STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Star of Hope AFH LLC
Star of Hope 2
2005 36th Pl SE
Puyallup, WA 98374

RE: Star of Hope 2 # 756218

Dear Provider:

This document references Compliance Determination 53233 (Completion Date 01/17/2025).

The Department completed a full inspection of your Adult Family Home on 01/17/2025 and found that your home does not meet the Adult Family Home licensing requirements.

The department staff who did the inspection and provided consultation:

Gary Fuentebella, Licensor

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

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;

On 01/16/2025 at 10:10 AM, a bottle of bleach spray was observed inside a cabinet in Bathroom B (adjacent to Bedroom C). The Resident Manager (RM) immediately placed the bleach spray inside locked storage. There was no negative outcome to the residents.

WAC 388-76-10351 Assessment Updates required Requirements in effect from January 18, 2022, through June 8, 2023, in response to the state of emergency related to COVID-19.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months, except beginning January 18, 2022, assessments for residents whose care is state funded may be extended an additional 12 months during the COVID-19 public health emergency.

On 01/16/2025, record review revealed Resident 1's last Assessment was done on 09/28/2023 (16 months earlier). During interview, the Resident Manager (RM) stated that they thought the Assessment was good for twelve months from Resident 1's admission date of [redacted]/2023. The RM, a Registered Nurse (RN) immediately reviewed and updated Resident 1's Assessment before completion of the onsite visit to correct the issue.

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

On 01/16/2025, record review revealed Resident 1's Negotiated Care Plan, dated 01/01/2024, did not have a signed signature page readily available for review, and Resident 2's 2024 Assessment was not readily available for review. On 01/17/2025, the Department received via email from the Adult family Home (AFH), copies of the above-mentioned documents to correct the issue.

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;

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

On 01/16/2025, record review of personnel files revealed the following staffs' documents were not readily available for review: Provider was missing Continuing Education ([CE] and current cardiopulmonary resuscitation (CPR)/first-aid training certificates, and Former Caregiver B was missing their fingerprint result. On 01/17/2025, the Department received from the Adult Family Home (AFH) via email, copies of the above-mentioned documents to correct the issue.

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

On 01/16/2025, record review of the January 2025 Medication Administration Record (MAR) revealed Resident 2's and Resident 4's 8:00 PM medications for 01/15/2025, were not initialed as being given. On 01/16/2025 at 1:15 PM, during interview, the Provider verified the findings and stated that they (Provider) gave the medications to both residents but forgot to initial the MARs. The Provider wrote their initials on both residents' MARs before completion of the onsite visit to correct the issue.

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

On 01/16/2025, record review of the Adult Family Home's AFH) fire drill log revealed emergency evacuation drills were all conducted between 10:30 AM and 11:30 AM. On 01/16/2025 at 1:15 PM, during interview, both the Provider and Resident Manager (RM) stated that they were not aware of the regulation to vary times of the drills, and will correct the issue the next time they do an evacuation drill.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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 (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

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