STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Optimal Care Adult Family Home LLC

Optimal Care Adult Family Home LLC
801 16th St SE
Puyallup, WA 98372

RE: Optimal Care Adult Family Home LLC License # 755546

Dear Provider:

This letter addresses Compliance Determination(s) 44535 (Completion Date 07/23/2024) and 42610 (Completion Date 06/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/23/2024 and found that you have corrected the violations listed in the Full report dated 06/12/2024. Your home is back in compliance as of 06/20/2024 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 388-76-10165-2, WAC 388-76-10165, WAC 388-76-10385

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 755546	Compliance Determination # 42610
Plan of Correction	Optimal Care Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee Optimal Care Adult Family Home LLC	06/12/2024

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 06/11/2024 and 06/11/2024 of:
Optimal Care Adult Family Home LLC
801 16th St SE
Puyallup, WA 98372

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:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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

Lisa Cramer — 06/14/2024
Residential Care Services — 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.

Elizabeth Chase
Provider (or Representative)

6/20/24
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.

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure 1 of 2 AFH staff (Provider) had a National Fingerprint Background Check (NFBC) completed. This failure placed all five residents at risk of being cared for by an unqualified caregiver.

Findings included...

On 06/11/2024 at 9:04 AM, observation showed the Provider worked alone in the AFH.

On 06/11/2024, record review showed the Provider was hired on 04/24/2022. There was no documentation an NFBC was completed.

On 06/11/2024 at 2:00 PM, when asked why there was no documentation of a completed NFBC, the Provider stated the previous Provider kept it during the change of ownership process.

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, Optimal Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6.20.2024 Please see attached Final Background Check Results.

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

Statement of Deficiencies	License #: 755546	Compliance Determination # 42610
Plan of Correction	Optimal Care Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Optimal Care Adult Family Home LLC	06/12/2024

Elizabeth Chege
Provider (or Representative)

6/20/2024
Date

WAC 388-76-10385 Negotiated care plan Copy to department case manager Required. When the resident's services are paid for by the department, the adult family home must give the department case manager a copy of the negotiated care plan each time the plan is completed or updated, and after it has been signed and dated.

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure 4 of 5 residents' (Resident 1, Resident 3, Resident 4 and Resident 5) negotiated care plans (NCP) were submitted to the Department's Case Managers (CM). This failure resulted in Resident 1's, Resident 3's, Resident 4's, and Resident 5's CMs being unaware of any changes in Residents' abilities which may have needed to be reassessed to determine current care and service needs.

Findings included...

On 06/11/2024, record review showed Resident 1 (R1) had an NCP completed on 07/15/2023, Resident 3 (R3) had an NCP completed on 11/30/2023, Resident 4 (R4) had an NCP completed on 04/01/2023, and Resident 5 (R5) had an NCP completed on 02/26/2023. All four residents received services from the Department and there was no record the Provider submitted the NCPs to the CMs.

On 06/13/2024 at 2:00 PM, when asked why the NCPs were not submitted to the CMs, the Provider stated they didn't know they were supposed to send them

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, Optimal Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6.20.2024

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

Elizabeth Chege
Provider (or Representative)

6/20/2024
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Optimal Care Adult Family Home LLC
Optimal Care Adult Family Home LLC
801 16th St SE
Puyallup, WA 98372

RE: Optimal Care Adult Family Home LLC # 755546

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/12/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10532 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:

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

On 06/11/2024, record review showed Resident 1's (R1) disclosure of charges form was not signed or dated by the resident. The Provider stated it was an oversight and they will ensure R1 reviewed and signed the form. R1 received services paid for by the Department. R1 stated they did not have any concerns with the services they received. All other residents had signed and dated disclosure of charges forms.

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

On 06/11/2024, observation showed refrigerated medications belonging to Resident 1 (R1) and Resident 3 (R3) were were not in locked storage. The Provider stated the compact locking refrigerator they used for resident medications broke down on 06/09/2024. Observation showed the Provider and Caregiver A purchased a new compact refrigerator in which to lock medications on 06/11/2024. R1 and R3 stated they had no issues with their medications and were able to identify where their medications were locked up.

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

On 06/11/2024, record review showed Resident 1, Resident 2, Resident 3 and Resident 5 did not sign their most recent negotiated care plans (NCP). Resident 1, Resident 2, and Resident 3 stated they did not have any concerns with the care or services they received. Resident 5 was not living in the adult family home when the inspection occurred. The Provider submitted proof Resident 1, Resident 2, and Resident 3 signed and dated their most recent NCPs on 06/12/2024.

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 (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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