



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

Seniors In Motion Limited Liability Company
Seniors in Motion
1921 K St NE Apt A
Auburn, WA 98002

RE: Seniors in Motion License # 754865

Dear Provider:

This letter addresses Compliance Determination(s) 34860 (Completion Date 01/08/2024) and 32031 (Completion Date 11/29/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/08/2024 and found that you have corrected the violations listed in the Full report dated 11/29/2023. Your home is back in compliance as of 12/12/2023 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 388-76-10015-1, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10895-2-a, WAC 388-76-10825-3, WAC 388-76-10795-1-d, WAC 388-76-10176, WAC 388-76-10176-1, WAC 388-76-10176-2, WAC 388-76-10280-1, WAC 388-76-101632-2

The Department staff who did the on-site verification:

Valorie Bradley, AFH/ALF Licenser

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E

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

Seniors in Motion # 754865

01/08/2024

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Residential Care Services

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

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DEC 19 2023

DSHS ALTSA RCS
SPOKANE VALLEY WA



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 #: 754865	Compliance Determination # 32031
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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 11/02/2023 and 11/07/2023 of:

Seniors in Motion
11208 S GARFIELD RD
CHENEY, WA 99004

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF 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.

Tamara Tredo
Residential Care Services

12/08/2023
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.

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

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Damarius Kiongol ~~LeKiongol~~
 Provider (or Representative)

12/12/2023
 Date

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 interview and record review, the Adult Family Home (AFH) failed to develop a written respiratory protection program (RPP) and ensure fit testing of N95 respirators for 3 of 3 caregiving staff (Staff A, B & C). This failure placed residents at risk of exposure to communicable respiratory diseases.

Findings included...

WAC 296-842-12005

Develop and maintain a written program.

(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed the AFH is required to develop and maintain a Respiratory Protection Program. The letter also required the AFH to fit test health care workers with a N95 respirator for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 "Respirator Fit Testing and Respiratory Protection Program Resource" provided resources for the AFH to develop a Respiratory Protection Program and access to resources for fit testing N95 respirators.

Review of infection control records showed there was no written respiratory protection program, no fit testing certification for N95 masks, and no documentation that training for use of personal protective equipment had occurred for Staff A, Provider, Staff B, Caregiver, or Staff C, Caregiver.

12.12.2023 12:22:20

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In an interview on 11/07/2023 at 10:17 AM, Staff A stated they did not know that Staff B, Staff C or themselves were required to be fit tested for N95 masks. Staff A stated that they did not know the home was required to have a written respiratory protection plan.

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, Seniors in Motion is or will be in compliance with this law and / or regulation on (Date) 12/12/2023.

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

Damaris Kioingo H. Kioingo
Provider (or Representative)

12/12/2023
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:

(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;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

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

This requirement was not met as evidenced by:

Based on interview and record review the Adult family Home (AFH) failed to ensure a name and date of birth (NDOB) background check, a national fingerprint background check, orientation and safety training, specialty training, Department of Health certification, valid cardiopulmonary resuscitation (CPR), first aid, character, competency and suitability, hire and departure dates and food handler safety certification were available to the department during an inspection for 3 of 3 sample staff (Staff A, B & C). This placed residents at risk for foodborne illness and receiving care from persons not qualified to have access to vulnerable adults.

Findings included....

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

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On 11/02/2023 staff records were not available for review by the department during inspection of the AFH.

During an interview on 11/02/2023 at 9:13AM Staff B, Caregiver, stated only the provider had access to staff records and they were out of town.

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, Seniors in Motion is or will be in compliance with this law and / or regulation on (Date) 12/12/2023

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

Damaris Kiongo Abiongo
Provider (or Representative)

12/12/2023
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that emergency evacuation drills occurred at least every sixty days for 4 of 4 residents (Residents 1, 2, 3 & 4). This placed residents at risk of harm in case of a fire or other emergency.

Findings included....

Review of evacuation logs showed 07/31/2023 was the most recent evacuation drill the AFH had conducted.

In an interview on 11/07/2023 at 12:40 PM, Staff A, Provider, stated they thought an emergency evacuation drill had been demonstrated to a staff member in September 2023 but they were not sure.

Statement of Deficiencies

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Attestation Statement

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

Damaris Kiongo
Provider (or Representative)

12/12/2023
Date

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home failed to ensure that space heaters had a flame-resistant barrier that does not get hot to the touch for 4 of 4 residents (Resident 1, 2, 3 & 4). This placed resident at risk of burns.

Findings included....

