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***

Allen Adult Care Home LLC
Allen Adult Care Home
3511 N Elton Rd
Spokane Valley, WA 99212

RE: Allen Adult Care Home License # 755476

Dear Provider:

This letter addresses Compliance Determination(s) 24688 (Completion Date 07/03/2023) and 23705 (Completion Date 05/12/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/03/2023 and found that you have corrected the violations listed in the Full report dated 05/12/2023. Your home is back in compliance as of 05/17/2023 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 388-76-10750-6, WAC 388-76-10750-6-c, WAC 388-76-10135-7, WAC 388-112A-0720-1-c-ii

The Department staff who did the on-site verification:
Selena Clemons, NCI-Complaint Investigator

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

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***8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212***

| Statement of Deficiencies | License #: 755476 | Compliance Determination # 23705 |
|---|---|---|
| Plan of Correction | Allen Adult Care Home | Completion Date |
| Page 1 of 3 | Licensee: Allen Adult Care Home LLC | 05/12/2023 |

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 05/09/2023 and 05/09/2023 of:

Allen Adult Care Home
3511 N Elton Rd.
Spokane Valley, WA 99212

The following sample was selected for review during the unannounced on-site visit: 5 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Emily Crook, Long Term Care Surveyor/AFH
Selena Clemons, NCI-Complaint Investigator

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MAY 22 2023
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

05/17/2023
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

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

**This requirement was not met as evidenced by:**

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the water temperature was maintained between 105-120 degrees Fahrenheit (F) for 1 of 2 sinks (Bathrooms 1). This failure placed residents at risk for burns to their skin.

Findings included...

Observation 05/09/2023 at 2:11 PM during the environmental tour the water temperature in Bathroom 1 showed 127.3 degrees F.

During an interview on 05/10/2023 at 10:04 AM, Staff D, Co-Provider, stated the occasionally checked the water temperatures and that the water temperatures varied depending on if the washing machine had been running.

**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, Allen Adult Care Home is or will be in compliance with this law and / or regulation on (Date) 5-17-23.

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

Provider (or Representative) [signature] Date 5-17-23

**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;

**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:

(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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure first-aid training was completed for 1 of 4 caregivers (Staff A). This failure placed residents at risk of not receiving first-aid assistance from a trained person if an injury occurs.

Findings included...

On 05/10/2023 at 11:00 AM, Staff A, Caregiver, was observed to be the only staff member in the home providing care and services to residents.

Review of employee records for Staff A showed that they were employed by the AFH beginning on 10/10/2022. A current first-aid card was not available for review in Staff A's records.

During an interview on 05/10/2023 at 10:04 AM, Staff D, Co-Provider, stated they believed Staff A had completed their first-aid training with their previous employer.

**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, Allen Adult Care Home is or will be in compliance with this law and / or regulation on (Date) 5-17-23.

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

Provider (or Representative) [signature] Date 5-17-23

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***8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212***



Allen Adult Care Home LLC
Allen Adult Care Home
3511 N Elton Rd
Spokane Valley, WA 99212

RE: Allen Adult Care Home # 755476

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/12/2023 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 388-76-10795 Windows.**

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(c) The home must ensure the bedroom window can be opened from inside the room without keys, tools, or special knowledge or effort to open.

The window in Resident 4's bedroom was unable to be opened during the environmental tour of the Adult Family Home. Staff stated the window track sometimes needed to be oiled and would attend to it immediately.

**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