



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Misty Willow Senior Care LLC
Misty Willow Senior Care, LLC
2340 40th Ave SE
Puyallup, WA 98374

RE: Misty Willow Senior Care, LLC License # 754742

Dear Provider:

This letter addresses Compliance Determination(s) 47612 (Completion Date 09/23/2024) and 46863 (Completion Date 09/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/23/2024 and found that you have corrected the violations listed in the Full report dated 09/10/2024. Your home is back in compliance as of 09/16/2024 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 388-76-10198-4

The Department staff who did the off-site verification:
Gary Fuentesbella, Licenser

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 754742	Compliance Determination # 46863
Plan of Correction	Misty Willow Senior Care, LLC	Completion Date
Page 1 of 3	Licensee: Misty Willow Senior Care LLC	09/10/2024

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 09/09/2024 and 09/09/2024 of:

Misty Willow Senior Care, LLC
2340 40th Ave SE
Puyallup, WA 98374

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensors

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

This document was prepared by Residential Care Services for the Locator website.

Provider (or Representative)

Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observations, interview and record review the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Provider) personnel files were readily available for review. This failure placed all residents at risk for receiving care and services from unqualified staff.

Findings included...

On 09/09/2024 at 9:40 AM, observation showed the Provider working in the AFH.

On 09/09/2024, review of personnel files revealed the Provider's national fingerprint result was not readily available for review.

On 09/09/2024 at 12:50 PM, during interview, the Provider stated that they will look for their national fingerprint result and send a copy to the Department for review.

As of 09/10/2024, the Department had not received a copy of the above-mentioned document from the Provider.

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, Misty Willow Senior Care, LLC 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.

This document was prepared by Residential Care Services for the Locator website.

_____ Provider (or Representative)	_____ Date
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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Misty Willow Senior Care LLC
Misty Willow Senior Care, LLC
2340 40th Ave SE
Puyallup, WA 98374

RE: Misty Willow Senior Care, LLC # 754742

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/10/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

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Lakewood, WA 98496

- 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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

- (1) Uses nationally recognized infection control standards;

On 09/09/2024, record review of Administrative Records revealed the Adult Family Home (AFH) did not have a written Respiratory Protection Program (RPP, procedures for caregivers to follow to protect themselves from exposure to respiratory hazards while at work). The Provider immediately wrote an RPP before completion of the onsite visit to correct the issue.

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 (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

Enclosure

This document was prepared by Residential Care Services for the Locator website.

(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:

Lisa Cramer, Field Manager

Residential Care Services

Region 3, Unit A

PO Box 99250

Lakewood, WA 98496

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>

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

Misty Willow Senior Care, LLC # 754742

09/10/2024

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