STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Care N Love AFH, LLC
Care N Love AFH II
PO Box 17492
Portland, OR 97217

RE: Care N Love AFH II License # 755329

Dear Provider:

This letter addresses Compliance Determination(s) 46966 (Completion Date 09/09/2024) and 44473 (Completion Date 07/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/09/2024 and found that you have corrected the violations listed in the Full report dated 07/26/2024. Your home is back in compliance as of 07/30/2024 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 388-76-10650-2-a, WAC 388-76-10430-2-d, WAC 388-76-10146-1, WAC 388-76-10146-2-a, WAC 388-76-10146-2-b, WAC 388-76-10146-2-d, WAC 388-112A-0080-3

The Department staff who did the on-site verification:
Shawn Swanstrom, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 755329	Compliance Determination # 44473
Plan of Correction	Care N Love AFH II	Completion Date
Page 1 of 5	Licensee: Care N Love AFH, LLC	07/26/2024

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 07/17/2024 and 07/19/2024 of:
Care N Love AFH II
12314 NE 8TH ST
VANCOUVER, WA 98684

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:

Shawn Swanstrom, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

07/29/2024
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.

DC Salanoan
Provider (or Representative)

07/20-2024
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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1of 2 sampled residents (Resident 2 [R2]) had an assessment regarding the use a mechanical device on their bed. This deficient practice caused R2 to be at risk of injury related entrapment into the [redacted].

Findings included...

An unannounced licensing inspection was initiated on 07/17/2024. During an interviewed at 10:20 AM with R2, a [redacted] was observed on their bed. R2 stated they used the [redacted] to transfer out of bed.

Resident record review showed R2 was admitted to the home on [redacted]/2024 with a diagnosis of [redacted]. Resident 2 was receiving a psychotropic (mental health) medication to help with behaviors including waking up at night and wandering throughout the home. R2 did not have a [redacted] assessment to evaluate the use of the [redacted] for safety related to a cognitive decline.

On 07/19/2024 at 09:35 AM, the Provider stated R2 did have an assessment. Later that day the Provider emailed a physician's order for the use of the [redacted]. A [redacted] assessment had not been completed.

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, Care N Love AFH II is or will be in compliance with this law and / or regulation on (Date) 07/30/2024.

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

Provider (or Representative) _____ Date _____

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

JC Salangan
Provider (or Representative)

07/30/2024
Date

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.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure one of two sampled residents (Resident 2 {R2}) received medications as ordered. This deficient practice cause R2 to be at risk of an unstable blood pressure.

Findings included...

An unannounced full inspection was initiated at the home on 07/17/2024 at 09:47 AM. A return visit to meet with the Provider was on 07/19/2024 at 09:05 AM.

Medication review for Resident 2 (R2) was completed with the Provider on 07/19/2024 at 9:30 AM. R2's Medication Administration Record (MAR) showed an order for Ramipril (used to treat high blood pressure) 5 milligrams (mg) daily at bedtime. A physician's order dated July 5, 2024, stated "Ramipril should be switched to morning dosing so that (R2's) AM blood pressure check can be at least two hours after taking the medication. After the one week of twice a day blood pressure checks, it can be switched back to the PM dosing if (R2) tolerates it better that way".

July 2024 MAR showed Ramipril 5 mg daily at bedtime. A dosing time switch to morning was not documented on the MAR. July 2024 blood pressure checks were reviewed. R2's blood pressure was only documented one time a day. The actual time of the blood pressure checks were not recorded. On the side of the blood pressure checks in one area it stated "am."

The Provider stated on 07/19/2024 at 09:30 AM that the staff did switch the Ramipril to the morning and did not update the MAR for the week of morning dosing. Blood pressures were not taken twice each day as ordered on 07/05/2024.

Attestation Statement

Provider (or Representative) _____ Date _____

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The Provider stated on 07/19/2024 at 09:30 AM that the staff did switch the Ramipril to the morning and did not update the MAR for the week of morning dosing. Blood pressures were not taken twice each day as ordered on 07/05/2024.

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, Care N Love AFH II is or will be in compliance with this law and / or regulation on (Date) 07/30/2024

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

ACSolangon — Provider (or Representative)

07/30/2024 — Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(3) Long-term care workers in adult family homes within one hundred twenty days of date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Assisted living facilities.

This requirement was not met as evidenced by:

Based on observation, interviews, and record review the Adult Family Home (AFH) failed to ensure one of two sampled caregivers (Caregiver A – CG-A) had completed basic training prior to being left alone with four of four current residents (Resident1 [R1], [R2], [R3], and [R4]). This deficient practiced caused all resident to be given care by an untrained, unqualified caregiver.

