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

AMENDED

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) 46011 (Completion Date 08/22/2024) and 44592 (Completion Date 08/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/22/2024 and found that you have corrected the violations listed in the Complaint, Full report dated 08/06/2024. Your home is back in compliance as of 08/16/2024 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 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10025, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3, WAC 388-76-10025-4, WAC 388-76-10181-1, WAC 388-76-10181-1-a, WAC 388-76-10181-1-b, WAC 388-76-10522-6

The Department staff who did the on-site verification:
Jacqueline Block, AFH Licensor
Selena Clemons, Interim Community Field Manager

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E

Residential Care Services

Residential Care Services
Investigation Summary Report

Provider Name: Alpine Care Adult Family Home LLC

License Number: 755582

Result

Was a citation issued regarding the complaint? Yes

Complaint Information

Intake Number: 136333

Complaint Contact Date(s):

Summary of Reported Complaint(s):

1. The adult family home failed to pay their annual license fee.

Investigation Information

Compliance Determination #: 44592

Investigator Name: Jacqueline Block

Investigation Date(s): 07/23/2024 through 08/06/2024

Region/Unit #: RCS Region 1 / Unit E

Number of Residents in Sample:

Total residents: 5
Resident sample size: 5
Closed records sample size: 0

Observation:

General environment/condition of home

Interviews:

Provider, Staff, Residents

Document Review:

Department payment records

Outcome of Investigation:

1. The provider was interviewed and stated they had forgotten to pay the licensing fee. Residents and staff interviewed, state they have enough food and supplies. A citation was issued for WAC 388-76-10025(1); see Statement of Deficiencies dated 08/06/2024.

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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:

This document references the following complaint numbers 136333.

The Department completed a full inspection of your Adult Family Home on 08/06/2024 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:

Selena Clemons, 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 388-76-10532 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.

The adult family home did not ensure a department standardized disclosure of charges form was signed by five residents. The provider stated they did not realize the disclosure of charges form needed to be signed. The disclosure of charges form was signed during the full inspection. There was no negative outcome to the residents.

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)598-0182.

Sincerely,

Selena Clemons, 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:
Selena Clemons, 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

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 and complaint investigation on 07/23/2024 and 07/23/2024 of:

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

This document references the following complaint numbers: 136333.

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:

Jacqueline Block, AFH 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.

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.

Provider (or Representative) _____ Date _____

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

(2) Adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain signatures and dates from a power of attorney and guardian on the negotiated care plan (NCP) for 2 of 5 sampled residents (Resident 2 & 4). This failure placed residents at risk for receiving care and services not agreed upon.

Findings included…

On 07/23/2024, review of Resident 2's NCP, dated 05/20/2024, showed the guardian did not sign or date the document.

On 07/23/2024, review of Resident 4's NCP, dated 03/10/2024, showed the power of attorney did not sign or date the document.

During an interview on 07/31/2024 at 11:03 AM, Staff A stated that they thought they had left Resident 4's NCP for the power of attorney (POA) to sign, and the POA must have forgotten to sign it. Staff A stated that they did not realize Resident 2's guardian needed to sign and date the NCP when it was reviewed yearly.

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)_____ .

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

Provider (or Representative) Date

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the annual licensing fee was paid as required to maintain a valid license for 5 of 5 residents (Residents 1, 2, 3, 4, & 5). This failure resulted in residents living in an AFH with outstanding licensing fees.

Findings included…

On 07/22/2024 review of Secure Tracking and Reporting System (STARS) showed the AFH's annual licensing fee of $1,350.00 was due on 05/15/2024 and had not been paid.

On 07/23/2024 at 8:05 AM observation showed the home had five residents that required care and services from AFH staff.

On 07/23/2024 at 9:07 AM Staff A, Provider, stated they had forgotten to pay their annual licensing fee.

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)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete a character, competency, and suitability (CCS) review for 1 of 1 staff (Staff E) whose background check showed non-disqualifying convictions. This failure placed residents at risk of receiving care from an unqualified caregiver.

On 07/23/2024 review of the Washington state background check dated 04/11/2023 showed Staff E, Housekeeper, had a criminal conviction that was not automatically disqualifying. There was no documentation to show a CCS had been completed for Staff E.

In an interview on 07/23/2024 at 10:41 AM Staff A, Provider, stated they forgot to complete a CCS for Staff E.

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)_____ .

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

_____ _____

Provider (or Representative) Date

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:

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the home's Medicaid policy was provided to and signed by 2 of 5 sampled residents (Residents 4 & 5). This failure placed residents at risk for not understanding the AFH's policies about accepting Medicaid as a payment source.

Findings included…

Review of resident records on 07/23/2024 showed that no Medicaid policies were available for review in the charts of Resident 4 and Resident 5.

During an interview on 07/23/2024 at 11:08 AM, Staff A, Provider stated that they use a list of forms when admitting residents and must have missed the Medicaid policy for Resident 4 and Resident 5.

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)_____ .

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

Provider (or Representative) Date