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

Embracing Hearts AFH LLC

Embracing Hearts AFH LLC
208 S Coleman Rd
Spokane Valley, WA 99212

RE: Embracing Hearts AFH LLC License # 755637

Dear Provider:

This letter addresses Compliance Determination(s) 37961 (Completion Date 03/08/2024) and 36204 (Completion Date 02/13/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/08/2024 and found that you have corrected the violations listed in the Full report dated 02/13/2024. Your home is back in compliance as of 02/09/2024 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 388-76-10750-6-c, WAC 388-76-10198-4

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

Statement of Deficiencies	License #: 755637	Compliance Determination # 36204
Plan of Correction	Embracing Hearts AFH LLC	Completion Date
Page 1 of 3	Licensee: Embracing Hearts AFH LLC	02/13/2024

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 02/01/2024 and 02/01/2024 of:
Embracing Hearts AFH LLC
208 S Coleman Rd
Spokane Valley, WA 99212

The following sample was selected for review during the unannounced on-site visit: 1 of 1 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

02/21/2024
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.

Statement of Deficiencies	License #: 755637	Compliance Determination # 36204
Plan of Correction	Embracing Hearts AFH LLC	Completion Date
Page 2 of 3	Licensee: Embracing Hearts AFH LLC	02/13/2024

Provider (or Representative) 2/23/24 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 maintain the hot water temperature between 105 to 120 degrees Fahrenheit (F) for 2 of 3 sinks (Bathroom 1 & Kitchen sink) for 1 of 1 resident (Resident 1). This failure placed residents at risk for burns.

Findings included....

Observation on 02/01/2024 at 8:47 AM, showed Staff A, Provider, preparing the bathroom for Resident 1 who showered independently.

Observation of water temperatures with Staff A on 02/01/2024 at 11:48 AM, showed the kitchen sink registered a hot water temperature of 125 degrees F.

Observation of water temperatures with Staff A on 02/01/2024 at 12:24 PM, showed the sink in bathroom 1 registered a hot water temperature of 123.4 degrees F.

In an interview on 02/01/2024 at 11:48 AM, Staff A stated they were unsure why the water temperatures were so hot because they had not increased the temperature setting on the water heater.

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, Embracing Hearts AFH LLC is or will be in compliance with this law and / or regulation on (Date) 2/1/2024 .

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

Statement of Deficiencies	License #: 755637	Compliance Determination # 36204
Plan of Correction	Embracing Hearts AFH LLC	Completion Date
Page 3 of 3	Licensee: Embracing Hearts AFH LLC	02/13/2024

Alice M — 2/23/2024.
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 keep national fingerprint background check results available to the department during an inspection for 1 of 1 staff (Staff A). This failure placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included....

Review of employee records for Staff A, Provider, showed no documentation of a national fingerprint background check result.

In an interview on 02/01/2024 at 11:20 AM, Staff A stated they had obtained a fingerprint background check when the home was licensed. Staff A stated they were unsure where the fingerprint results were located.

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, Embracing Hearts AFH LLC is or will be in compliance with this law and / or regulation on (Date) 2/9/2023.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement. I will check the new hire paperwork binder monthly.

Alice M — 2/23/2024.
Provider (or Representative) — 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

Embracing Hearts AFH LLC
Embracing Hearts AFH LLC
208 S Coleman Rd
Spokane Valley, WA 99212

RE: Embracing Hearts AFH LLC # 755637

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/13/2024 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:

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 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

Review of emergency evacuation logs showed the home conducted an evacuation drill on 09/06/2023 when one resident lived in the home. The provider stated no additional evacuation drills were conducted because no residents were living in the home. The provider stated they did not know staff were required to conduct evacuation drills for practice even when residents were not living in the home.

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;

(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.

Review of admission paperwork for one resident showed that a signed Medicaid disclosure policy was not available for review in the resident's records. The provider stated they did not know they were required to disclose the home's policy on accepting Medicaid, or that the disclosure must be on a separate document that each resident signs and dates.

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

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