Findings included...

An announced licensing inspection was initiated on 07/17/2024 at 09:58 AM. Caregiver

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, Care N Love AFH II 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

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(a) Orientation and safety;

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(3) Long-term care workers in adult family homes within one hundred twenty days of date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Assisted living facilities.

This requirement was not met as evidenced by:

Based on observation, interviews, and record review the Adult Family Home (AFH) failed to ensure one of two sampled caregivers (Caregiver A – CG-A) had completed basic training prior to being left alone with four of four current residents (Resident1 [R1], [R2], [R3], and [R4]). This deficient practiced caused all resident to be given care by an untrained, unqualified caregiver.

Findings included...

An announced licensing inspection was initiated on 07/17/2024 at 09:58 AM. Caregiver

Statement of Deficiencies	License #: 755329	Compliance Determination # 44473
Plan of Correction	Care N Love AFH II	Completion Date
Page 5 of 5	Licensee: Care N Love AFH, LLC	07/26/2024

A was the only staff member on duty. Caregiver A called the Provider via the cell phone and the Provider stated that they and the Resident Manager were out of town and would not be able to come to the home. CG-A stated they had worked the last 24 hours at the home independently.

A return visit was made to the AFH on 07/19/2024 at 09:00AM to meet with the Provider. Caregiver A (CG-A) qualifications were reviewed. CG-A was hired on 09/01/2023. The Provider stated CG-A was currently in training for a Home Health Care Aide (HCA) -- though had not yet competed the training. CG-A had only one tuberculosis skin test (negative result) and had not yet obtained the second step. CG-A did not have a Cardio- Pulmonary Resuscitation (CPR) or first aid training. CG-A did not have a current food handler's card.

On 07/25/2024 the Provider sent CG-A's CPR/ First Aid training documentation dated 07/25/2024 CG-A obtained their food handler's care 07/25/2024.

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, Care N Love AFH II is or will be in compliance with this law and / or regulation on (Date) 07/30/2024

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

JC Salangon — Provider (or Representative)

07/30/2024 — Date

A was the only staff member on duty. Caregiver A called the Provider via the cell phone and the Provider stated that they and the Resident Manager were out of town and would not be able to come to the home. CG-A stated they had worked the last 24 hours at the home independently.

A return visit was made to the AFH on 07/19/2024 at 09:00AM to meet with the Provider. Caregiver A (CG-A) qualifications were reviewed. CG-A was hired on 08/01/2023. The Provider stated CG-A was currently in training for a Home Health Care Aide (HCA) – though had not yet competed the training. CG-A had only one tuberculosis skin test (negative result) and had not yet obtained the second step. CG-A did not have a Cardio- Pulmonary Resuscitation (CPR) or first aid training. CG-A did not have a current food handler's card.

On 07/25/2024 the Provider sent CG-A's CPR/ First Aid training documentation dated 07/25/2024. CG-A obtained their food handler's care 07/25/2024.

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, Care N Love AFH II 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
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

07/29/2024

Care N Love AFH, LLC
Care N Love AFH II
PO Box 17492
Portland, OR 97217

RE: Care N Love AFH II # 755329

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/26/2024 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• 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 388-76-10015 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

The Adult Family Home had not developed infection control policies to identify standard precautions, transmission-based precautions, and a Respiratory Protection Program – Staff had not been fit tested for a KN-95 or N-95 respirator (Dear Provider letter 09/14/2023).

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

The Adult Family Home (AFH) staff performed blood glucose monitoring for Resident 3. When asked to view the test site waiver the Provider stated on 0719/2024 at 10:30 AM they were unaware they needed the license. The Dear Provider letter dated 04/01/2022 informed AFH Provider's if medical testing was occurring at the AFH i.e., blood glucose monitoring, the home is required to have a medical test site waiver per WAC 248-338-020 (1).

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

07/19/2024 at 09:15 AM the most recent inspection report dated 06/30/2022 was not posted or available for review.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

The Adult Family Home did not have Resident 3 sign their negotiated care plan. Resident 3 was admitted to the home on [redacted] 2023. The Provider sent a signed negotiated care plan date 07/19/2024.

WAC 388-76-10330 Resident assessment. The adult family home must:

(1) Obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting a resident to the home;

The Adult Family Home Provider was unable to show an assessment was completed prior to the admission for Resident 2. Resident 2's admission date was [redacted] 2024. The current assessment was dated 05/10/2024. The Provider stated they were sent an assessment on 03/11/2024. An assessment dated prior to admission was not found.

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)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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