STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Adult Family Center LLC
Adult Family Center LLC
4391 Road 7.4 NE
Moses Lake, WA 98837

RE: Adult Family Center LLC License # 756106

Dear Provider:

This letter addresses Compliance Determination(s) 37788 (Completion Date 03/15/2024) and 34758 (Completion Date 01/30/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/15/2024 and found that you have corrected the violations listed in the Full report dated 01/30/2024. Your home is back in compliance as of 02/10/2024 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 388-76-10175-1, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10655-2, WAC 388-76-10655-3

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 756106	Compliance Determination # 34758
Plan of Correction	Adult Family Center LLC	Completion Date
Page 1 of 6	Licensee: Adult Family Center LLC	01/30/2024

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 01/04/2024 and 01/04/2024 of:

Adult Family Center LLC
4391 Road 7.4 NE
Moses Lake, WA 98837

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner — Residential Care Services

02/02/2024 — 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) 02/09/24 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: I will submit background check right away no later than 1 working day.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a background disclosure was submitted within 1 working day for 1 of 1 staff (Staff B). This deficient practice placed the residents at risk from disqualified staff.

Findings included...

Staff B, Caregiver, was hired 09/20/2023. Their background result was dated 10/02/2023, 12 days after hire.

On 01/04/2024 at 4:30 PM, Staff A, Provider, stated they had trouble submitting the authorization. Now I fix the problem, and I know how to submit.

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, Adult Family Center LLC is or will be in compliance with this law and / or regulation on (Date) 02/09/24

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

Provider (or Representative) 02/09/24 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 record review and interview, the Adult Family Home (AFH) failed to ensure a tuberculosis (TB) screen test was completed within 3 days of starting at the AFH, a second test within 1 to 3 weeks or provided previous test results per regulation for 2 of 2 staff (Staff A, B). This failure placed the residents at risk of exposure to a communicable disease.
We are resubmitting our new TB Test, new for Roslinda Lomeli, and Irina Stoyanova. Not to prevent we follow the WAC 388-76-10285 for

Findings included...

On 01/04/2024, Staff A, Provider, had a single TB result for a test done 04/23/2023. They did not have a second step result or record of previous testing. information

Staff B, Caregiver, started work at the AFH on 09/20/2023. The AFH provided TB results dated 09/27/2023 (7 days after hire), and results dated 10/26/2017 and 03/19/2015. Staff B did not have the first test within 3 days of hire. The previous results were not within 3 weeks of the other or within 12 months of the 09/27/2023 test. We are Re submitting TB test for Rosalinda Lomely 02/10/24

On 01/29/2024, Staff A stated they had not understood the TB requirements.

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, Adult Family Center LLC is or will be in compliance with this law and / or regulation on (Date) 02/10/24

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

Provider (or Representative) Date 02/09/24

WAC 388-76-10430 Medication system.

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

(c) Medication log is kept current as required in WAC 388-76-10475; I called Dr. and asked med. list, and cancelletion notice for Mirelax

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the

practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was a medication system that included an accurate medication log (log), medications were available, and a current record of all prescribed and over-the-counter medications from the physician to support the needs of 1 of 2 residents (Resident 1). This failure placed the resident at risk of medication errors.

I update all medication list for [redacted]

Findings included... [redacted] from Dr. Ben Murrell

Resident 1. The admission assessment dated 01/28/2023 showed the resident needed assistance with medications. On 01/04/2024, medication orders, the medication supply and the January 2024 log were reconciled.

-Quetiapine (helps to regulate mood, behavior, and thoughts).
The January 2024 medication log listed quetiapine 25 milligrams (mg), give 1 tablet each night; initials on the log showed the medication was given each night in January.

Now we update all med. and request from Ready Meds separate the bingo for meds.

On 01/04/2024 at 3:30 PM, Resident 1's custom packaged medication supply did not include quetiapine. Staff A, Provider, stated quetiapine should be included in the package; they verified it was not there. Staff A was unaware that Resident 1 had no supply of the medication when they initialed the log. The pharmacy label showed it was delivered to the AFH on 12/07/2023.

We contact the pharmacy right away and found out resident's POA did not pay for.

On 01/04/2024 at 4:00 PM, Staff A called the pharmacy. The pharmacy reported the medication was not supplied to the AFH for Resident 1 at the last delivery due to lack of payment. The AFH recorded the medication was given.

Quetiapine medication. contacted the POA and ask him to cover invoice.

-Polyethylene glycol (laxative). Physician orders dated 06/12/2023 listed give the laxative daily unless they had diarrhea. The January 2024 log did not list the laxative. Staff A did not know if the medication was a current order.

We update all and all orders from Dr. and everyone apply the 6 rights for every medication before initial and administration at the log.

-Acetaminophen (mild pain reliever) 500 mg give one tablet daily if needed for pain. The supply was delivered to the AFH 02/20/2023, showed it expired 08/19/2023.

