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

South Hill Adult Family Home LLC

South Hill Adult Family Home LLC
3428 E 24th Ave
Spokane, WA 99223

RE: South Hill Adult Family Home LLC License # 755554

Dear Provider:

This letter addresses Compliance Determination(s) 37352 (Completion Date 02/26/2024) and 33118 (Completion Date 01/02/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/26/2024 and found that you have corrected the violations listed in the Full report dated 01/02/2024. Your home is back in compliance as of 02/16/2024 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 388-76-10198-4, WAC 388-76-10750-6-c, WAC 388-76-10490-1, WAC 388-76-10475-3-c-i, WAC 388-76-10015-1, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285

The Department staff who did the on-site verification:
Valorie Bradley, AFH/ALF 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

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 11/28/2023 and 12/14/2023 of:
South Hill Adult Family Home LLC
3116 S Lamonte St
Spokane, WA 99203

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

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

01/16/2024
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.

Maria Ries Entity Rep
Provider (or Representative)

1/19/2024
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to maintain date of hire, date of departure, name and date of birth (NDOB) background check and national fingerprint background check results easily accessible to the department during an inspection for 1 of 1 former staff (Staff D). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included....

Review of employee records showed no hire or departure date, NDOB or fingerprint background check for Staff D, Caregiver.

In an interview on 11/28/2023 at 10:17 AM Staff A, Provider, stated they could not remember Staff D's name or when they left employment, but they would locate their records.

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, South Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/2024.

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

Maria Ries Entity Rep
Provider (or Representative)

1/19/2024
Date

Provider (or Representative) Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to maintain date of hire, date of departure, name and date of birth (NDOB) background check and national fingerprint background check results easily accessible to the department during an inspection for 1 of 1 former staff (Staff D). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included….

Review of employee records showed no hire or departure date, NDOB or fingerprint background check for Staff D, Caregiver.

In an interview on 11/28/2023 at 10:17 AM Staff A, Provider, stated they could not remember Staff D's name or when they left employment, but they would locate their records.

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, South Hill Adult Family Home LLC 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

Statement of Deficiencies	License #: 755554	Compliance Determination # 33118
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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 maintain the hot water temperature between 105 to 120 degrees Fahrenheit (F) for 2 of 2 sinks (Bathroom sink 1 & Bathroom sink 2). This placed residents at risk for burns.

Findings included...

During an observation on 11/28/2023 at 12:14 PM, the sink in Bathroom 1 registered a hot water temperature of 121.8 degrees F.

During an observation on 11/28/2023 at 12:16 PM, the sink Bathroom 2 registered a hot water temperature of 122.1 degrees F.

During an interview on 11/28/2023 at 12:15 PM, Staff A, Provider, stated they check water temperatures monthly but do not keep document of the check.

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, South Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/2024.

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

Maria Ries Entity Rep — Provider (or Representative)

1/19/2024 — Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

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 maintain the hot water temperature between 105 to 120 degrees Fahrenheit (F) for 2 of 2 sinks (Bathroom sink 1 & Bathroom sink 2). This placed residents at risk for burns.

Findings included…

During an observation on 11/28/2023 at 12:14 PM, the sink in Bathroom 1 registered a hot water temperature of 121.8 degrees F.

During an observation on 11/28/2023 at 12:16 PM, the sink Bathroom 2 registered a hot water temperature of 122.1 degrees F.

During an interview on 11/28/2023 at 12:15 PM, Staff A, Provider, stated they check water temperatures monthly but do not keep document of the check.

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, South Hill Adult Family Home LLC 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

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 755554	Compliance Determination # 33118
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Based on observation, record review and interview, the Adult Family Home (AFH) failed to dispose of expired and discontinued medications for 1 of 3 residents (Resident 2). This placed residents at risk for receiving discontinued or expired medications.

Findings included....

Review of South Hill AFH LLC's undated policy titled "Medication Disposal Policy" showed that the AFH will dispose of all expired, discontinued or unused medications by returning them to the pharmacy or placing medications in a drug buster containment box until they can be destroyed.

Review of negotiated care plan dated 07/01/2022 showed Resident 2 required medication assistance.

Review of Resident 2's physician orders dated 11/02/2023 showed that Olanzapine 2.5 mg (for sleep) once before bedtime as needed was increased to Olanzapine 5 mg once before bedtime as needed.

Observation of Resident 2's medication supply on 11/28/2023 at 11:27 AM showed a card for Olanzapine 2.5 mg once at bedtime as needed.

