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

Halo Adult Family Home LLC
Halo Adult Family Home
13119 E Broadway Ave
Spokane Valley, WA 99216

RE: Halo Adult Family Home License # 755754

Dear Provider:

This letter addresses Compliance Determination(s) 36559 (Completion Date 02/05/2024) and 34512 (Completion Date 01/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/05/2024 and found that you have corrected the violations listed in the Full report dated 01/04/2024. Your home is back in compliance as of 02/05/2024 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 388-76-10375-1, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10176-2

The Department staff who did the on-site verification:
Scott Sorensen, AFH 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 12/28/2023 and 12/28/2023 of:
Halo Adult Family Home
13119 E Broadway Ave
Spokane Valley, WA 99216

The following sample was selected for review during the unannounced on-site visit: 2 of 2 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Scott Sorensen, 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.

Tamara Tredo
Residential Care Services

01/09/2024
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.

Provider (or Representative) 1/17/2024 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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain a signature and date from a resident's representative on the negotiated care plan (NCP) for 2 of 2 residents (Resident 1 & 2). This failure put residents at risk for receiving care and services not agreed upon.

Findings included...

Review of Resident 1's NCP, dated 01/30/2023, showed the resident's representative did not sign and date the document.

Review of Resident 2's NCP, dated 11/25/2023, showed the resident's representative did not sign and date the document.

During an interview on 12/28/2023 at 1:50 PM, Staff A, Provider, stated that they forgot to have the resident's representatives sign and date the document.

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, Halo Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2/5/2024.

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

Provider (or Representative) MESERET GELETA Date 01/09/24

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.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain an updated Washington state name and date of birth background check result for 1 of 4 staff (Staff A). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included...

Review of staff records on 12/28/2023 showed Staff A, Provider, had a Washington state name and date of birth background check result that expired on 12/10/2023.

During an interview on 12/28/2023 at 3:15 PM, Staff A stated that they did not realize their Washington state name and date of birth background check was 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, Halo Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2/5/2024 .

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

MESERET GELETA — Provider (or Representative)

01/09/24 — Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure fingerprint background check results were received within 120 days of hire for 2 of 4 sample caregivers (Staff B & D). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included...

Review of Staff B, Caregiver, employee file showed they were hired on 08/02/2023. There was no documentation that showed a final fingerprint background check had been completed for Staff B. At the time of the inspection Staff B had been employed by the AFH for 143 days.

Review of Staff D, Caregiver, employee file showed they were hired on 07/29/2022. There was no documentation that showed a final fingerprint background check had been completed for Staff D. At the time of the inspection Staff D had been employed by the AFH for 518 days.

During an interview on 12/28/2023 at 2:25 PM, Staff A, Provider, stated that Staff B and Staff D did not complete the final fingerprint 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, Halo Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2/5/2024.

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

Provider (or Representative) MESERET GELETA Date 01/09/24

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

Halo Adult Family Home LLC
Halo Adult Family Home
13119 E Broadway Ave
Spokane Valley, WA 99216

RE: Halo Adult Family Home # 755754

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/04/2024 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 388-76-10532 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 2 of 2 residents had a department standardized disclosure of charges form signed and dated in the resident's records.

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