-Promethazine (treatment of nausea) 25 mg take every 8 hours if needed. The supply delivered to the AFH 02/20/2023 showed it expired 08/19/2023.

We updated all.

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, Adult Family Center LLC is or will be in compliance with this law and / or regulation on (Date) 2/10/24 .

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

T. Lin — 02/09/2024

Provider (or Representative) Date

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

(3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and .

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a medical device placed on a residents bed was not used for convenience for 1 of 1 resident (Resident 3). This deficient practice placed the resident at risk of injury or harm from a device [redacted] with known safety issues.

We removed bottom safety [redacted] from

Findings included: [redacted] bed, to prevent the injury from falls we lower the bed, and using

On 01/04/2024 at 1:30 PM, Resident 3's bed was positioned with the right side against a wall. On the bed were half-length [redacted] each side had one for the upper half of the bed and one for the lower half of the bed.

floor matts, lower the bed, and give medication to help hallucination.

At 1:30 PM, Staff A, Provider, stated when Resident 3 was in bed during the day, the upper [redacted] were pulled up. At night, the lower [redacted] were pulled up in addition to the upper [redacted] and floor mattress placed next to the bed. Resident 3 had fallen out of bed in the past. Staff A stated Resident 3 did use their call button for help during the day. The AFH did not have awake staff at night, the caregiver on duty assisted Resident 3 with position changes and responded to call bells.

The top [redacted] resident using for turning.

Resident 3's record included a physician order dated 05/19/2023 which showed, "Full [redacted] up only at night for fall prevention and increased visual checks every hour. (Resident) has been flailing legs and is at an increased risk for falling out of bed." On 05/30/2023 a "[redacted] Consent" was completed by the Nurse Consultant (NC). They identified Resident 3 had decreased muscle strength, weakness, poor balance and required assistance with transferring and positioning. Resident 3 was able to follow directions to

grab the [redacted] when assisted with turning. Per the assessment Resident 3 feared sliding down to the foot of the bed then onto the floor. At the time of the NC assessment, Resident 3 had a half-length [redacted] attached to upper portion on each side of the bed. A second set of half-length [redacted] would be added on the lower portion of the bed to prevent Resident 3 from falling. Resident was having hallucination we ask the physician for hallucin. prevention med., so [redacted] stops to go from the bed

The Negotiated Care Plan (NCP) dated 04/07/2023, showed on 06/07/2023 Resident 3 had insomnia. They "moved to get out of bed by climbing over the [redacted] and falling to the floor." Caregiving staff cued the resident to not go over the [redacted] they could fall. "Resident forgets." Now we lower the bed, and place floor matts, yoga matts, on the left side.

Interviewed on 01/04/2024 at 3:00 PM, Staff A stated Resident 3 had climbed over the [redacted] in June 2023 after the additional [redacted] were added. After the fall they added a floor mattress next to the bed. They asked the physician for medication to help Resident 3 with sleep and hallucinations. we agreed the sleeping pills, and hallucinato pills, helped to sleep well.

The AFH did not have documentation of the medical need why Resident 3 needed [redacted] on all sides of the bed. The NCP did not show what interventions were tried prior to the placement of additional [redacted] that placed the resident at significant risk of harm. It's helps a lot.

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, Adult Family Center LLC is or will be in compliance with this law and / or regulation on (Date) 02/09/24.

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

Provider (or Representative) — Date 02/05/24

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Adult Family Center LLC
Adult Family Center LLC
4391 Road 7.4 NE
Moses Lake, WA 98837

RE: Adult Family Center LLC # 756106

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/30/2024 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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

Union Gap, WA 98903

• 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 388-76-10015 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

Review of Dear Provider Letter dated 04/01/2022 "Medical Test Site Waiver Regulatory Requirements" showed a MTSW was required to perform medical tests in the AFH per state and federal regulations. On 01/04/024 at 11:30 AM, Staff A, Provider, stated Resident 5 required blood glucose monitoring for diabetes (disease resulting in too much sugar in the blood) management. Staff A stated that they had not applied for a MTSW license required for blood glucose testing.
Applied righ away for "Medical Test Site Waiver Regulatory."

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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

On 01/04/2024, the Adult Family Home had not collected credentials or trainings for Staff B, Caregiver, to ensure they had met credential and training requirements. They were not available for review when requested. Rosalinda homely copied all certifyca-tion and placed in her binder.

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 Irina Stoyanova asked POA to sign the NCP.

On 01/04/2024, the Adult Family Home did not have documentation Resident 1 or their representative had agreed to and signed the negotiated care plan dated 02/09/2023.
NCP signed by POA of [redacted] and placed in bider.

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: updated

(c) Keep a copy that has been signed and dated by the resident in the resident's record. emailed to To, and keep in the Res. record

On 01/04/2024, Resident 1's record did not include a representative signature of the AFHs Disclosure of Charges form.

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)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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