Observation of Resident 2's medication supply on 12/14/2023 at 9:15 AM showed a medication card for Quetiapine Fumarate (for mood), 50 mg once daily, expired on 12/08/2023. A medication card for Trazadone (for sleep), 50 mg once daily, expired on 11/29/2023.

In an interview on 12/14/2023 at 10:42 AM Staff A, Provider stated they were unaware the medications were expired. Provider stated they review medications every three months to identify and remove ones are expired.

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, South Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/19/2024.

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

Provider (or Representative) Maria Ries Entity Rep Date 1/19/2024

Based on observation, record review and interview, the Adult Family Home (AFH) failed to dispose of expired and discontinued medications for 1 of 3 residents (Resident 2). This placed residents at risk for receiving discontinued or expired medications.

Findings included….

Review of South Hill AFH LLC's undated policy titled "Medication Disposal Policy" showed that the AFH will dispose of all expired, discontinued or unused medications by returning them to the pharmacy or placing medications in a drug buster containment box until they can be destroyed.

Review of negotiated care plan dated 07/01/2022 showed Resident 2 required medication assistance.

Review of Resident 2's physician orders dated 11/02/2023 showed that Olanzapine 2.5 mg (for sleep) once before bedtime as needed was increased to Olanzapine 5 mg once before bedtime as needed.

Observation of Resident 2's medication supply on 11/28/2023 at 11:27 AM showed a card for Olanzapine 2.5 mg once at bedtime as needed.

Observation of Resident 2's medication supply on 12/14/2023 at 9:15 AM showed a medication card for Quetiapine Fumarate (for mood), 50 mg once daily, expired on 12/08/2023. A medication card for Trazadone (for sleep), 50 mg once daily, expired on 11/29/2023.

In an interview on 12/14/2023 at 10:42 AM Staff A, Provider stated they were unaware the medications were expired. Provider stated they review medications every three months to identify and remove ones are expired.

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, South Hill Adult Family Home LLC 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

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;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure medication logs were accurate for 2 of 3 residents (Residents 1 & 2). This placed residents at risk for not receiving medications as ordered by their physician.

Findings included….

<Resident 1>

Review of a negotiated care plan dated 06/15/2022 showed Resident 1 required medication assistance.

Review of physician orders dated 06/19/2023 for Resident 1 showed a prescription for Doxepin (for sleep), 10 milligrams (mg) once at night.

Review of Resident 1's medication bottle during the inspection showed a prescription of 10 mg Doxepin once at night.

Review of Resident 1's medication log showed a prescription for Doxepin, 3 mg once at night for sleep.

Review of physician's order dated 12/02/2023 for Resident 1 showed a prescription for Alprazolam (for anxiety) .5 mg once daily as needed was changed to Lorazepam (for anxiety) .5 mg once daily as needed.

Review of Resident 1's medication log dated 12/18/ 2023 showed Alprazolam .5 mg once daily as needed was administered on 12/13/2023 at 12:09 PM.

<Resident 2>

Review of a negotiated care plan dated 07/01/2022 showed Resident 2 required medication assistance.

Review of physician's order dated 06/09/2023 for Resident 2 showed a prescription for Quetiapine Fumarate (for mood) 25 mg twice daily as needed was changed to Quetiapine Fumarate 50 mg twice daily. Physician's order also prescribed Quetiapine Fumarate 50 mg once daily as needed for mood.

Review of physician's order dated 11/02/2023 for Resident 2 showed that Quetiapine Fumarate 50 mg once in the evening was increased to Quetiapine Fumarate 75 mg once in the evening.

Review of Resident 2's medication log dated 12/01/2023 showed Quetiapine Fumarate 50 mg to be administered once daily at 8:00 AM. The medication log also showed Quetiapine Fumarate, 50 mg, take one tablet (total of 25 mg) two times daily, and 50 mg prescribed once in the evening.

Review of Resident 2's medication card during the inspection showed a prescription for Quetiapine Fumarate 75 mg once in the evening.

Review of physician's order dated 06/09/2023 showed a prescription for Trazadone (for sleep) 50 mg once at bedtime as needed was changed to Trazadone 100 mg once a bedtime.

Review of Resident 2's current medication list dated 11/28/2023 showed Trazadone 100 mg once a bedtime and Trazadone 50 mg once at bedtime as needed.

Review of Resident 2's medication log dated 12/18/2023 showed Trazadone 50 mg was administered as needed on 12/03/2023 and 12/12/2023.

