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

Sapphire Adult Family Home LLC
Sapphire Adult Family Home
3302 N Shirley St
Tacoma, WA 98407

RE: Sapphire Adult Family Home License # 755140

Dear Provider:

This letter addresses Compliance Determination(s) 28038 (Completion Date 08/18/2023) and 26322 (Completion Date 07/18/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/18/2023 and found that you have corrected the violations listed in the Full report dated 07/18/2023. Your home is back in compliance as of 07/31/2023 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 388-112A-0720-1-c, WAC 388-112A-0720-1-c-i, WAC 388-112A-0720-1-c-ii, WAC 388-76-10135-7, WAC 388-76-10135-8

The Department staff who did the on-site verification:
Scotti Bower, 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 07/11/2023, 07/11/2023 and 07/11/2023 of:

Sapphire Adult Family Home
3302 N Shirley St
Tacoma, WA 98407

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Scotti Bower, AFH Licensor

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: 07/27/2023

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 interview and record review, the adult family home (AFH) failed to complete the required tuberculosis (an infectious disease) testing for 3 of 4 staff (Caregiver A, Caregiver B and Caregiver C). This failure placed four residents at risk of exposure to infectious disease.

Findings included...

On 07/11/2023, review of Caregiver A's (CG-A) personnel records showed CG-A was hired on 05/09/2023. Review of CG-A's tuberculosis (TB) testing showed they completed one TB skin test on 05/13/2022. There was no record of CG-A completing a second skin test.

On 07/11/2023, review of Caregiver B's (CG-B) personnel records showed CG-B was hired on 06/07/2023. Review of CG-B's TB testing showed they completed one tuberculosis skin test on 05/22/2023. There was no record of CG-B completing a second skin test.

On 07/11/2023, review of Caregiver C's (CG-C) personnel records showed CG-C was hired on 01/26/2022. There was no documentation provided to verify CG-C completed TB testing.

On 07/11/2023 at 2:30 pm in an interview, the Provider stated they were not aware a second skin test was required for CG-A and CG-B. They stated CG-C has TB records and they will provide the documentation in 24 hours.

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, Sapphire Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 07/31/2023

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

Provider (or Representative) — Date: 07/27/2023

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:

(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 reviews, the adult family home (AFH) failed to ensure that 1 of 4 staff (Caregiver C) maintained their cardiopulmonary resuscitation (CPR) and First Aid training. This failure placed all four residents at risk of harm in the event that CPR or first aid was necessary.

Findings included...

On 07/11/2023, review of the Caregiver C's (CG-C) personnel files showed their First Aid/CPR training expired 06/24/2022. CG-C was hired by the AFH on 01/26/2022.

On 07/11/2023 at 2:35 pm in an interview, the Provider stated CG-C has current First Aid/CPR training and they will provide the documentation in 24 hours.

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, Sapphire Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 07/31/2023

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

Provider (or Representative) — Date: 07/27/2023

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

Sapphire Adult Family Home LLC
Sapphire Adult Family Home
3302 N Shirley St
Tacoma, WA 98407

RE: Sapphire Adult Family Home # 755140

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/18/2023 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:

Jennifer LeMaster, 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 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

A Washington state name and date of birth background check was not current for the Provider and Household Member 1 (HHM1) at the inspection on 07/11/2023. A Washington state name and date of birth background check was completed on 07/12/2023 for the Provider and HHM1 resulting in "No Record" for both individuals. This corrected the deficiency.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster, 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:
Jennifer LeMaster, 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