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

Marlen Deochoa
Casa Mia
605 Hull Rd
Brewster, WA 98812

RE: Casa Mia License # 755916

Dear Provider:

This letter addresses Compliance Determination(s) 30975 (Completion Date 10/16/2023) and 28283 (Completion Date 08/29/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/16/2023 and found that you have corrected the violations listed in the Full report dated 08/29/2023. Your home is back in compliance as of 10/02/2023 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 388-76-10480-3, WAC 388-76-10480-4, WAC 388-76-10480-4-a, WAC 388-76-10480-4-b, WAC 388-76-10480-4-c, WAC 388-76-10480-4-d, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10175-1, WAC 388-76-10015-1, WAC 388-76-10650-1, WAC 388-76-10650-2-c, WAC 388-76-10650-2-b, WAC 388-76-10650-2-a

The Department staff who did the on-site verification:
Emily Crook, Long Term Care Surveyor/AFH

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 #: 755916	Compliance Determination # 28283
Plan of Correction	Casa Mia	Completion Date
Page 1 of 7	Licensee: Marlen Deochoa	08/29/2023

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 08/17/2023 and 08/17/2023 of:
Casa Mia
605 Hull Rd
Brewster, WA 98812

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:

Emily Crook, Long Term Care Surveyor/AFH

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

09/11/2023
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.

X Marlen DeOchoa
Provider (or Representative)

X 09/18/2023
Date

WAC 388-76-10480 Medication organizers. The adult family home must ensure:

(3) Each resident and anyone giving care to a resident can readily identify medications in the medication organizer;

(4) Medication organizer labels clearly show the following:

(a) The name of the resident;

(b) A list of all prescribed and over-the-counter medications;

(c) The dosage of each medication;

(d) The frequency which the medications are given.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure a medication organizer was clearly labeled with all the required information for 1 of 2 sampled residents (Resident 1). This failure placed the resident at risk of not receiving medications as prescribed.

Findings included...

Observation on 08/17/2023 at 1:26 PM, showed Resident 1's medication organizer was filled with one week worth of medication. The medication organizer was not labeled to show the name of the resident, a list of all prescribed and over-the-counter medications, the dosage of each medication, and the frequency which the medications should be given.

Staff A, Provider, stated during an interview on 08/17/2023 at 12:57 PM, when Resident 1 first moved in the family brought in the bottles with the prescription labels for them to add the medications to the medication administration record (MAR). Staff A stated the family fills Resident 1's medication organizer weekly. Staff A stated they knew they needed to have information clearly labeled on the medication organizers.

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, Casa Mia is or will be in compliance with this law and / or regulation on (Date) 10/02/2023.

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

Marlen DeOchoa
Provider (or Representative)

09/18/2023
Date

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:

(1) An initial skin test within three days of employment; and

(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 two-step tuberculosis test (TB) test was completed for 2 of 5 sampled staff (Staff B & C). This failure placed residents at risk for exposure to a contagious air borne respiratory illness.

Findings included...

Review of employee files, showed Staff B, Caregiver, was hired on 06/26/2023. Staff B had their initial skin test completed on 07/25/2023.

Review of Staff C, Caregiver's, employee file showed they were hired on 04/30/2023. There was no documentation to show a TB test had been completed for Staff C.

During an interview on 08/17/2023 at 11:41 AM, Staff A, Provider, stated they did not have a completed TB test for Staff C. Staff A stated when staff are initially hired, they review their documentation and staff should have their TB test done right away. Staff A stated when Staff C was hired, they told Staff A their TB test was done. Staff A stated Staff C had not brought in documentation that showed they had completed the TB tests.

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, Casa Mia is or will be in compliance with this law and / or regulation on (Date) 10/02/2023 .

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

X Marlen De Ochoa
Provider (or Representative)

X 09/18/2023
Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state and date of birth (NDOB) background check was completed within one working day of hire for 4 of 5 Staff (Staff B, C, D & E). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included...

Review of employee files on 08/17/2023 showed the following:

-Staff B, Caregiver, was hired on 06/26/2023. There was no NDOB background check on file for Staff B.

-Staff C, Caregiver, was hired on 04/30/2023. There was no NDOB background check on file for Staff C.

-Staff D, Caregiver, was hired on 03/01/2023. There was no NDOB background check on file for Staff D.

-Staff E, Caregiver, was hired on 04/26/2023. There was no NDOB background check on file for Staff E.

