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

Alpine Care Adult Family Home LLC

Alpine Care Adult Family Home LLC
621 S Sheridan St
Spokane, WA 99202

RE: Alpine Care Adult Family Home LLC License # 755582

Dear Provider:

This letter addresses Compliance Determination(s) 24851 (Completion Date 06/05/2023) and 22106 (Completion Date 04/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/05/2023 and found that you have corrected the violations listed in the Full report dated 04/13/2023. Your home is back in compliance as of 06/02/2023 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 388-76-10015-1, WAC 388-76-10285-2, WAC 388-76-10161-1-a

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 04/05/2023 and 04/05/2023 of:

Alpine Care Adult Family Home LLC
621 S Sheridan St
Spokane, WA 99202

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:

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

04/18/2023
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 388-76-10015 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:

WAC 296-842-15005 – Conduct fit testing.

(1) Provide, at no cost to the employee, fit tests for all tight-fitting respirators on the following schedule:

(a) Before employees are assigned duties that may require the use of respirators.

Based on record review and interview, the Adult Family Home (AFH) failed to ensure fit testing for an N95 mask was completed for 3 of 4 staff (Staff B, C & D). This failure placed residents at risk for exposure to communicable disease.

Findings included....

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 fit test health care workers with a N95 mask for protection against communicable diseases.

Record review showed there was no documentation that Staff B, Caregiver, Staff C, Caregiver and Staff D, Caregiver who worked in the AFH had been fit tested for N95 masks.

During an interview on 04/05/2023 at 1:25 PM, Staff A, Provider, stated that Staff B, Staff C and Staff D were not fit tested.

During an interview on 04/10/2023 at 3:29 PM Staff A stated that Staff B, C & D would provide direct care to residents should an outbreak of COVID occur in the AFH.

Attestation Statement

License #: 755582
Alpine Care Adult Family Home LLC
Licensee: Alpine Care Adult Family Home LLC

Compliance Determination # 22106
Completion Date
04/13/2023

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, Alpine Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/2/23.

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

Provider (or Representative)  Date 4/24/23

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 second tuberculosis test (TB) was completed for 1 of 1 staff (Staff A). This placed residents at risk for respiratory illness.

Findings included....

Record review showed Staff A, Provider, had an initial TB skin test done on 12/15/2014. There was no record to show a second TB test was completed one to three weeks after the initial test on 12/15/2014.

During an interview on 04/05/2023 at 9:17 AM Provider stated they did not remember if they had a second TB skin test.

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, Alpine Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/2/23.

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

Provider (or Representative)

4/24/23
Date

WAC 388-76-10161 Background checks Who is required to have.

(1) An adult family home applicant and anyone affiliated with an applicant must have the following background checks before licensure:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a name and date of birth (NDOB) background check was completed for 1 of 1 former staff (Staff E). This failure resulted in staff with potentially disqualifying crimes having unsupervised access to residents.

Findings included....

Review of records on 04/05/2023 showed that former Staff E, Caregiver, was hired on 11/06/2021 and did not have a completed NDOB background check on file.

During an interview on 04/05/2023 at 1:28 PM, Staff A, Provider, stated Staff E was hired by the former owner of the AFH. Staff A said he did not have a NDOB background check completed after he took over the home.

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, Alpine Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/2/23 .

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

Provider (or Representative)

4/24/23
Date

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

Alpine Care Adult Family Home LLC
Alpine Care Adult Family Home LLC
621 S Sheridan St
Spokane, WA 99202

RE: Alpine Care Adult Family Home LLC # 755582

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/13/2023 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 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

Record review showed a cat living in the home was not vaccinated for rabies.

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

Negotiated care plans for 2 of 2 residents sampled were not dated or signed by the residents or their representatives.

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.

Record review showed no Medicaid policies were available for 2 of 2 residents sampled.

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