STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Tag-A-Long Home Care LLC
Tag-A-Long Care Home LLC
11412 NE Conifer Dr
Vancouver, WA 98662

RE: Tag-A-Long Care Home LLC License # 755824

Dear Provider:

This letter addresses Compliance Determination(s) 50844 (Completion Date 11/25/2024) and 48139 (Completion Date 10/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/25/2024 and found that you have corrected the violations listed in the Full report dated 10/14/2024. Your home is back in compliance as of 11/15/2024 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 388-76-10165-1-a, WAC 388-76-10405, WAC 388-76-10405-1, WAC 388-76-10405-2, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10320, WAC 388-76-101632-1

The Department staff who did the off-site verification:
Olga Goyzman

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 09/30/2024 and 09/30/2024 of:
Tag-A-Long Care Home LLC
11412 NE Conifer Dr
Vancouver, WA 98662

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:

Olga Goyzman

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

10/15/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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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.

Aurita E Tagle
Provider (or Representative)

10/24/2020
Date

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 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 care staff (Staff A and Staff C) had current Washington state name and date of birth background check and obtained results within the required time frame. This failure placed 2 of 2 residents (R1-R2) at risk for injury and harm due to unqualified and improperly screened staff.

Findings included...

Review of care staff records on 09/30/24 at 2:28 PM showed, Staff A's Washington state name, and date of birth background check for Staff A was expired on 5/6/24.

Review of care staff records on 9/30/24 at 2:29 PM showed, Staff C, caregiver, was hired on 8/23/22. A Washington state name and date of birth background check for Staff C expired on 9/27/24.

During interview on 9/30/24 at 2:30PM, Staff A stated that they will submit background checks and didn't know it was expired.
By the time of departure at AFH on 9/30/24, Staff A failed to provide any documentations on dates of submission of request for A Washington state name and date of birth background checks for Staff A and Staff C.

Attestation Statement

Provider (or Representative) Date

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Findings included…

Review of care staff records on 09/30/24 at 2:28 PM showed, Staff A's Washington state name, and date of birth background check for Staff A was expired on 5/6/24.

Review of care staff records on 9/30/24 at 2:29 PM showed, Staff C, caregiver, was hired on 8/23/22. A Washington state name and date of birth background check for Staff C expired on 9/27/24.

During interview on 9/30/24 at 2:30PM, Staff A stated that they will submit background checks and didn't know it was expired.
By the time of departure at AFH on 9/30/24, Staff A failed to provide any documentations on dates of submission of request for A Washington state name and date of birth background checks for Staff A and Staff C.

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, Tag-A-Long Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/15/2024 .

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

Aurita E Tagle — Provider (or Representative)

10/24/2024 — Date

WAC 388-76-10405 Nursing care. If the adult family home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must:

(1) Contract with a nurse currently licensed in the state of Washington to provide the nursing care and service; or

(2) Hire or contract with a nurse to provide nurse delegation.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Registered Nurse Delegation (RND) system was developed and implemented for 1 of 2 residents (Resident 2 [R2]) reviewed for nurse delegation. This failure placed R2 at risk for having staff perform delegated tasks without the resident or resident representative's authorization and placed R1 at risk for harm and injury due to delegated tasks being performed by improperly trained and unsupervised care staff.

WAC 246-840-930 (10). If the registered nurse delegator determines delegation is appropriate, the nurse (b) Obtains written consent. The patient, or authorized representative, must give written, WAC 246-840-930 (10): If the registered nurse delegator determines delegation is appropriate, the nurse (b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. (18): The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days.

Findings included ...

An unannounced inspection was initiated on 09/30/2024 at 1:45PM .

A review of R2's medical record showed R2 moved into the AFH on [redacted]/2023 with diagnoses including [redacted].

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, Tag-A-Long Care 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

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Findings included …

An unannounced inspection was initiated on 09/30/2024 at 1:45PM.

A review of R2's medical record showed R2 moved into the AFH on [redacted]/2023 with diagnoses including [redacted] ([redacted]).

In an interview with Staff A, Provider, on 09/30/2024, Staff A stated R2's medication administration required nurse delegation for insulin injections.