Review of physician's order dated 11/02/2023 for Resident 2 showed Olanzapine (for sleep) 2.5 mg once at night as needed was increased to Olanzapine 5 mg once at night as needed.

Review of Resident 2's medication log showed Olanzapine 2.5 mg was administered on 11/06/2023 and Olanzapine 5 mg was administered on 11/27/2023.

Review of Resident 2's current medication list dated 11/28/2023 showed Olanzapine 5mg, take one tablet (total of 2.5 mg) one time daily.

In an interview on 11/28/2023 at 10:12 AM Staff A, Provider stated they were having a

difficult time entering and changing Resident 1 and 2's medications in a new computerized medication log system and would now use paper medication logs provided by the pharmacy.

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, South Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/2024.

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

Maria Rea Entity Rep — Provider (or Representative)

1/19/2024 — 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 develop a written respiratory protection program (RPP) for 3 of 3 caregiving staff (Staff A, B & C). This failure placed residents at risk of exposure to communicable respiratory 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.

Review of Dear Provider Letter dated 11/05/2021 "Respirator Fit Testing and Respiratory

difficult time entering and changing Resident 1 and 2's medications in a new computerized medication log system and would now use paper medication logs provided by the pharmacy.

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, South Hill Adult Family Home LLC 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

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 develop a written respiratory protection program (RPP) for 3 of 3 caregiving staff (Staff A, B & C). This failure placed residents at risk of exposure to communicable respiratory 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.

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.

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

In an interview on 11/28/2023 at 12:35 PM Staff A stated they did not know the home was required to have a written respiratory protection plan.

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, South Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/2024.

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

Maria Ries Entity Rep — Provider (or Representative)

1/19/2024 — 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:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure that tuberculosis (TB) testing was obtained within three days of employment for 1 of 1 staff (Staff B) and a second TB test completed for 1 of 1 staff (Staff C). This failure placed residents at risk for exposure to respiratory illness.

Findings included....

Review of staff records showed Staff B, Caregiver, began working in the home on 09/24/2023 and had documentation showing a TB blood test was conducted on

Protection Program Resource" provided resources for the AFH to develop a Respiratory Protection Program.

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

In an interview on 11/28/2023 at 12:35 PM Staff A stated they did not know the home was required to have a written respiratory protection plan.

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, South Hill Adult Family Home LLC 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

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:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure that tuberculosis (TB) testing was obtained within three days of employment for 1 of 1 staff (Staff B) and a second TB test completed for 1 of 1 staff (Staff C). This failure placed residents at risk for exposure to respiratory illness.

Findings included….

Review of staff records showed Staff B, Caregiver, began working in the home on 09/24/2023 and had documentation showing a TB blood test was conducted on

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10/09/2023.

Review of staff records showed Staff C, Caregiver, began working in the home 10/20/2023 and had documentation showing a TB blood test was conducted on 10/09/2023. There was no documentation that a second step TB test was completed.

In an interview on 12/28/2023 at 11:09 AM Staff A, Provider, stated they were aware a TB test is required within three days of employment but had forgotten to have Staff B and C obtain tests as 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, South Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/2024.

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

Maria Ries Entity Rep — 1/19/2024

Provider (or Representative) — Date

10/09/2023.

Review of staff records showed Staff C, Caregiver, began working in the home 10/20/2023 and had documentation showing a TB blood test was conducted on 10/09/2023. There was no documentation that a second step TB test was completed.

In an interview on 12/28/2023 at 11:09 AM Staff A, Provider, stated they were aware a TB test is required within three days of employment but had forgotten to have Staff B and C obtain tests as 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, South Hill Adult Family Home LLC 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

South Hill Adult Family Home

Plan of Correction

WAC 388-76-10198 Personnel Records

The Adult Family Home will keep all personnel records on site for the two year required period and not remove any records of staff that are no longer there.

WAC 388-76-10750

The Adult Family Home will check and document water checks monthly. We have turned down the water heater temperature to below 120 degrees.

WAC 388-76-10475 Medication Log

We are no longer using the electronic system and have switched to paper MARS provided by the pharmacy.

WAC 388-76-10015 Compliance WAC 296-842-12005 Respiratory protection program

We had the respiratory protection program but couldn't locate it during inspection. We have sent that in already and are already in compliance with the above WAC's.

WAC 388-76-10285 TB Test

The Adult Family Home is now aware that the suspension of TB testing is lifted and will ensure that staff are tested within three days of starting work.