Observations on 11/02/2023 showed the following:

-At 8:40 AM a space heater, with no barrier, was observed to be hot to the touch. Resident 1, Resident 2, Resident 3, and Resident 4 would need to pass in front of the heater to access the two dining room tables to eat meals.

-At 8:43 AM a space heater, with no barrier, was observed to be hot to the touch and located on the floor of bedroom Room B where Resident 1 and Resident 2 slept.

-At 8:44 AM a space heater, with no barrier, was observed to be hot to the touch. The heater was located on the floor, next to the door, where Resident 3 and Resident 4 entered and exited Room C.

During an interview on 11/13/2023 at 12:48 PM Staff A, Provider, stated they did not realize the heaters were hot to the touch and unsafe.

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

Damaris Kingo (Klingel)
Provider (or Representative)

12/12/2023
Date

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a bedroom window was free from obstruction that could interfere with an emergency escape for 2 of 4 residents (Residents 3 & 4). This placed residents at risk in case of an evacuation emergency.

Findings included....

Observation on 11/02/2023 at 1:14 PM, showed an air purifying device with a large tube leading into the only window in Bedroom C. The tubing was secured in and around window with wide tape that prevented window from being opened or closed.

During an interview on 11/07/2023 at 12:49 PM Staff A, Provider, stated the air purifier and tubing were requested and installed by Resident 4's family and they was unaware the device interfered with emergency escape access.

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, Seniors in Motion is or will be in compliance with this law and / or regulation on (Date) 12/12/2023.

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

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Damaris Kiongo (Signature)
 Provider (or Representative)

12/12/2023
 Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

- (1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and
- (2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure a national fingerprint background check was obtained by the reinstatement date for 1 of 2 former staff (Staff D). This placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included....

Review of Dear Provider letter dated 04/28/2022 showed staff who began working between November 1, 2019, and April 30, 2022, would have 120 days to obtain non-disqualifying fingerprint results from the Background Check Central Unit (BCCU). This means that providers must have non-disqualifying results dated no later than August 28, 2022.

Review of staff records showed Staff D, Former Caregiver, was hired on 10/26/2021 and had no documentation to show a fingerprint background check was obtained and left employment at the AFH on 04/06/2023.

In an interview on 11/13/2023 at 2:27 PM, Staff A, Provider, stated Staff D did not obtain a fingerprint background check result because most places were closed due to COVID.

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, Seniors in Motion is or will be in compliance with this law and / or regulation on (Date) 12/12/2023.

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

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Damianis Klongo Klongo
 Provider (or Representative)

12/12/2023
 Date

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:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a one-step tuberculosis (TB) test was obtained within three days of employment for 2 of 3 staff (Staff B & C). This failure placed residents at risk for exposure to respiratory illness.

Findings included....

Review of staff records showed Staff B, Caregiver, was hired on 09/27/2023. Employee records showed Staff B had a one-step TB test dated 10/10/2022 from a prior employer. There was no documentation that a one-step TB test was conducted within three days of employment.

Review of employee records showed Staff C, Caregiver, was hired on 10/17/2023 and began to work in the home on 10/20/2023. TB documentation in the employee file from a prior employer showed Staff C obtained an initial skin test on 02/17/2023 and a second TB skin test was obtained on 02/24/2023. There was no documentation that a one-step TB test was conducted within three days of employment.

In an interview on 11/07/2023 at 10:42 AM, Staff A, Provider, stated they were unaware that Staff B and Staff C needed to obtain a one-step TB skin test within three days of employment.

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, Seniors in Motion is or will be in compliance with this law and / or regulation on (Date) 12/12/2023.

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

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Damavis Kiongo Krangel
 Provider (or Representative)

12/12/2023
 Date

WAC 388-76-101632 Background checks National fingerprint background check.

(2) After receiving the results letter of the national fingerprint background check the adult family home must not employ, directly or by contract, a caregiver, entity representative or resident manager who has been convicted of a disqualifying crime or who:

- (i) Has a disqualifying conviction or pending charge under chapter 388-113 WAC; or
- (ii) Has a disqualifying negative action listed in WAC 388-76-10180 .

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure they did not employ 1 of 1 staff (Staff B) who had a disqualifying National fingerprint background check result and had access to 4 of 4 residents (Resident 1, 2, 3 & 4). This failure resulted in residents receiving care from a staff who had a disqualifying finding on their fingerprint background check.

Findings included....

Observation on 11/02/2023 at 8:39 AM, showed Staff C, Caregiver, in the kitchen washing dishes and wiping countertops.

