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) 49596 (Completion Date 10/30/2024) and 46655 (Completion Date 09/05/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/30/2024 and found that you have corrected the violations listed in the Follow up report dated 09/05/2024. Your home is back in compliance as of 10/16/2024 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 388-76-10090-2-d, WAC 388-76-10090-2-f

The Department staff who did the on-site verification:
Jacqueline Block, AFH Licensor

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

Sincerely,

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

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 an unannounced on-site follow-up on 09/04/2024 and 09/04/2024 of:

Seniors in Motion
11208 S GARFIELD RD
CHENEY, WA 99004

This document references the following SOD dated: 09/05/2024

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:

Jacqueline Block, AFH Licensor

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.

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.

Provider (or Representative) Date

WAC 388-76-10090 Application Entity application. An entity submitting an application must:

(2) Designate an entity representative who:

(d) May act as the resident manager in only one home;

(f) May be designated as the entity representative for only one entity provider;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the provider (Staff A) did not act as the resident manager for more than one AFH at the same time. This failure resulted in the provider acting as the resident manager at two separate AFHs.

Findings included…

On 09/04/2024 review of Secure Tracking and Reporting System (STARS) showed that Staff A, Provider, owned and operated the AFH. STARS showed that starting on 08/18/2024 Staff B, Documented Resident Manager, was listed as the resident manager for the AFH. STARS also showed that starting on 05/29/2024, Staff A was listed as a resident manager at a separate AFH owned by Collateral Contact 1 (CC1), Other AFH Provider.

On 09/04/2024 at 9:38 AM, Staff A reported they had appointed Staff B to act as the resident manager. Staff A stated they had added Staff B as the resident manager and reported that Staff B had been not oriented to the home and had not worked at the AFH. According to Staff A, they did not employ any additional staff members and were responsible for the entirety of the AFH licensed to them.

On 09/04/2024 at 3:45 PM Staff B stated they had never worked at the AFH owned by Staff A.

On 09/05/2024 at 12:41 PM Staff A confirmed they were still the resident manager of record at the AFH owned by CC1.

This is an uncorrected deficiency previously cited on 08/14/2024.

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

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 an unannounced on-site complaint investigation on 07/09/2024 and 07/11/2024 of:

Seniors in Motion
11208 S GARFIELD RD
CHENEY, WA 99004

This document references the following complaint number(s): 137862, 137810, 138095, 137640

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 investigated the Adult Family Home:

Jacqueline Block, AFH Licensor

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 — 08/15/2024

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.

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:

(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 (CPR), first-aid, hire dates, and food handler safety certification were available for the Department to review during an inspection for 5 of 6 current staff members (Staff A, B, C, D, & E). This failure resulted in the Department being unable to determine if AFH staff members were qualified to care for residents.

Findings included…

During record review on 07/11/2024 at 9:35 AM, the Department noted the following information was unavailable in the AFH’s personnel records:

Staff A, Provider, did not have an NDOB background check result, national fingerprint background check result, documentation of completed CPR and first-aid training, documentation of completed caregiver basic and specialty trainings, documentation of safe food handling, documentation of completed continuing education, or documentation of current DOH credentials available for review during the inspection.

Staff B, Caregiver, did not have documentation of date of hire, written documentation of orientation to the home, documentation of completed CPR and first-aid training, documentation of completed caregiver basic or specialty trainings, and documentation of safe food handling available for review during the inspection.

Staff C, Caregiver, did not have documentation of date of hire, written documentation of orientation to the home, national fingerprint background check, and documentation of completed CPR and first-aid training available for review during the inspection.

Staff D, Caregiver, did not have documentation of date of hire, written documentation of orientation to the home, or TB test results available for review during the inspection.

Staff E, Caregiver, did not have documentation of date of hire, written documentation of orientation to the home, an NDOB background check result, national fingerprint background check result, or documentation of completed continuing education available for review during the inspection.

On 07/11/2024 at 10:05 AM, Staff A stated they believed the missing staff records were stored on their computer.

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

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was initiated within three days of beginning employment for 1 of 6 current staff members (Staff B). This failure placed residents at risk of exposure to tuberculosis.

