STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Comfort Haven Adult Family Home LLC

Comfort Haven Adult Family Home LLC
3030 NE Loyola St
Bremerton, WA 98311

RE: Comfort Haven Adult Family Home LLC License # 754974

Dear Provider:

This letter addresses Compliance Determination(s) 48698 (Completion Date 10/11/2024) and 45346 (Completion Date 08/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/11/2024 and found that you have corrected the violations listed in the Full report dated 08/12/2024. Your home is back in compliance as of 10/11/2024 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 388-76-10522-1, WAC 388-76-10522-3, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d, WAC 388-76-10650-2

The Department staff who did the off-site verification:
Emily Vincent, AFH Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 08/07/2024 and 08/07/2024 of:

Comfort Haven Adult Family Home LLC
6511 NE Rest Pl
Bremerton, WA 98311

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Emily Vincent, AFH Licensor
Lisa Cramer, Adult Family Home Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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 388-76-10522 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:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(3) Be provided to all prospective residents, before admission to the home;

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to document their policy on accepting Medicaid as a payment source and provide a copy of their policy to 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and/or their representatives) to ensure they had an opportunity to review the home's policy before moving into the AFH. This failure violated all residents' rights to be knowledgeable about, and in agreement with the home's Medicaid payment policy.

Findings included...

Review of Resident 2's record showed no evidence that Resident 2 and/or their representative received a copy of the home's Medicaid payment policy. Review of Resident 3's record showed no evidence that Resident 3 and/or their representative received a copy of the home's Medicaid payment policy.

On 08/07/2024 at 2:30 PM, in an interview, the AFH Provider said they were not aware that the home's Medicaid payment policy had to be documented on a separate form because it was already disclosed in their admission agreement (Notice of Rights and Services). The Provider said they had not documented the home's Medicaid payment policy on a separate form to provide to any of the current residents.

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, Comfort Haven Adult Family Home 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observations, interview, and record reviews, the adult family home (AFH) failed to complete a medical device assessment and develop a negotiated care plan for [redacted] use for 2 of 6 residents (Resident 1 and Resident 3) to ensure their [redacted] were installed correctly, and to ensure Resident 1 and Resident 3 and/or their representatives were aware of the risks and benefits of using the [redacted] before the [redacted] were installed. These failures placed Resident 1 and Resident 3 at risk of injury and/or entrapment.

Findings included...

On 08/07/2024 at 10:50 AM, observation of Resident 1's bedroom showed Resident 1's bed had two [redacted] installed on both sides. The bed was in the middle of the room with the head of the bed against a wall. The [redacted] were both in the upright position. Resident 1 was out of the home with family during the observation.

On 08/07/2024 at 10:55 AM, observation of Resident 3's bedroom showed Resident 3's bed had two [redacted] installed on both sides. The rail next to the wall was in the upright position and the [redacted] facing the interior of the bedroom was in the downward

position. Resident 3 was not observed in the bed. Resident 3 was in the living room during the inspection.

Review of Resident 1's record showed they had no medical device assessment and Resident 1's negotiated care plan (NCP) showed no information about what Resident 1 used the [redacted] for. There was no information about whether the [redacted] were installed correctly and whether Resident 1 and/or their representative was aware of the risks and benefits to ensure Resident 1 was safe to use the [redacted] before they were installed on Resident 1's bed.

Review of Resident 3's department assessment dated 04/29/2024, showed they had a primary diagnosis of [redacted] ([redacted]). Resident 3's record showed no medical device assessment and Resident 3's negotiated care plan (NCP) showed no information about what Resident 3 used the [redacted] for. There was no information about whether the [redacted] were installed correctly and whether Resident 3 and/or their representative was aware of the risks and benefits to ensure Resident 3 was safe to use the [redacted] before they were installed on Resident 3's bed.

On 08/07/2024 at 10:55 AM, in an interview, the AFH Provider said the [redacted] had been on the beds since Resident 1 and Resident 3 moved in. The Provider said both residents used the [redacted] for positioning and transferring. The Provider said they had a doctor's order for the [redacted] for each resident, but they were not aware of the requirements for medical device assessment of safe use and installation, NCP documentation, as well as evidence of disclosing [redacted] risks and benefits to the residents and their representatives.

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, Comfort Haven Adult Family Home 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

AMENDED
08/14/2024

Comfort Haven Adult Family Home LLC
Comfort Haven Adult Family Home LLC
3030 NE Loyola St
Bremerton, WA 98311

RE: Comfort Haven Adult Family Home LLC # 754974

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/12/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

The adult family home (AFH) had sufficient personal protective equipment (PPE) and caregivers had basic knowledge of infection prevention and control practices, but the home did not have a written Respiratory Protection Program (RPP). New caregivers had not been fit-tested as required by the Occupational Health and Safety Administration (OSHA). The AFH Provider completed a written RPP and ensured their new caregivers were fit-tested for respirators before the completion of the licensing inspection.

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

The adult family home (AFH) did not ensure Caregiver B, who had a documented history of a negative two-step tuberculosis (TB, an infectious respiratory disease) skin test, completed one additional TB skin test within three days of employment. Caregiver B had no additional TB skin testing since their date of hire, but Caregiver B completed one additional TB skin test before the completion of the licensing inspection.

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.

The adult family home (AFH) did not ensure Caregiver A initiated tuberculosis (TB, an infectious respiratory disease) testing within three days of employment. Caregiver A initiated the first step of TB skin testing nine days after their date of hire but did not do

a second TB skin test within one to three weeks of the first TB skin test. Caregiver A completed one additional TB skin test before the completion of the licensing inspection.

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) completed a personal belongings inventory for Resident 2 but did not ensure Resident 2 or the AFH Provider signed and dated the inventory list as required. Before the completion of the licensing inspection, Resident 2 and the AFH Provider signed and dated Resident 2's itemized personal belongings inventory list.

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

The adult family home (AFH) did not ensure Resident 2 received their Vitamin D3 order for six days while the Provider sorted out an issue with Resident 2's pharmacy and insurance company. Resident 2 was receiving a low dose of Vitamin D3 in a daily Calcium supplement and before the completion of the licensing inspection, the AFH Provider purchased Vitamin D3 for Resident 2 to take until the issue with the insurance company was sorted out and the pharmacy was able to fill the order again.

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(5) The resident or resident representative is aware the resident is taking the psychopharmacologic medication and its purpose.

The adult family home (AFH) did not ensure Resident 3's negotiated care plan (NCP) showed the psychopharmacologic medication prescribed to manage Resident 3's behaviors, to show Resident 3's representative was aware and consented to the use of psychopharmacologic medication. Before the completion of the licensing inspection, the AFH Provider ensured Resident 3's NCP identified the psychopharmacologic medication and the behaviors for which it was prescribed.

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;

The adult family home (AFH) did not ensure the hot water temperature in Bathroom A's and Bathroom B's sinks was at least 105 degrees Fahrenheit (F) as required. AFH staff adjusted their hot water tank thermostat and ensured the water temperature was between 105 degrees F and 120 degrees F in both bathroom sinks before the completion of the licensing inspection.

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 (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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 IDR**s 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