Review of medication administration record (MAR) for September 2024 shows that R2 has insulin injections several times a day

A review of R2's nurse delegation record showed no Consent for RND or RND visits since resident moved in on [redacted]23.

During an interview on 9/30/24 at 2:50 PM, Staff A stated that they were contacting the RND but haven't heard back. Staff A stated the RND's last visit was 03/23/2024.

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, Tag-A-Long Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/15/2024.

Trained staff was always available, current documentation was missing is now available, a written system for continued compliance is underway.

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

Aurita E Tagle
Provider (or Representative)

10/24/2024
Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based interview and record review, the adult family home failed to ensure that resident records include a personal belongings inventory page. This placed two out of two residents at risk for not having any record of their belongings that were brought into the home.

Findings included...

In an interview with Staff A, Provider, on 09/30/2024, Staff A stated R2's medication administration required nurse delegation for insulin injections.

Review of medication administration record (MAR) for September 2024 shows that R2 has insulin injections several times a day.

A review of R2's nurse delegation record showed no Consent for RND or RND visits since resident moved in on [redacted]/23.

During an interview on 9/30/24 at 2:50 PM, Staff A stated that they were contacting the RND but haven't heard back. Staff A stated the RND's last visit was 03/23/2024.

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, Tag-A-Long Care 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.

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Provider (or Representative) Date

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This requirement was not met as evidenced by:

Based interview and record review, the adult family home failed to ensure that resident records include a personal belongings inventory page. This placed two out of two residents at risk for not having any record of their belongings that were brought into the home.

Findings included...

An unannounced onsite inspection was initiated at the AFH on 9/30/24.

Record review of resident records for Resident 1 and Resident 2 did not include a personal belongings inventory in their file.

During an interview with Provider, they stated that they were not aware that personal belongings inventory needs to be included in resident 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, Tag-A-Long Care Home LLC is or will be in compliance with this law and / or regulation on (Date) **10/24/2024** .

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

Aurita E Tagle
Provider (or Representative)

10/24/2024
Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 care staff (Staff A and Staff B) had National fingerprint check completed within the required time frame. This failure placed 2 of 2 residents (R1-R2) at risk for injury and harm due to unqualified and improperly screened staff.

Findings included...

Review of care staff records on 09/30/24 at 2:28 PM showed, Staff A, Provider, failed to show a National Fingerprint check in their file.

Review of care staff records on 9/30/24 at 2:28 PM showed, Staff B, Caregiver, was

An unannounced onsite inspection was initiated at the AFH on 9/30/24.

Record review of resident records for Resident 1 and Resident 2 did not include a personal belongings inventory in their file.

During an interview with Provider, they stated that they were not aware that personal belongings inventory needs to be included in resident records.

Attestation Statement

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 care staff (Staff A and Staff B) had National fingerprint check completed within the required time frame. This failure placed 2 of 2 residents (R1-R2) at risk for injury and harm due to unqualified and improperly screened staff.

Findings included…

Review of care staff records on 09/30/24 at 2:28 PM showed, Staff A, Provider, failed to show a National Fingerprint check in their file.

Review of care staff records on 9/30/24 at 2:29 PM showed, Staff B, Caregiver, was

hired on 4/29/24, showed no National Fingerprint check in their file.

During an interview on 9/30/24 at 2:30PM, Staff A stated that they will find the Fingerprint check papers.

By the time of departure at AFH on 9/30/24, Staff A failed to provide any documentations on dates of submission of request for National Fingerprint check for Staff A and Staff C.

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, Tag-A-Long Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/24/2024 .

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

Aurita C Tagle
Provider (or Representative)

10/24/2024
Date

hired on 4/29/24, showed no National Fingerprint check in their file.

During an interview on 9/30/24 at 2:30PM, Staff A stated that they will find the Fingerprint check papers.

By the time of departure at AFH on 9/30/24, Staff A failed to provide any documentations on dates of submission of request for National Fingerprint check for Staff A and Staff C.

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, Tag-A-Long Care 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.