Findings included…

Observation on 07/09/2024 from 1:00 PM to 3:23 PM, showed Staff B, Caregiver, providing care for residents in the AFH.

In an interview on 07/09/2024 at 1:47 PM, Staff A, Provider, stated that Staff B was hired on 07/01/2024.

Observation on 07/11/2024 from 9:25 AM to 11:45 AM, showed Staff B providing care for residents in the AFH

On 07/11/2024 review of the employee file for Staff B, showed no documentation of completed TB testing was available for review.

On 07/15/2024 Staff A, faxed the Department copies of the remainder of Staff B's personnel file including a cover sheet stating they were missing Staff B's TB testing.

In an interview on 08/14/2024 at 1:31 PM, Staff A stated that Staff B did not complete a TB test on hire.

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

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

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the provider (Staff A) maintained a valid cardiopulmonary resuscitation (CPR) and first-aid certificate and completed 12 hours of Department of Social and Health Services (DSHS) approved continuing education within the required timeframe. This failure resulted in residents receiving care from an unqualified caregiver.

Findings included…

Review of Dear Provider Letter dated 09/09/2022 entitled “Governor’s Proclamations Related to COVID-19 Ending October 27” showed that the waivers for long-term care worker training requirements, which included continuing education, ended effective 10/27/2022.

Review of the Dear Provider Letter dated 03/03/2023 entitled “Emergency Rules Filed to Amend Long-Term Care Worker Continuing Education Deadlines” showed that long-term care workers in AFH’s were required to complete the continuing education that came due between 03/16/2020 to 10/27/2022 no later than 08/31/2023.

Review of the employee record on 07/11/2024 for Staff A, Provider, showed there was no documentation of 12 hours of completed DSHS approved continuing education. Based on their birthday, Staff A was required to complete 12 hours of continuing education between 12/25/2022 and 12/25/2023 and did not meet the requirement to complete 12 hours of DSHS approved continuing education from birthday to birthday.

On 07/15/2024 at 1:20 PM, Staff A, Provider, stated they would send the Department documentation of their completed CPR and first-aid training and completed continuing education. Staff A did not send documentation of their completed CPR training, first-aid training, or continuing education to the Department.

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

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

(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

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 current caregivers (Staff B) completed cardiopulmonary resuscitation (CPR) and first-aid training before providing care to residents. This failure placed residents at risk of not receiving care from a qualified person in the event of an

emergency.

Findings included…

Observations on 07/09/2024 at 1:00 PM, showed Staff B, Caregiver, caring for residents alone in the AFH.

Record review on 07/11/2024 at 9:45 AM, showed there was no documentation of completed CPR or first-aid training for Staff B.

On 07/15/2024 at 1:20 PM, Staff A, Provider, stated they would send the Department documentation of Staff C's completed CPR and first-aid training. Staff A did not send documentation of Staff B's completed CPR or first-aid training to the Department.

On 08/14/2024 at 1:31 PM, Staff A stated Staff B never provided documentation to show they had completed CPR and first-aid 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, 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

WAC 388-76-10090 Application Entity application. An entity submitting an application must:

(2) Designate an entity representative who:

(d) May act as the resident manager in only one home;

(f) May be designated as the entity representative for only one entity provider;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the provider (Staff A) did not act as the resident manager for more than one AFH at the same time. This failure resulted in the provider failing to maintain day-to-day operations at their AFH.

Findings included…

On 07/09/2024, review of Secure Tracking and Reporting System (STARS) showed that Staff A, Provider, owned and operated the AFH. STARS showed that starting on 05/30/2024 Staff F, Resident Manager, was listed as the resident manager for the AFH. STARS also showed that starting on 05/29/2024, Staff A was listed as a resident manager at a separate AFH owned by Collateral Contact 1 (CC1), Other AFH Provider.

On 07/11/2024 at 10:05 AM, Staff A reported they had attempted to hire Staff F to run the AFH licensed to Staff A. According to Staff A, Staff F had never worked in their home, did not work as an employee, did not provide care to residents, and had not provided management services for the AFH owned by Staff A.

