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

A Nurse's Touch AFH 3 LLC

A Nurse's Touch AFH 3 LLC
609 N Bowdish Rd
Spokane Valley, WA 99206

RE: A Nurse's Touch AFH 3 LLC License # 755002

Dear Provider:

This letter addresses Compliance Determination(s) 53226 (Completion Date 01/16/2025) and 50278 (Completion Date 12/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/16/2025 and found that you have corrected the violations listed in the Complaint, Full report dated 12/04/2024. Your home is back in compliance as of 01/01/2025 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 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10175-1

The Department staff who did the on-site verification:
Joshua Robison, Community 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

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 and complaint investigation on 11/14/2024 and 11/14/2024 of:

A Nurse's Touch AFH 3 LLC
609 N Bowdish Rd
Spokane Valley, WA 99206

This document references the following complaint numbers: 152055.

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:

Joshua Robison, Community 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 388-76-10285 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 ensure a second tuberculosis (TB) skin test was completed one to three weeks after the first test for 1 of 4 staff members (Staff C). This failure placed residents at risk of exposure to tuberculosis.

Findings included…

On 11/14/2024 at 8:55 AM, Staff C, Caregiver, was observed working with residents in the AFH.

Review of the employee records on 11/14/2024 for Staff C showed they were hired on 09/17/2023 and completed a one-step TB skin test on 09/12/2023 (5 days prior to date of hire), and a chest x-ray on 08/25/2023 (23 days prior to date of hire). There was no record to show a second TB skin test had been completed one to three weeks after the first TB skin test.

In an email on 11/20/2024 at 11:47 AM, Staff A, Provider stated that Staff C did not have a second TB skin test done.

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, A Nurse's Touch AFH 3 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 background check results were obtained no later than one working day after conditional employment for 1 of 4 caregivers (Staff C). This failure resulted in staff with potentially disqualifying crimes having unsupervised access to the residents.

Findings included…

Review of the employee records on 11/14/2024 showed Staff C, Caregiver, was hired on 09/17/2023, and that a name and date of birth background check was completed on 10/12/2023 (25 days after date of hire).

In an interview on 11/22/2024 at 11:40 AM, Staff A, Provider, stated that they did not have documentation of a background check completed no later than one working day of employment for Staff C.

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, A Nurse's Touch AFH 3 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