STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

1 Rose Hill Place LLC

1 Rose Hill Place LLC
PO Box 429
Edmonds, WA 98020

RE: 1 Rose Hill Place LLC License # 755014

Dear Provider:

This letter addresses Compliance Determination(s) 51859 (Completion Date 12/17/2024) and 50153 (Completion Date 11/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/17/2024 and found that you have corrected the violations listed in the Full report dated 11/15/2024. Your home is back in compliance as of 12/15/2024 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 388-76-10015-1, WAC 388-76-10340, WAC 388-76-10340-1, WAC 388-76-10340-2, WAC 388-76-10340-3, WAC 388-76-10340-4, WAC 388-76-10340-5

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 11/13/2024 and 11/13/2024 of:

1 Rose Hill Place LLC
9810 234th St SW
Edmonds, WA 98020

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

11/15/2024
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.

DAVID MURESAN
Provider (or Representative)

11.22.2024
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 record review and interview, the Adult Family Home (AFH) failed to ensure 4 of 4 staffs (Staff A, Entity Representative, and Staff B, C and D, Caregiver) had record of respirator training, medical clearance, and respirator fit testing every year. In addition, the AFH failed to obtain a Medical Test Site Waiver license, as required. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk for illness and infection.

Findings included...

Review of the Dear Provider Letter, dated 11/05/2021, showed the requirements necessary in developing a Respiratory Protection Program (RPP) in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing of N95 respirators and the Washington State Department of Health website link to the RPP for Long-Term Care Facilities.

Review of the Washington State Department of Health's "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Review of the AFH's personnel record showed Staff A did not have record of medical clearance and respirator fit testing.

Review of the AFH's personnel record showed Staff B did not have record of respirator training, medical clearance, and respirator fit testing.

Review of the AFH's personnel record showed Staff C did not have record of respirator training, medical clearance, and respirator fit testing.

Review of the AFH's personnel record showed Staff D did not have record of respirator training, medical clearance, and respirator fit testing.

Review of facility records showed the AFH did not have evidence of conducting respirator training for staffs, as required.

In an Interview, on 11/13/2024 at 10:50 AM, Staff A stated that they completed fit testing a long time ago and they did not fit testing annually.

<Medical Test Site Waiver (MTSW)>
Review of Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as a Covid-19 [a virus that can cause difficulty breathing] test or blood glucose [sugar in the blood] test), or interprets the test results, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application.

Review of facility records showed no record of a MTSW license.

In an interview, on 11/13/2024 at 10:20 AM, Staff A stated that Residents 1 and 2 had diabetes (A metabolic disorder that required blood glucose testing and monitoring). Staff A stated that they checked Resident 1 and 2's blood glucose once a day (before breakfast). Staff A stated that they did not know about a MTSW license requirements, and they would apply for the MTSW license.

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, 1 Rose Hill Place LLC is or will be in compliance with this law and / or regulation on (Date) 12.15.2024 .

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

DAVID MURESAN — Provider (or Representative)

11.22.2024 — Date

WAC 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

Statement of Deficiencies	License #: 755014	Compliance Determination # 50153
Plan of Correction	1 Rose Hill Place LLC	Completion Date
Page 4 of 4	Licensee: 1 Rose Hill Place LLC	11/15/2024

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to develop a preliminary service plan for 1 of 2 sampled Residents (Resident 5). This failure placed Residents 5 at risk for unmet care needs and inability to choose care and services.

Findings included...

Observation, on 11/13/2023 at 9:35 AM, showed Resident 5 lived in and received care from the AFH.

Record review of Resident 5's assessment, dated 02/14/2024, showed Resident 5 was admitted to the AFH on [redacted]/2023 with multiple diagnoses. Review of Resident 5's records showed preliminary care plan was not completed.

In an interview, on 11/13/2024 at 12:30 PM, Staff A, Entity Representative, stated that they completed the assessment and Negotiated Care Plan (NCP), and they did not complete the preliminary service plan for Resident 5.

Observation, on 11/13/2024 at 12:45 PM, showed Staff A completed Resident 5's the Preliminary service 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, 1 Rose Hill Place LLC is or will be in compliance with this law and / or regulation on (Date) 11.15.2024 .

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

DAVID MURESAN — Provider (or Representative)

11.22.2024 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

11/15/2024

1 Rose Hill Place LLC
1 Rose Hill Place LLC
PO Box 429
Edmonds, WA 98020

RE: 1 Rose Hill Place LLC # 755014

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/15/2024 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to ensure the AFH Provider had a succession plan in place in the event the AFH Provider was unable to fulfill their care and supervision duties for residents (Residents 1, 2, 3, 4, 5 and 6). This deficiency was corrected on-site at the time of visit by Staff A, Entity Representative.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 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