



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

Manito Comfort Adult Family Home
Manito Comfort Adult Family
5505 S Perry St
Spokane, WA 99223

RE: Manito Comfort Adult Family License # 754858

Dear Provider:

This letter addresses Compliance Determination(s) 46010 (Completion Date 08/22/2024) and 42821 (Completion Date 07/01/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/22/2024 and found that you have corrected the violations listed in the Full report dated 07/01/2024. Your home is back in compliance as of 08/15/2024 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 388-76-10175-1, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10146-2-c, WAC 388-112A-0495-1

The Department staff who did the on-site verification:

Jacqueline Block, AFH Licenser

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

Sincerely,

Selena Clemons

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



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

Statement of Deficiencies	License #: 754858	Compliance Determination # 42821
Plan of Correction	Manito Comfort Adult Family	Completion Date
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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 06/17/2024 and 06/17/2024 of:

Manito Comfort Adult Family
5505 S Perry St
Spokane, WA 99223

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

The department staff that inspected the Adult Family Home:

Jacqueline Block, AFH Licenser

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.

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Provider (or Representative)

07/10/2024

Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to ensure that a Washington state name and date of birth (NDOB) background check was completed on hire for 1 of 4 staff reviewed (Staff D). This failure placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included...

Review of staff records on 06/17/2024 showed Staff D, Caregiver, was hired on 02/29/2024, and their Washington State NDOB background check results were received on 05/14/2024 (75 days later).

During an interview on 06/17/2024 at 12:05 PM, Staff A, Co-Provider, stated they thought they had a NDOB background check from another AFH when Staff D was hired. Staff A stated they would send the NDOB background check to the department licensor. Staff A did not provide the department with a copy of the NDOB background check for Staff D.

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, Manito Comfort Adult Family is or will be in compliance with this law and / or regulation on (Date) 08/01/2024.

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

Provider (or Representative)



Date 07/10/2024

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WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to complete a two-step tuberculosis (TB) test for 2 of 4 staff (Staff C & D) who provided care to residents. This failure placed residents at risk for exposure to tuberculosis.

Findings included...

Observation on 06/17/2024 from 08:17AM to 2:36 PM, showed Staff C, Caregiver, and Staff D, Caregiver, caring for residents in the home.

Review of employee records showed Staff C was hired on 05/01/2022. There was no documentation in the employee file on 06/17/2024 to show that Staff C had completed an initial TB skin test within three days of hire and did not complete a second test one to three weeks after the first test.

Review of employee records showed Staff D was hired on 02/29/2024. There was no documentation in the employee file on 06/17/2024 to show that Staff D had completed an initial TB skin test within three days of hire and did not complete a second test one to three weeks after the first test.

In an interview on 06/17/2024 at 11:52 AM, Staff A, Co-Provider, stated they were aware TB testing needed to be done within one to three days of employment and a second TB test needed to be done one to three weeks later.

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, Manito Comfort Adult Family is or will be in compliance with this law and / or regulation on (Date) 08/01/2024.

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

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07/10/2024

Provider (or Representative)

Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(1) If an adult family home serves one or more residents with special needs, the adult family home must ensure that a long-term care worker employed by the home completes and demonstrates competency in specialty training as described in WAC 388-112A-0400 within one hundred twenty days of hire.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure developmental disability training was completed within the required timeframe for 1 of 4 staff (Staff C) who provided care to residents. This failure placed residents at risk of receiving care from an unqualified caregiver.

Findings included...

Observations on 06/17/2024 from 8:17 AM to 8:31 AM, showed Staff C, Caregiver, working in the home unsupervised with Resident 4. .

Review of Resident 4's negotiated care plan dated 11/03/2023, showed the resident had a diagnosis of [REDACTED]

Review of Dear Provider Letter dated 10/13/2023 entitled "Basic Training Deadlines and Home Care Aide Certification Deadline Changes For Long-Term Care Worker Qualifications Related To COVID-19" provided timelines, based on date of hire, for when a caregiver was required to complete their training requirements.

Review of the employee file for Staff C showed they were hired on 05/01/2022. Based on their date of hire, Staff C was required to complete any required specialty trainings no later than 08/31/2023. Staff C did not have documentation of completed development disabilities specialty training available for review on 06/17/2024.

During an interview on 06/17/2024 at 11:56 AM, Staff A, Co-Provider, stated when staff are hired, if they do not have specialty trainings, they will be signed up to take the

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trainings. Staff A stated they were unable to remember if Staff C had completed developmental disability training and did not produce documentation to show Staff C had completed developmental disability training.

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, Manito Comfort Adult Family is or will be in compliance with this law and / or regulation on (Date) **08/26/2024**.

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

**07/10/2024**

Provider (or Representative)

Date