In an interview on 11/02/2023 at 8:41 AM Staff C stated Staff A, Provider, was out of town and Staff B, Caregiver, was in the bathroom providing bathing assistance to Resident 4.

Observation on 11/02/2023 at 8:58 AM showed Staff B exited the bathroom with Resident 4 and assisted them to the dining room.

Observation on 11/02/2023 at 9:42 AM showed Staff B escorted Resident 4 to the bathroom and closed door, leaving resident and staff member in bathroom alone.

Review of final fingerprint background check dated 10/26/2023 showed Staff B had disqualifying information reported by one or more background check data sources.

In an interview on 11/13/2023 at 4:17 PM Staff A, Provider, stated they believed Staff B

just needed supervision when providing resident care.

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, Seniors in Motion 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.

Provider (or Representative)

Date



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

Seniors In Motion Limited Liability Company
Seniors in Motion
1921 K St NE Apt A
Auburn, WA 98002

RE: Seniors in Motion # 754865

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/29/2023 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:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

- 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 388-76-10522 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:

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

Review of resident records in the adult family home showed there was not a signed and dated copy of a Medicaid policy for one resident who lived in the home.

WAC 388-76-10530 Resident rights Notice of rights and services.

- (2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

Review of resident records showed no notice of rights and services for one resident who lived in the AFH.

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.

Review of resident records showed no inventory of personal belongings for 1 resident who lived in the AFH. Observation showed clothing, shoes, and other personal items on and around the resident's bed.

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)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
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:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

STATEMENTS OF DEFICIENCIES AND PLAN OF CORRECTIONS FOR
SENIOR IN MOTION ADULT FAMILY HOME

1. WAC 388-76-10895 - ON EMERGENCY EVACUATION DRILLS

To ensure the safety of the residents, I will continue to implement Evacuation Drills to the 4 residents every 60 days to avoid harm in case of fire or other emergency in the Home. I will see to it that the staffs are involved in helping the residents for their safety and fall prevention during the fire drill.

12/13/23 *Atkinson*

2. WAC 388-76-101632 - ON BACKGROUND CHECK AND NATIONAL FINGER PRINT

To ensure that before hiring a caregiver to work in this Home, I will see to it they have their Background Check and Finger Printing completed written as documents and place them on file as proofs that they are qualified under Chapter 388-113 WAC or under WAC 388-76-10180.

12/13/23 *Atkinson*

3. WAC 388-76-10198 - ON PERSONAL RECORDS OF STAFFS WITH ALL PERTINENT INFORMATION THAT INCLUDES:

1. Staff Orientation and training records pertinent to duties including:
 - A) Training required by Chapter 388-112A WA including as appropriate for each staff: Orientation, Basic or Modified Training, Specialty Training, RN Delegation, Core Training, Continuing Education.
 - B) Cardiopulmonary Resuscitation (CPR) and First Aid.
2. TB Testing results
3. Criminal History disclosure, Background Check as required.

In compliance, I will ensure that all these documents are on file readily available and accessible to Authorized Department staff and these documents are also available during the staff's employment, for at least 2 years following employment.

12/13/23 *Atkinson*

4. WAC 388-76-10015 - LICENSE ADULT FAMILY HOME ON RESPIRATORY PROTECTUION PROGRAM (RPP).

In compliance with the Directives, I will develop a written Respiratory Protection Program and implement, and ensure Fit Testing of N95 Respirators for 3 staffs are done which avoids the residents the risk of exposure to communicable respiratory disease and see to it that the staffs will continue using this when caring for the residents.

12/14/23 *Atkinson*

WAC 388-76-10825 - SPACE HEATERS, FIRE PLACES AND STOVES

In compliance with the Directives, I will ensure that all fire places, space heaters and stoves will have a STABLE FLAME RESISTANT BARRIER that does not get hot to the touch which prevents and contact by the residents or any flammable materials. I will monitor this closely on daily basis.

12/13/23

Skraiger

WAC 388-76-10795 - ON WINDOWS

In compliance with the Directives, I will ensure that windows in the Home will be free from any obstructions that will put residents at risk. I removed the purifying device from the window of residents 3 and 4 placed by the family of one of them and explained this to them which they and myself were not aware of the danger.

12/13/23

Skraiger

WAC 388-76-10280 - ON TUBERCULOSIS TEST

One test is required in Adult Family Home if the person has a documented history of a previous 2-step test no more than one in 3 weeks apart.

After reading this requirement, I will ensure to follow the process for every staff that will work in the Home in order not to place the residents at risk for exposure to respiratory illness.

12/13/23

Skraiger