Staff A, Provider, stated during an interview on 08/17/2023 at 11:46 AM, they were not able to get into the background check system. Staff A stated they had not been able to figure out how to gain access to the Background Check Central Unit and knew they needed to run the NDOB background checks.

There was no documentation to show NDOB background checks had been completed for Staff B, C, D & 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, Casa Mia is, or will be in compliance with this law and / or regulation on (Date) X 10/02/2023

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

X Marlen Deochoa
Provider (or Representative)

X 09/18/2023
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
2. This section covers general requirements for fit testing. Specific fit testing procedures are covered in WAC 296-842-22010
(1)Provide, at no cost to the employee, fit testing for ALL tight fitting respirators o the following schedule:
(a) Before employees are assigned duties that may require the use of a respirators;

Based on interview and record review, the Adult Family Home (AFH) failed to ensure fit testing for N95 respirators were completed for 5 of 5 staff (Staff A, B, C, D & E). This failure placed residents at risk for exposure to communicable disease by not having staff trained and fit tested for use of N95 respirators.

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 develop and maintain a Respiratory Protection Program. The letter also required the AFH to fit test health care workers with a N95 respirator for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 "Respirator Fit Testing and Respiratory Protection Program Resource" provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators .

Record review of the AFH's fit testing documentation showed that Staff A, Provider, Staff B, Caregiver, Staff C, Caregiver, Staff D, Caregiver and Staff E, Caregiver, had not been fit tested for an N95 mask.

During an interview on 08/17/2023 at 2:35 PM, Staff A stated they were working on getting staff fit tested but had no set anything up yet.

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, Casa Mia is or will be in compliance with this law and / or regulation on (Date) 10/23/2023

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

Marlen DeOchoa — Provider (or Representative)

09/18/2023 — Date

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to

ensure a medical device was assessed for safety, care plan developed, and the risks and benefits explained for 1 of 2 residents with a medical device (Resident 2). This failure placed the resident at risk for harm.

Findings included...

Observation on 08/17/2023 at 9:22 AM, during the initial tour of the home, showed Resident 2 had [redacted] on both sides of their bed.

Record review of Resident 2's negotiated care plan, dated 05/23/2023, showed no documentation that included how the resident would use the [redacted].

Review of Resident 2's record showed no documentation of an assessment being completed that identified their need and ability to use the [redacted]. There was no documentation that Resident 2 or their representative were provided information about the benefits and safety risks to make an informed decision about using the [redacted].

Staff A, Provider, stated during an interview on 08/17/2023 at 12:35 PM, that Resident 2 came to the home with the [redacted]. Staff A stated the doctor requested the resident had the [redacted], but the AFH did not have an assessment completed for them. Staff A was unaware an assessment needed to be completed for use of the [redacted], the risks and benefits needed to be explained to the resident and family, and the use of [redacted] needed be added to the negotiated care plan.

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, Casa Mia is or will be in compliance with this law and / or regulation on (Date) 10/02/2023.

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

X Marlen DeOchoa
Provider (or Representative)

X 09/18/2023
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

Marlen Deochoa
Casa Mia
605 Hull Rd
Brewster, WA 98812

RE: Casa Mia # 755916

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/29/2023 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 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

The Adult Family Home did not have an up-to-date medication log for a resident in the home. There was no negative outcome to the resident, and they did receive their medications as required.

WAC 388-76-10330 Resident assessment. The adult family home must:

(1) Obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting a resident to the home;

(2) Not admit a resident without an assessment except in cases of a genuine emergency;

(3) Ensure the assessment contains all of the information required in WAC 388-76-10335 unless the assessor can not:

(a) Obtain an element of the required assessment information; and

(b) The assessor documents the attempt to obtain the information in the assessment.

(4) Be knowledgeable about the needs and preferences of each resident documented in the assessment.

A resident was admitted to the Adult Family Home before obtaining a written assessment that contained all the required information. An assessment was completed a week after the resident moved into the home.

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Review of employee files showed 3 staff members had no documentation to show that they received facility orientation prior to having contact with residents in the AFH.

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.

Review of a resident's record showed they admitted to the Adult Family Home on [redacted]/2023 and did not have a completed inventory for their personal belongings.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

The Adult Family Home did not ensure the notice of rights and services contained all the required information.

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 did not have documentation to show a resident's negotiated care plan was signed and dated by the resident and the Adult Family 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:

(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 Adult Family Home did not ensure their Medicaid policy was on a separate form from other documents and signed and dated by 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)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