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

St. Fredricks Compassionate Care Home

St. Fredricks Compassionate Care Home
601 S Woodruff Rd Apt E303
Spokane Valley, WA 99206

RE: St. Fredricks Compassionate Care Home License # 755469

Dear Provider:

This letter addresses Compliance Determination(s) 34458 (Completion Date 12/27/2023) and 30703 (Completion Date 10/27/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/27/2023 and found that you have corrected the violations listed in the Full report dated 10/27/2023. Your home is back in compliance as of 12/11/2023 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10285-2, WAC 388-76-10015-1, WAC 388-76-10129-1-a, WAC 388-112A-0610-1-a-iv

The Department staff who did the on-site verification:
Jacqueline Block, 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 #: 755469	Compliance Determination # 30703
Plan of Correction	St. Fredricks Compassionate Care Home	Completion Date
Page 1 of 6	Licensee: St. Fredricks Compassionate Care Home	10/27/2023

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 10/05/2023 and 10/05/2023 of:
St. Fredricks Compassionate Care Home
10605 Windham Ct
Spokane, WA 99208

The following sample was selected for review during the unannounced on-site visit: 2 of 1 current residents and 1 former residents.

The department staff that inspected the Adult Family Home:

Jacqueline Block, AFH Licensor

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DSHS ALTSA RCS
SPOKANE VALLEY WA

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

11/03/2023
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.

Statement of Deficiencies	License #: 755469	Compliance Determination # 30703
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Provider (or Representative)

11.8.2023
Date

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 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth background check was completed every two years for 1 of 2 staff reviewed (Staff A). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included...

Review of staff records showed Staff A, Provider's, Washington state name and date of birth background check expired on 05/10/2023.

During an interview on 10/05/2023 at 10:11 AM, Staff A stated he was unaware his Washington name and date of birth background check was expired and had not checked his file for expired documents.

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, St. Fredricks Compassionate Care Home is or will be in compliance with this law and / or regulation on (Date) 11.01.2023.

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

Statement of Deficiencies	License #: 755469	Compliance Determination # 30703
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Provider (or Representative) — 11.05.2023 Date

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:

(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 ensure a two-step tuberculosis (TB) skin test was completed for 1 of 2 sample staff (Staff B). This failure placed residents at risk for exposure to respiratory illness.

Findings included...

Review of Staff B's, Caregiver, employee file showed a single negative TB test completed on 07/10/2023. There was no other documentation that showed Staff B received a second TB test as required.

During an interview on 10/05/2023 at 10:06 AM, Staff A, Provider, stated Staff B did not complete a two-step TB test. Staff A stated he did not understand that a second test was required.

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, St. Fredricks Compassionate Care Home is or will be in compliance with this law and / or regulation on (Date) 11.10.2023.

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

Provider (or Representative) — 11.05.2023 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 interview and record review, the Adult Family Home (AFH) failed to have a written respiratory program (RPP) including training on use of a respirator and fit testing for N95 respirators for 2 of 2 staff (Staff A & B). This failure placed residents at risk for exposure to communicable diseases..

Findings included…

WAC 296-842-12005

Develop and maintain a written program.
(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.

Review of Dear Provider Letter dated 04/30/2021 “Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment” showed the AFH is required to develop and maintain a Respiratory Protection Program. The letter also required the AFH to fit test health care workers with a N95 respirator for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 “Respirator Fit Testing and Respiratory Protection Program Resource” provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators.

Review of Dear Provider Letter dated 09/14/2023 “Provider Responsibilities For Provision Of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), And Changes To Department Of Health RPP Resources” provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators.

Review of infection control documentation showed there was no written respiratory protection program, no documentation that training for use of personal protective equipment or fit testing had occurred for Staff A, Provider and Staff B, Caregiver.

In an interview on 10/05/2023 at 10:08 AM, Staff A stated Staff B and themselves were not fit tested. Staff A stated they did not know what an RPP was, and they did not have a RPP for the AFH.

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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, St. Fredricks Compassionate Care Home is or will be in compliance with this law and / or regulation on (Date) ~~12.15.2023~~ 12.11.2023

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

Provider (or Representative) 11.8.2023 Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure continuing education was completed for 1 of 2 staff (Staff A). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included...

Review of Dear Provider Letter dated 09/09/2022 entitled "Governor's Proclamations Related to COVID-19 Ending October 27" showed that the waivers for long-term care worker training requirements, which included continuing education, ended 10/27/2022.

Review of the Dear Provider Letter dated 03/03/2023 entitled "Emergency Rules Filed to Amend Long-Term Care Worker Continuing Education Deadlines" showed that long-term care workers in AFH's were required to complete the continuing education that came due between 03/16/2020 to 10/27/2022 no later than 08/31/2023.

Statement of Deficiencies	License #: 755469	Compliance Determination # 30703
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Record review for continuing education credits for Staff A, Provider, showed their most recent birthday was on 02/19/2023. Staff A was required to complete 12 hours of continuing education between 02/19/2022 to 02/19/2023. Staff A had completed a total of 5.5 hours of continuing education which did not meet the requirement to complete 12 hours of DSHS approved continuing education from birthday to birthday.

During an interview on 10/05/2023 at 10:14 AM, Staff A stated he thought he had completed 12 hours of continuing education.

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, St. Fredricks Compassionate Care Home is or will be in compliance with this law and / or regulation on (Date) ~~12.15.2023~~ 12.11.2023

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

Provider (or Representative) — Date: 11.08.2023

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

St. Fredricks Compassionate Care Home
St. Fredricks Compassionate Care Home
601 S Woodruff Rd Apt E303
Spokane Valley, WA 99206

RE: St. Fredricks Compassionate Care Home # 755469

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/27/2023 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home did not ensure the Medicaid Policy was reviewed and signed for 1 of 2 residents.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home did not ensure 1 of 2 residents had a department standardized disclosure of charges form signed and dated in the resident's records.

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