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

Chloe's Golden Sunset Adult Family Home LLC
At Home Adult Family Home
13021 E Valleyway Ave
Spokane Valley, WA 99216

RE: At Home Adult Family Home License # 756054

Dear Provider:

This letter addresses Compliance Determination(s) 26824 (Completion Date 07/18/2023) and 25091 (Completion Date 06/22/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/18/2023 and found that you have corrected the violations listed in the Full report dated 06/22/2023. Your home is back in compliance as of 07/10/2023 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 388-76-10750-7, WAC 388-76-10805-4

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

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Statement of Deficiencies	License #: 756054	Compliance Determination # 25091
Plan of Correction	At Home Adult Family Home	Completion Date
Page 1 of 3	Licensee: Chloe's Golden Sunset Adult Family	06/22/2023

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 06/08/2023 and 06/08/2023 of:
At Home Adult Family Home
13021 E Valleyway Ave
Spokane Valley, WA 99216

The following sample was selected for review during the unannounced on-site visit: 3 of 3 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

07/03/2023
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.

Provider (or Representative)

07/10/2023
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure toxic chemicals were inaccessible to 1 of 3 residents (Residents 3), who are independent with ambulation. This failure placed the residents at risk for injury.

Findings included...

Resident 3's annual assessment dated 02/15/2023 identified the resident had memory problems, poor safety awareness, and ambulated independently using a walker.

During an interview on 06/08/2023 at 10:30 AM, Staff B, Caregiver, stated that Resident 3 independently uses a walker to ambulate.

Observation on 06/08/2023 at 10:40 AM showed Resident 3 independently ambulate with a walker in the home.

Observations on 06/08/2023 between 11:05 AM – 11:25 AM showed toxic chemicals were accessible in the following areas:

1. Bottles of stain remover and all-surface cleaner located under the sink in the bathroom adjacent to Resident 3's bedroom.
2. Bottles of stain remover and all-surface cleaner located in the pantry next to Resident 1's bedroom.
3. An opened container of laundry detergent on top of the laundry machine located in the dining area of the home.
4. A bottle of all-surface cleaner located under the sink in the bathroom near the living room.

During an interview on 06/08/2023 at 11:25 AM, Staff D, Caregiver, stated that they would secure the toxic chemicals immediately.

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, At Home Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 07/10/2023 .

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

Provider (or Representative) — Date: 07/10/2023

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain 3 of 8 smoke alarms (Resident 1's Bedroom, Bedroom E & Basement). This failure placed residents at risk for harm in the event of a fire.

Findings included...

Observations on 06/08/2023 between 11:05 AM – 11:25 AM showed smoke detectors not functioning in Resident 1's bedroom, bedroom E, and in the basement.

During an interview on 06/08/2023 at 11:25 AM, Staff D, Caregiver, stated that they would resolve the issue as soon as possible.

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, At Home Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 07/10/23 .

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

Provider (or Representative) — Date: 07/10/2023

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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Chloe's Golden Sunset Adult Family Home LLC
At Home Adult Family Home
13021 E Valleyway Ave
Spokane Valley, WA 99216

RE: At Home Adult Family Home # 756054

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/22/2023 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 388-76-10375 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 obtain a signature and date from a resident's representative on the negotiated care plan. The Provider stated that the resident's representative has not signed and dated the document, but will resolve the issue as soon as possible.

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