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

Comfort Senior Care LLC

Comfort Senior Care LLC
17200 NE 199th St
Battle Ground, WA 98604

RE: Comfort Senior Care LLC License # 756125

Dear Provider:

This letter addresses Compliance Determination(s) 32816 (Completion Date 11/20/2023) and 30727 (Completion Date 10/12/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/20/2023 and found that you have corrected the violations listed in the Full report dated 10/12/2023. Your home is back in compliance as of 10/23/2023 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 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10192, WAC 388-76-10192-1, WAC 388-76-10192-1-a, WAC 388-76-10192-1-b, WAC 388-76-10192-1-c, WAC 388-76-10165-2, WAC 388-76-10165

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

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, 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 10/06/2023 and 10/06/2023 of:

Comfort Senior Care LLC
17200 NE 199th St
Battle Ground, WA 98604

The following sample was selected for review during the unannounced on-site visit: 1 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 _____ 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) Date

WAC 388-76-10650 Medical devices.

(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

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to ensure assessments evaluating the need and use for medical devices was completed for one of two residents who used [redacted] (Resident 2/R2). This failure placed R2 at risk for being an inappropriate candidate for the use of the device and placed R2 at risk for subsequent harm.

Findings included...

An initial interview with the Provider took place at 1:35 PM, during an unannounced full inspection at the Adult Family Home on 10/06/23. Provider stated R2 required staff assistance for transfers and uses wheelchair for mobility.

During a tour of bedrooms at 2:15 PM, R2 was observed lying in bed. Two half [redacted] were observed on R2's bed and were in the 'up' position.

At 2:30 PM, the provider discussed the side rails on R2's bed and stated they had [redacted] assessment done but wasn't able to find 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, Comfort Senior Care 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

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 failed to ensure testing for Tuberculosis (TB) was completed upon hire for provider one staff member (Staff B) who was hired as a caregiver. This failure placed two of two residents at risk for exposure to TB.

Findings included....

An initial interview with Staff B and Provider took place at 1:00 PM during an unannounced full inspection of the Adult Family Home on 10/06/2023. Staff B stated he lived at the adult family home and worked part time. The Provider stated they live in the home and works full time.

Staff records were reviewed and discussed with provider at 2:30 PM. Provider and Staff B opened the Adult Family Home February 2023 and did not have up to date TB testing done. Provider stated she would schedule TB testing as soon as possible for Staff B and Provider.

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, Comfort Senior Care 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

WAC 388-76-10192 Liability insurance required Coverage requirements.

(1) The liability insurance coverage required under WAC 388-76-10191 must include:

(a) Losses or allegations or both caused by errors and omissions of the adult family home or its employees or volunteers;

(b) Coverage for bodily injury, property damage, and contractual liability; and

(c) Coverage for premises, operations, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure that they have the required Commercial and Business Liability insurance. This failure placed providerat risk of not being covered by insurance if injury occurs and they are held liable.

Findings included...

During unannounced visit on10/06/23at 2:20 PM, record review of providers business file failed to contain a copy of non-expired Commercial and Business Liability Insurance as required.

During an Interview with provider at 2:30 PM, they stated they don't have liability insurance and will be getting it 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, Comfort Senior Care 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

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.

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the provider and Staff B failed to have a national fingerprint inquiry done. This deficient practice resulted in a provider and Staff B, with possible disqualifying crime, to interact and care for all residents in the facility.

Findings included...

During an interview with Provider on 10/6/23 at 3:20 PM, they revealed that they couldn't find a copy of the fingerprint check for the provider and Staff B. The Provider stated both they and Staff B opened the Adult Family Home February 2023.

Employee record review at revealed the Provider and Staff B did not have a fingerprint check copy in their employee 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, Comfort Senior Care 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