacted]). Review of Resident 1's assessment, dated 08/18/2023, showed Resident 1 required caregiver assistance with medication management.

Record review showed the AFH admitted Resident 2 on [redacted]/2022 with multiple diagnoses that included [redacted]. Review of Resident 2's negotiated care plan, dated 12/02/2022, showed Resident 2 required caregiver assistance with medication management and insulin (a hormone that helps sugar enter the body's cell so it can be used as energy) injections.

Record review showed the AFH admitted Resident 3 on [redacted]/2023 with multiple diagnoses. Review of Resident 3's assessment, dated 09/13/2023, showed Resident 3 required caregiver assistance with medication management.

Observation, on 10/13/2023 at 9:50 AM, showed a bookshelf, located in the living room, contained unsecured medications which included eyedrops, a box containing laxatives, and a bottle of antacid. The medications were over the counter and did not have pharmacy printed labels.

Observation, on 10/13/2023 at 10:00 AM, showed a brown bottle that was labeled hydrogen peroxide (a medication used on the skin to treat infections), sitting on the counter in the kitchen.

Observation, on 10/13/2023 at 10:06 AM, showed several unsecured insulin injection pens on the top shelf inside the refrigerator.

During an interview, on 10/13/2023 at 2:50 PM, Staff A (Entity Representative) stated that the medications on the bookshelf did not belong to the residents, and they forgot to put the medications up. Staff A stated they were not aware that medications in the refrigerator had to be secured. Staff A reported that the hydrogen peroxide should have been put back in the locked medication cabinet.

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, Mountain View AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/28/2023

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

Provider (or Representative) — Date 11/29/2023

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 record review and interview, the adult family home (AFH) failed to have a system in place to ensure 4 of 4 staff (Staff A, Entity Representative, Staff B, Caregiver, Staff C, Caregiver, Staff D, Caregiver) had respiratory training and respirator fit testing. The AFH also failed to have the Medical Test Site Waiver (MTSW) license required to check 1 of 1 resident's (Resident 2's) blood glucose. These failures placed AFH residents and staff at risk for illness and infection and Resident 2 at risk of receiving care and services from an AFH that did not have a MTSW license.

Findings included...

<Respiratory Protection>
Review of the Dear Provider Letter, dated 11/05/2021, listed resources to access for fit testing N95 respirators. The Dear Provider Letter showed the Washington State Department of Health website link to the Respiratory Protection Program for Long-Term Care Facilities.

Review of, Washington State Department of Health, "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Record review of Staff A's undated employee file on 10/13/2023 at 2:12 PM, showed no record of a respirator fit test.

Record review of Staff B's undated employee file on 10/13/2023 at 2:15 PM, showed no record of a respirator fit test.

Record review of Staff C's undated employee file on 10/13/2023 at 2:12 PM, showed no record of a respirator fit test.

Record review of Staff D's undated employee file on 10/13/2023 at 2:15 PM, showed no record of a respirator fit test.

In an interview, on 10/13/2023 at 2:52 PM, Staff A stated that they were not aware that respirator fit tests were required.

<Medical Test Site Waiver>
Review of the Dear Provider Letter, dated 04/01/2022, reviewed the requirements necessary for obtaining a medical test site waiver (MTSW) license. The Dear Provider Letter listed when a medical test site license is required to include; when the Adult Family Home provider administers a medical test blood glucose test (sugar in the blood), or interprets the test result, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application.

Record review of Resident 2's medication log, dated October 2023, showed the AFH admitted Resident 2 on [redacted]/2022 with multiple diagnoses including [redacted]. Record review of Resident 2's assessment, dated 12/02/2022, showed Resident 2 required nurse delegation for AFH staff to perform blood glucose testing, monitoring, and administer medication by injection.

During an interview, on 10/13/2023 at 2:50 PM, Staff A stated that they were not aware they were required to have an MTSW license.

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

Provider (or Representative) — Date 11/29/2023