STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Hillwood Adult Family Home LLC
Hillwood Adult Family Home
19346 3rd Ave NW
Shoreline, WA 98177

RE: Hillwood Adult Family Home License # 754788

Dear Provider:

This letter addresses Compliance Determination(s) 47224 (Completion Date 09/16/2024) and 45537 (Completion Date 08/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/16/2024 and found that you have corrected the violations listed in the Full report dated 08/15/2024. Your home is back in compliance as of 08/27/2024 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 388-76-10265-1-d, WAC 388-76-10280-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

The Department staff who did the off-site verification:
Hang Lu, Licensor
Jeffrey McClellan, Long Term Care Surveyor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 754788	Compliance Determination # 45537
Plan of Correction	Hillwood Adult Family Home	Completion Date
Page 1 of 4	Licensee: Hillwood Adult Family Home LLC	08/15/2024

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 08/09/2024 and 08/09/2024 of:
Hillwood Adult Family Home
19346 3rd Ave NW
Shoreline, WA 98177

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:

Hang Lu, Licensor
Jeffrey McClellan, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

08/20/2024
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)

09/03/24
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 current caregivers (Staff C) obtained Tuberculosis (TB) testing within three days of hire. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk for potential exposure to a communicable disease.

Findings included...

Observation, on 08/09/2024 at 9:15 AM, showed Staff C, Caregiver, was working with another caregiver (Staff D) in the AFH.

Review of the AFH staff records showed the AFH hired Staff C on 07/25/2023. Record review showed Staff C had documentation of a negative TB blood test, dated 06/29/2023 (before hire). There was no evidence Staff C obtained another TB test within three days of hire.

In an interview, on 08/09/2024 at 12:10 PM, Staff A, Entity Representative, stated that they thought Staff C's blood test in June 2023 was good enough.

In a phone interview, on 08/14/2024 at 4:30 PM, Staff A stated that they would ask Staff C to get a TB blood test soon.

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, Hillwood Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 08/27/24.

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

Provider (or Representative) 09/03/24 Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 residents (Resident 2) had all required documentation (informed consent, safety assessment, and negotiated care plan) when using the [redacted]. This failure placed Resident 2 at risk for injury from improper use of the [redacted].

Findings included...

Observation and interview, on 08/09/2024 at 4:30 PM, showed Resident 2 had a [redacted] ([redacted]) in place (on the right side of their bed). Resident 2 stated that they used the [redacted] to get up and down, and to keep from falling out of bed.

Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2023. Record review showed no documentation (informed consent, safety assessment, and negotiated care plan [NCP]) for the use of the [redacted] in Resident 2's record.

In an interview, on 08/09/2024 at 4:40 PM, Staff A, Entity Representative, stated that they did not realize the [redacted] was considered the [redacted] or medical device.

Staff A stated that they would send all required documents regarding Resident 2's [redacted] use before Noon on 08/13/2024.

Review of documents, received by the Department on 08/13/2024, showed Resident 2 had signed an informed consent for using the [redacted].

Review of an email correspondence, dated 08/13/2024, showed Staff A indicating that a nurse assessor was coming to the home on 08/14/2024 to do the assessment for Resident 2's [redacted] use.

Review of document, received by the Department on 08/14/2024, showed Resident 2 had a [redacted] assessment, dated 08/14/2024, done by a nurse.

In a phone interview, on 08/14/2024 at 4:30 PM, Staff A stated that they would document regarding [redacted] use in Resident 2's NCP and send a copy to the Department soon.

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, Hillwood Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 08/27/24.

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

Provider (or Representative) — Date: 09/03/24

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

08/20/2024

Hillwood Adult Family Home LLC
Hillwood Adult Family Home
19346 3rd Ave NW
Shoreline, WA 98177

RE: Hillwood Adult Family Home # 754788

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/15/2024 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10198 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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

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

The personnel record for Staff A, Entity Representative, was missing their 12 hours continuing education credits and basic training certificate. The personnel record for Staff H, Former Caregiver, was missing the orientation form and fingerprint background check. On 08/12/2024, Staff A sent all missing documents to the Department for review.

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

The Adult Family Home (AFH) did not have a supply of cough syrup for Resident 1 and Resident 2. Staff A, Entity Representative, called the pharmacy to send the cough syrup for Resident 2. On 08/12/2024, Staff A sent a copy of the doctor's order to discontinue Resident 1's cough syrup and updated Resident 1's Medication Log.

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(2) The disclosure must include:

(a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;

(b) The home's advance notice or transfer requirements; and

(c) The amount of the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges that the home will refund to the resident if the resident leaves the home.

The Adult Family Home (AFH) had Resident 1's Resident Representative (RR) initial and Resident 2's RR sign and date the blank Disclosure of Charges (DOC) form. On 08/12/2024, Staff A, Entity Representative, sent a copy of the completed DOC form and evidence that RRs signed and dated the DOC.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 IDR**s 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