On 07/17/2024 at 10:05, Staff A stated they were responsible for the entirety of the management of the AFH licensed to them. Staff A stated they acted as a consultant and were also the resident manager of record at the AFH owned by CC1.

Attestation Statement

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;

(11) Keep the home free from:

(d) Other vermin.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the home was maintained in a safe, sanitary manner and failed to respond to the presence

of insects for 4 of 4 residents (Residents 1, 2, 3, & 4). This failure resulted in residents living in an environment that was not homelike or free of the presence of insects and placed them at risk for injury.

Findings included…

Observations on 07/09/2024 from 1:00 PM to 3:23 PM, showed Resident 1, Resident 2, Resident 3, and Resident 4 receiving care and services in the AFH.

Observations on 07/11/2024 from 9:25 AM to 11:45 AM, showed Resident 1 and Resident 3 receiving care and services in the AFH.

The following observations were made during the general tour of the AFH, on 07/11/2024:

9:25 AM – The west side and back of the yard were overgrown with browning weeds nearly hip high, drying/dead weeds and grass touching wooden siding of the house, brush pile of trimmed tree branches at end of the driveway, and white paint peeling off the siding on the north side of the house.

9:32 AM – The south end of the house in the TV room, showed a large 4-inch X 10-inch hole in the drywall, the drywall was cracked and crumbling around the hole, and the paint was chipped and scratched on wall behind the recliners.

10:24 AM – On the west side of the house near the bathroom, observation showed a lamp and phone plugged into an extension plug adaptor, when unplugged it was noted to be plugged into a broken electrical outlet that was marked with black, scorched, and burnt marks.

10:26 AM – There was a broken light switch faceplate in the east hallway bathroom with sharp edges.

10:28 AM – The doorknob to Bedroom A was broken.

10:29 AM –There was a circular hole measuring approximately 10 inches in diameter behind the door of Bedroom B and two cobwebs in the corner of the wall.

10:32 AM – In the east hallway bathroom the edges of shower stall were coated with thick gray soap scum, and there were cobwebs in every corner. Observation also showed a spiderweb with a live spider in the corner above the bathroom door.

10:36 AM – In the north corner of alcove on the west side of front entry area, there was a spider web with 2 live spiders. Observation showed in the south corner of alcove on the west side of front entry area, there was a spider web with one live spider.

In an interview on 07/11/2024 at 10:05 AM, Staff A, Provider stated that they are responsible for the maintenance inside and outside of the home, they were aware of the holes in the drywall, and did not have any money to pay for the repairs.

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

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that a medication log was available for use and was kept up to date with new medication orders for 1 of 4 residents (Resident 4). This failure placed resident at risk of not receiving medications as ordered by a physician.

Findings included…

Observation on 07/09/2024 at 1:38 PM, showed a medication supply of Hydromorphone (a medication to treat pain) 2 mg ½ tablets dated 07/01/2024 with the following directions: Give ½-2 tablets (1-4 mg) orally/sublingual every 2-4 hours as needed (for severe pain or shortness of breath).

Record review on 07/29/2024 showed an order written on 06/30/2024 for Hydromorphone 2 mg tablets: Give ½-2 tablets (1-4 mg) orally/sublingual every 2-4 hours as needed (severe pain/air hunger).

During medication log review on 07/09/2024 it was noted that Hydromorphone was not on medication log.

In an interview on 07/09/2024 at 2:25 PM, Staff B, Caregiver, stated on July 6th and July 7th they were unable to locate Resident 4's medication log. Staff B stated they knew Hydromorphone was given to Resident 4 when she was having pain and staff always gave two ½ tablets. Staff B stated when Resident 4 requested pain medication, Hydromorphone two ½ tablets were given.

In an interview on 07/09/2024 at 1:47 PM, Staff A, Provider, stated that they were unaware the caregiver could not find the medication log. Staff A stated medication log was found the evening of July 8th.

In an interview on 07/09/2024 at 1:58 PM, Staff A stated they were not sure why Hydromorphone was not on medication log.

In an interview on 07/11/2024 at 11:28 AM, Staff A stated that they update medication log when new orders are received.

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