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

1018 AFH LLC
Rivercrest Adult Family Home
13013 SE Rivercrest Dr
Vancouver, WA 98683

RE: Rivercrest Adult Family Home License # 756215

Dear Provider:

This letter addresses Compliance Determination(s) 40940 (Completion Date 05/07/2024) and 36595 (Completion Date 02/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/07/2024 and found that you have corrected the violations listed in the Full report dated 02/14/2024. Your home is back in compliance as of 03/29/2024 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 388-76-10161-2-b, WAC 388-76-10198-4, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Hongyan Cluer, RN, ALF Licensor

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

Statement of Deficiencies	License #: 756215	Compliance Determination #36596
Plan of Correction	Rivercrest Adult Family Home	Completion Date
Page 1 of 5	Licensee: 1018 AFH LLC	02/14/2024

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 02/08/2024 and 02/08/2024 of:
Rivercrest Adult Family Home
13013 SE Rivercrest Dr
Vancouver, WA 98683

The following sample was selected for review during the unannounced on-site visit: 4 of 8 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hongyan Cluer, RN, ALF Licensor

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: 02/14/2024

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)

2/21/24
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 7 of 8 care staff (Staff A through Staff G), had completed a national fingerprint background check and obtained results within the required time frame. This failure placed all residents (Resident 1 through Resident 6) at risk for injury and harm due to unqualified and improperly screened staff.

Findings included...

An unannounced inspection visit was conducted on 02/08/2024.

Review of care staff records showed, Staff A, Resident Manager, was hired on 03/23/2023. No result of a national fingerprint background check was found in Staff A's file.

Review of care staff records showed, Staff B, Caregiver, was hired on 04/22/2023. No result of a national fingerprint background check was found in Staff B's file.

Review of care staff records showed, Staff C, Caregiver, was hired on 01/08/2023. No result of a national fingerprint background check was found in Staff C's file.

Review of care staff records showed, Staff D, Caregiver, was hired on 08/13/2023. No result of a national fingerprint background check was found in Staff D's file.

Review of care staff records showed, Staff E, Caregiver, was hired on 04/07/2023. No result of a national fingerprint background check was found in Staff E's file.

Review of care staff records showed, Staff F, Caregiver, was hired on 03/10/2023. No result of a national fingerprint background check was found in Staff F's file.

Review of care staff records showed, Staff G, Caregiver, was hired on 07/11/2023. No result of a national fingerprint background check was found in Staff G's file.

During interview on 02/08/2024 at 1:40 PM, Staff A stated that she will submt requests of fingerprint background checks for all staff 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, Rivercrest Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3/29/24 .

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

Provider (or Representative) — Date: 2/21/24

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:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family Home (AFH) failed to ensure a national fingerprint background check result and a Washington State name and date of birth background check result for the AFH provider (Staff I) were maintained within the AFH and were available for review. Failure to maintain staff documents within the home resulted in being unable to verify staff completion of requirements and placed all resident's (Resident 1 through Resident 6) at risk of being cared for by potentially unqualified persons.

Findings included...

An unannounced inspection visit was conducted on 02/08/2024.

Review of a AFH provider's (Staff I) records failed to show a national fingerprint background check result nor a Washington state name and date of birth background check.

During an interview on 02/08/2024 at 12:33 PM, Staff A, Resident Manager, stated that the

provider told her that he had background checks completed when he applied for the AFH license, but he didn't obtain the results.

This licensor requested Staff A to provide Staff I 's background check results through fax not later than 5 PM on 02/09/2024.

By 2 PM on 02/13/2024, AFH failed to provide the above requested background checks results.

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, Rivercrest Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3/29/24 .

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

Provider (or Representative) — Date: 2/21/24

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;

(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, interview, and record review, the Adult Family Home (AFH) failed to ensure an assessment for the use of [redacted] was completed for 2 of 2 resident (Resident 3[R3] and Resident 5 [R5]) and failed to ensure the residents' negotiated care plans included how the residents would use the [redacted] for 2 of 2 resident (R3 and R5) who were reviewed for medical device use. This failure placed the residents at risk for possible bodily injury and/or death due to entrapment, suffocation, or strangulation.

Findings included...

An unannounced inspection visit was conducted on 02/08/2024.

Observation at 10:24 AM, showed one [redacted] attached to one side of R3's bed in R3's room.

Observation at 10:20 AM, showed [redacted] attached to both sides of R5's bed in R5's

Statement of Deficiencies	License #: 756215	Compliance Determination # 36595
Plan of Correction	Rivercrest Adult Family Home	Completion Date
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room.

During an interview at 10:25 AM, Staff A, Resident Manager, stated that they use [redacted] to prevent R3 and R5 from falling out of their beds.

Review of R3's medical record showed R3 moved into the AFH on [redacted]2023 with diagnoses including [redacted]. No assessment for the safe use of [redacted] was found in R3's medical record. R3's negotiated care plan was signed and dated 10/20/2023, it did not include how R3 would use [redacted]

Review of R5's medical record showed R5 moved into the AFH on [redacted]2020, with diagnoses including [redacted] No assessment for the safe use of [redacted] was found in R5's medical record. No negotiated care plan was found in R5's medical record after this AFH took over the ownership on 03/29/2023.

During interview at 01:06 PM, Staff A stated that she will get [redacted] assessment completed and update care plan 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, Rivercrest Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3/29/24.

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

Provider (or Representative) — Date: 2/21/24

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

02/14/2024

1018 AFH LLC
Rivercrest Adult Family Home
13013 SE Rivercrest Dr
Vancouver, WA 98683

RE: Rivercrest Adult Family Home # 756215

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/14/2024 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 388-76-10320 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.

No record of a personal belongings inventory was found in Resident 1 or Resident 2's files during the onsite inspection visit on 02/08/2024. The AFH manager completed it and signed and dated on 02/09/2024.

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 adult family home did not have a signed and dated Medicaid policy for Resident 1 and Resident 2. They were signed and dated by Resident 1 and Resident 2 and their representatives on 2/9/2024.

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.

No record of the adult family home's disclosure of charges were found in Resident 1 or Resident 2's files during the onsite inspection visit on 02/08/2024.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

The adult family home (AFH) provider failed to ensure 2 care staff (Staff A and B) had current food handler's card or current record of one-half hour for safe food handling. Both care staff completed the training and obtained food handler's card within 2 days after this licensor's inspection visit on 02/08/2024.

WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

(2) Make the records readily available to the appropriate health authority and licensing agency;

(3) Provide the employee a copy of his/her testing results; and

(4) Retain the records for eighteen months after the date an employee either quits or is terminated.

No tuberculin test (TB test) results or reports of chest X-ray findings were found in 2 care staff's file (Staff A and Staff B), during an onsite inspection on 02/08/2024. Staff A had scheduled TB tests on 02/08/2024 and 02/19/2024.Staff B scheduled TB blood test on 03/11/2024.

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