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

Community Pride AFH LLC

Community Pride AFH LLC
PO Box 59
Saint John, WA 99171

RE: Community Pride AFH LLC License # 754924

Dear Provider:

This letter addresses Compliance Determination(s) 40007 (Completion Date 04/24/2024) and 38904 (Completion Date 04/03/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/24/2024 and found that you have corrected the violations listed in the Full report dated 04/03/2024. Your home is back in compliance as of 04/12/2024 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 388-76-10750-6-c, WAC 388-76-10175-1

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 the unannounced on-site full inspection on 03/26/2024 and 03/26/2024 of:

Community Pride AFH LLC
402 Marjorie Ct
Saint John, WA 99171

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:

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure water temperatures were maintained between 105 to 120 degrees Fahrenheit (F) for 3 of 3 sinks (Kitchen Sink, Main Bathroom Sink, & Bedroom A Bathroom Sink). This failure placed residents at risk for burns.

Findings included …

Observation on 03/26/2024 at 11:38 AM and 12:02 PM, showed Resident 5 walking independently in the kitchen and throughout the AFH.

Observation on 03/26/2024 at 11:27 AM and 1:08 PM, showed Resident 3 walking independently in the kitchen and throughout the AFH.

Observation on 03/26/2024 at 1:08 PM, showed Resident 1 self-propelling their wheelchair throughout the AFH.

Observation on 03/26/2024 at 1:54 PM, showed the Kitchen Sink registered a temperature of 133.7 degrees F. At 1:58 PM the Main Bathroom Sink showed a water temperature of 129.5 degrees F. At 1:59 PM the Bedroom A Sink showed a water temperature of 132.5 degrees F.

Observations on 03/26/2024 at 1:54 PM, showed Staff H, Maintenance Personnel, tested the water temperatures with the home's thermometer in the Kitchen Sink which registered a temperature of 133.5 degrees F. At 1:58 PM Staff H tested the Main Bathroom Sink, and the water temperature registered 129.9 degrees F. At 1:59 PM Staff H tested the Bathroom A Sink, and the water temperature registered 133.2 degrees F.

In an interview on 03/26/2024 at 1:55 PM, Staff H stated water temperatures are checked monthly and periodically. Staff H stated the monthly check for March had not yet been completed.

In an interview on 04/02/2024 at 2:41 PM, Staff G, Co-Provider, stated the manager is to check hot water temperatures weekly, was unaware water temperatures had exceeded 120 degrees F, and did not know why the water temperatures had not been maintained between 105 to 120 degrees F.

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, Community Pride AFH LLC 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 388-76-10175 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 (AFH) failed to ensure that Washington state name and date of birth (NDOB) background check was completed no later than one business day after hire for 1 of 6 former staff (Staff C). This failure placed residents at risk of being accessed by a staff member with a potentially disqualifying finding.

Findings included…

Review of staff records on 03/26/2024 showed Staff C, Former Caregiver was hired on 12/03/2023, and their Washington state NDOB background check results were received on 01/24/2024 (52 days later).

During an interview on 04/02/2024 at 2:23 PM, Staff G, Co-Provider stated that a NDOB

background check for Staff C had not been completed within one business day of hire. Staff G stated that there was a transition of management at the time of hire and completion of the background check had been missed.

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, Community Pride AFH LLC 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