STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Glimmering Angels LLC
Badger Mountain Adult Family Home
1756 Silver Ct
Richland, WA 99352

RE: Badger Mountain Adult Family Home License # 755382

Dear Provider:

This letter addresses Compliance Determination(s) 39907 (Completion Date 04/23/2024) and 38484 (Completion Date 03/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/23/2024 and found that you have corrected the violations listed in the Full report dated 03/29/2024. Your home is back in compliance as of 04/04/2024 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 388-76-10175-1

The Department staff who did the off-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 03/18/2024 and 03/18/2024 of:

Badger Mountain Adult Family Home
1756 Silver Ct
Richland, WA 99352

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

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner — Residential Care Services

04/04/2024 — 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.

Osha Roberts
Provider (or Representative)

04/04/2024
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 record review and interview, the Adult Family Home (AFH) failed to submit an authorization for a name and date of birth background check within one business day after hire for 2 of 5 current staff (Staff D, E) and 2 of 16 former staff (Staff Q, V). This failed practice placed the residents at risk from disqualified staff.

Findings included...

On 03/18/2024 at 1:30 PM, administrative record review occurred with Staff A, Provider.

Staff D, Caregiver, file showed a hire date of 01/06/2024 with documentation of orientation training in the AFH with residents on 01/06/2024 for 13.5 hours. The non-disqualifying background result was dated 01/11/2024, 5 days after hire.

Staff E, Caregiver, file showed a hire date of 02/12/2023 with documentation of orientation training in the AFH with residents on 02/12/2024 for 5 hours and 02/17/2024 for 6.5 hours. The non-disqualifying background result was dated 02/20/2024, 8 days after hire.

Staff Q, former Caregiver, had a hire date of 08/30/2022; the non-disqualifying background result was dated 09/06/2022, 7 days after hire.

Staff V, former Caregiver, had a hire date of 08/02/2023; the non-disqualifying background result was dated 08/08/2023, 6 days after hire.

On 03/18/2024 at 2:30 PM, Staff A stated that new staff shadowed the caregiver at the AFH when they started to ensure they wanted the caregiver position. Staff A sated that they

did not have a reason why they did not submit a background check for these staff when their usual practice was to get the background result at hire.

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, Badger Mountain Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 04/04/2024.

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

Provider (or Representative) — Date: 04/04/2024

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Glimmering Angels LLC
Badger Mountain Adult Family Home
1756 Silver Ct
Richland, WA 99352

RE: Badger Mountain Adult Family Home # 755382

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/29/2024 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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

Union Gap, WA 98903

• 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 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

On 03/18/2024, the Adult Family Home did not contact the prescriber to clarify medication dosage and frequency when new orders were received.

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)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C

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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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

BADGER MOUNTAIN AFH

1756 Silver Ct Richland, Wa 99352

Residential Care Services

Region 1, Unit C

1200 Alder Street

Union Gap, 98903

To Whom it may concern,

Badger mountain and all its managers have made sure we are in compliance and deficiencies have been corrected on 04/04/2024. The following system has been put in place.

1.)WAC 388-76-10175 Background Checks have already been corrected with recent new hires. Prior to any new hire a completed background check will be finalized before scheduling any orientation training.

Regards,

Osha Roberts 4/4/24

Osha Roberts