STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

BTR LLC
Elysian Estates Adult Family Home
3174 West Payette Avenue
Kennewick, WA 99336

RE: Elysian Estates Adult Family Home License # 754833

Dear Provider:

This letter addresses Compliance Determination(s) 42240 (Completion Date 06/04/2024) and 39675 (Completion Date 04/19/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/04/2024 and found that you have corrected the violations listed in the Full report dated 04/19/2024. Your home is back in compliance as of 05/30/2024 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 388-76-10130-3, WAC 388-76-10130-11, WAC 388-76-10135-4, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10810-2-b

The Department staff who did the off-site verification:
Melanie Hopkins, NHI-AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 754833	Compliance Determination # 39675
Plan of Correction	Elysian Estates Adult Family Home	Completion Date
Page 1 of 5	Licensee: BTR LLC	04/19/2024

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 04/11/2024 and 04/16/2024 of:
Elysian Estates Adult Family Home
3174 West Payette Avenue
Kennewick, WA 99336

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

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Cloaner
Residential Care Services

04/23/2024
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)

4/30/24
Date

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid 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 that required qualifications, Cardiopulmonary Resuscitation (CPR), and Food Handler Permit, were up to date for 2 of 2 staff (Staff A & B). This failure placed residents at risk from an unqualified caregiver.

Findings included . . .

AFH record review on 04/11/2024 showed the First Aid/Cardiopulmonary Resuscitation (CPR) certificate expired for Staff A, Entity Representative, on 11/13/2023. Additionally, no current food safety or food handler permit was available for Staff A. Record review showed the First Aid/Cardiopulmonary Resuscitation (CPR) certificate expired for Staff B, Resident Manager, on 01/15/2024 and the food handler permit expired 04/28/2023.

In an interview on 04/11/2024 at 12:30 PM, Staff B stated there was not yet a clear system for the administrative duties of follow-up on certifications at the AFH.

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, Elysian Estates Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 5/30/24 .

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

Provider (or Representative) — Date: 4/30/24

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

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(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 that 3 of 5 staff (Staff C, D &F) had current First Aid/Cardiopulmonary Resuscitation (CPR) certification and 2 of 5 staff (Staff C & D) had current food handler/food safety certificates. This failure placed residents at risk from an unqualified caregiver.

Findings included . . .

AFH record review on 04/11/2024 showed the First Aid/CPR certificate as not current for Staff C, Caregiver, hired 08/05/2022 and First Aid/CPR expired on 04/04/2023; Staff D, Caregiver, hired 01/10/2022 and First Aid/CPR expired on 03/01/2024; and Staff F, Caregiver, hired 11/28/2022 and First Aid/CPR expired on 01/31/2024. Additionally, Food Handler cards were expired for Staff C on 05/31/2023 and Staff D on 01/11/2024.

In an interview on 04/11/2024 at 12:30 PM, Staff B, Resident Manager, stated there is not yet a clear system for the administrative duties for follow-up on qualifications for caregivers at the AFH.

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, Elysian Estates Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 5/30/24 .

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

Provider (or Representative) — Date: 4/30/24

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a current background check (BGI) for 5 of 8 staff and affiliated individuals (Staff A, B, D, E, M). This failure placed residents at risk from disqualified staff and others living on the property with unsupervised access to residents.

Findings included . . .

On 04/10/2024, department record review showed the BGI had expired for the following staff and affiliated individuals/household members: Staff A, Entity Representative, had BGI expired 03/30/2024; Staff B, Resident Manager hired on 02/25/2022 had BGI expired 02/25/2024; Staff D, Caregiver hired 01/10/2022 had BGI expired 01/14/2024; Staff E, Caregiver hired on 01/10/2022 had BGI expired on 01/11/2024; and Staff M, Affiliated Individual had BGI expired on 03/29/2024.

In an interview on 04/11/2024 at 12:30 PM, Staff B, stated that the AFH did not yet have a system for tracking and renewing BGIs and that they, Staff B, did not have access to the background check system.

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, Elysian Estates Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4/30/24 .

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

Provider (or Representative) 4/30/24 Date

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 have the fire extinguishers on each floor of the home annually serviced for 2 of 2 fire extinguishers. This failed practice placed persons residing on premises, including five AFH residents plus household members, at risk due to potential failure of safety equipment.

Findings included . . .

The home had two levels; the AFH was located on the ground floor and the household residence was located on the lower level. On 04/11/2024 at 11:00 AM, two fire extinguishers with service tags dated 03/2023, one month past the required service date of one year, were seen on the upper level in kitchen pantry space and in the lower level living space.

In an interview on 04/11/2024 at 11:00 AM, Staff B, Resident Manager, stated they did not realize the fire extinguishers were due for service.

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, Elysian Estates Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4/30/24 .

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

Provider (or Representative) 4/30/24 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

BTR LLC
Elysian Estates Adult Family Home
3174 West Payette Avenue
Kennewick, WA 99336

RE: Elysian Estates Adult Family Home # 754833

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/19/2024 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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

Union Gap, WA 98903

• 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The Adult Family Home (AFH) failed to have a completed and signed personal property inventory for Resident 2, admitted to the AFH [redacted] 2022 and Resident 3, admitted to the AFH [redacted] 2022.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

The Adult Family Home (AFH) failed to have the negotiated care plan (NCP) signed and dated as agreed to by the representatives for Resident 2, admitted to the AFH on [redacted] 2022 and Resident 3, admitted to the AFH on [redacted] 2022.

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.

The Adult Family Home (AFH) failed to have the negotiated care plan (NCP) reviewed in June 2023 for Resident 2, admitted to the AFH on [redacted] 2022 and in July 2023 for Resident 3, admitted to the AFH on [redacted] 2022.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home (AFH) failed to have the Disclosure of Charges form signed, dated and in the resident file for Resident 2, admitted to the AFH on [redacted]2022 and Resident 3, admitted to the AFH on [redacted]2022.

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)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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:
Michelle Closner, Field Manager
Residential Care Services

Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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