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Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

10/15/2024

Tag-A-Long Home Care LLC
Tag-A-Long Care Home LLC
11412 NE Conifer Dr
Vancouver, WA 98662

RE: Tag-A-Long Care Home LLC # 755824

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/14/2024 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(a) Provider;

(b) Entity representative;

(c) Resident manager;

(d) Caregiver;

(e) Staff; and

(f) Any student or volunteer providing any resident care and services.

The Adult Family Home (AFH) failed to develop a system to ensure tuberculosis testing was started within three days of employment for two of two sampled caregivers (Caregiver B and Caregiver C). Both caregivers needed one more TB test within 3 days of employment. Provider sent proof of TB test done for both within 24 hours of inspection.

WAC 388-76-10525 Resident rights Postings. The adult family home must post the following in a common use area where they can be easily viewed by anyone in the home, including residents, resident representatives, the department, and visitors:

(2) The department's poster that includes the complaint resolution unit hotline and the telephone number for the state ombuds program; and

A copy of CRU (Complaint Resolution Unit) hotline was not posted in a common area and was not found at the AFH during the onsite inspection on 09/30/24. Provider printed the poster and put in common area during inspection.

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

A copy of most recent citation on 7/24/24 and follow up on 9/17/24 was not posted in a common area. Provider found it and posted it in common area during inspection.

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.

The provider failed to have a written document on accepting Medicaid separate from other documents in resident records.

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

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

The Adult Family Home (AFH) staff performed blood glucose monitoring for Resident 2. When asked to view the test site waiver, they stated on 09/30/2024, at 1: 50 PM, they were unaware they needed the license as resident does her own blood glucose but provider documents it and does set up. The Dear Provider letter, dated 04/01/2022, informed AFH Providers if medical testing was occurring at the AFH i.e., blood glucose monitoring, the home is required to have a medical test site waiver per WAC 248-338-020 (1).

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.

The Adult family home failed to have signatures on Negotiated care plan for Resident 1 and Resident 2.

WAC 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.

(2) If the background check results show that an individual specified in WAC 388-76-10161 has a criminal conviction or pending charge for a crime that is not automatically disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether or not the person has the character, competence and suitability to have unsupervised access to residents; and

The Adult Family Home failed to have Character, competence, and suitability review completed for Household member 1, based on their background check.

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

(2) The disclosure must include:

(a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;

(b) The home's advance notice or transfer requirements; and

(c) The amount of the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges that the home will refund to the resident if the resident leaves the home.

(3) If the home does not provide the disclosures in subsection (1) of this section to the resident, the home must not keep the resident's security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges.

(4) If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:

(a) Must refund any deposit or charges paid by the resident less the home's per diem

rate for the days the resident actually resided, reserved, or retained a bed in the home regardless of any minimum stay policy or discharge notice requirements;

(b) May keep an additional amount to cover its reasonable and actual expenses incurred as a result of a private-pay resident's move, not to exceed five days per diem charges, unless the resident has given advance notice in compliance with the home's admission agreement; and

(c) Must not require the resident to obtain a refund from a placement agency or person.

(5) The adult family home must not retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW 70.129.150 .

(6) The adult family home must provide the resident with any and all refunds due within thirty days from the resident's date of discharge from the home.

(7) Nothing in this section applies to provisions in contracts negotiated between a home and a certified health plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

(8) The home must ensure that the notice of rights and services is consistent with the requirements of this section, chapters 70.128 , 70.129, and 74.34 RCW, and other applicable state and federal laws.

The Adult Family Home failed to have disclosure of charges in Resident 1 or Resident 2's files during the onsite inspection visit on 9/30/2024.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

rate for the days the resident actually resided, reserved, or retained a bed in the home regardless of any minimum stay policy or discharge notice requirements;

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(5) The adult family home must not retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW 70.129.150 .

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(7) Nothing in this section applies to provisions in contracts negotiated between a home and a certified health plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

(8) The home must ensure that the notice of rights and services is consistent with the requirements of this section, chapters 70.128 , 70.129, and 74.34 RCW, and other applicable state and federal laws.

The Adult Family Home failed to have disclosure of charges in Resident 1 or Resident 2’s files during the onsite inspection visit on 9/30/2024.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 IDR**s 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