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 Inspired Family Home, LLC
A Nurse Inspired Family Home
14024 E Cataldo Avenue
Spokane Valley, WA 99216

RE: A Nurse Inspired Family Home License # 755275

Dear Provider:

This letter addresses Compliance Determination(s) 32606 (Completion Date 11/15/2023) and 30560 (Completion Date 10/16/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/15/2023 and found that you have corrected the violations listed in the Full report dated 10/16/2023. Your home is back in compliance as of 10/30/2023 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 388-76-10650-2-a, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Scott Sorensen, AFH Licensor

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, 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

Statement of Deficiencies	License #: 755275	Compliance Determination # 30560
Plan of Correction	A Nurse Inspired Family Home	Completion Date
Page 1 of 3	Licensee: A Nurse Inspired Family Home, LLC	10/16/2023

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 10/04/2023 and 10/06/2023 of:
A Nurse Inspired Family Home
14024 E Cataldo Avenue
Spokane Valley, WA 99216

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:

Scott Sorensen, 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.

Tamara Tredo
Residential Care Services

10/24/2023
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: 10/30/2023

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;

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure [redacted] used by 3 of 3 residents (Resident 1, 3, & 4) had a safety assessment completed and was identified in the negotiated care plans. This placed the residents at risk for injury.

Findings included...

Observation on 10/04/2023 at 1:00 PM showed Resident 3 and Resident 4 were in their beds and the [redacted] were in the up position. Observation on 10/04/2023 at 2:00 PM showed Resident 1's bed had [redacted].

Review of Resident 1's negotiated care plan (NCP), dated 08/21/2023, showed no documentation of the [redacted]. There was no documentation in the resident's record to show completion of a safety assessment related to the medical device.

Review of Resident 3's NCP, dated 09/22/2023, showed no documentation of the [redacted]. There was no documentation in the resident's record to show completion of a safety assessment related to the medical device.

Review of Resident 4's NCP, dated 09/15/2023, showed no documentation of the [redacted]. There was no documentation in the resident's record to show completion of a safety assessment related to the medical device.

During an interview on 10/04/2023 at 3:50 PM, Staff A, Provider, stated that all three residents used their [redacted] to assist with positioning and that the medical device information was not in their care plans. Staff A stated that a safety assessment related to the [redacted] were not completed.

Statement of Deficiencies	License #: 755275	Compliance Determination # 30560
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Page 3 of 3	Licensee: A Nurse Inspired Family Home, LLC	10/16/2023

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 Inspired Family Home is or will be in compliance with this law and / or regulation on (Date) 10/30/2023 .

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

	10/30/2023
Provider (or Representative)	Date

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 Inspired Family Home, LLC
A Nurse Inspired Family Home
14024 E Cataldo Avenue
Spokane Valley, WA 99216

RE: A Nurse Inspired Family Home # 755275

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/16/2023 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:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• 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 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

The home failed to obtain an annual assessment for one resident as required. No significant changes in the resident's level of care and services occurred during that time.

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 (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
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:
Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

A Nurse Inspired Family Home

George Wangai, BSN, RN
14024 E Cataldo Avenue,
Spokane Valley, WA 99216
Home (509) 381 5323
Fax (509) 732 9970
Cell (770) 292 0854
Provider@anifhome.com

Date: 10/30/2023

Dear, Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

RE: Deficiency Plan of Action

WAC 388-76-10650 Medical devices

In reference to the above deficiency, we completed the safety assessment and identified the need for [redacted] in assist with bed mobility and bed transfers on 3 of our residents on 10/16/2023. We provided a Guide to Bed Safety/[redacted] Safety information to Resident/family/guardian. We obtained informed consent regarding [redacted] safety and use of [redacted]. We updated residents Negotiated care plans to reflect the need and use of [redacted].

Sincerely,

George Cell 770.292.0854