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

Mayrose Care, LLC
Pleasant Valley Care Home
6906 NE 139th St
Vancouver, WA 98686

RE: Pleasant Valley Care Home License # 756272

Dear Provider:

This letter addresses Compliance Determination(s) 37821 (Completion Date 02/29/2024) and 35605 (Completion Date 01/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/29/2024 and found that you have corrected the violations listed in the Full report dated 01/26/2024. Your home is back in compliance as of 02/29/2024 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 388-76-10430-1, WAC 388-76-10725-6-c, WAC 388-76-10725-7-a, WAC 388-76-10725-7-b, WAC 388-76-10725-7, WAC 388-76-10895-2-a

The Department staff who did the on-site verification:
Shawn Swanstrom, 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 #: 756272	Compliance Determination # 35606
Plan of Correction	Pleasant Valley Care Home	Completion Date
Page 1 of 5	Licensee: Mayrose Care, LLC	01/26/2024

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 01/22/2024 and 01/26/2024 of:
Pleasant Valley Care Home
6906 NE 139th St
Vancouver, WA 98686

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shawn Swanstrom, 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

1/30/2024
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) Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) did not have a system in place to ensure one of two sampled residents (Resident 3 [R3]) received medications as ordered, document all medication given, and had a supply for all ordered as needed medications. This deficient practice caused R3 to not receive a medication as ordered and not to have all medications available.

Findings included…

An unannounced onsite inspection was initiated at the AFH on 01/22/2024 at 09:54 AM. A medication review for R3 was conducted with the Resident Manager at 12:05 PM. R3's Medication Administration Record (MAR) listed Fibercon (use to help with constipation) one tablet each day. The MAR was initialed as the medication given January 1 – 22, 2024. The RM was unable to find the supply of the Fibercon. Physician orders dated 03/07/2023 listed Fibercon one tablet each day. Physicians' orders from 3/07/2023 and current supply of medication included Calcium Polycarbophil (used for constipation) 325 milligram each day. The RM stated R3 received the medication as ordered. Calcium Polycarbophil was not listed or signed as given on the January 2024 MAR.

Physician orders of 03/07/2023 and the January 2024 MAR's listed: Fleets enema (constipation), Carbamide peroxide solution (for ear wax), and Bisacodyl suppository (constipation). The AFH did not have supply of the medications.

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, Pleasant Valley Care Home 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 388-76-10725 Electronic monitoring equipment Resident requested use.

(6) If the resident requests that the home conduct audio or video monitoring of their sleeping area, before any electronic monitoring occurs the home must ensure:

(c) The resident and the home have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The home must:

(a) Reevaluate the use of the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing signed and dated by the resident.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to have a current written plan with Resident 2's (R2) family related to the use of a video monitor, when the monitor would be used, and reviewed at least quarterly. This caused R3 and their family not to be in informed when the video monitor would be used.

Findings included…

A full inspection was initiated on 01/2/2024. During record review for R2 at 12:55 PM, the Negotiated Care Plan (NCP), dated 05/25/2023, documented R2 as very agitated and will try to get out of bed. Per the NCP, the family had requested to use a camera when the caregiver is busy in the kitchen and cannot hear R2 calling out.

During a facility tour on 01/22/2024 at 10:15 AM, The Resident Manger was asked about the use of a camera as a camera was not observed in R2's bedroom. The RM and Caregiver A went to R2's room and opened a bottom drawer of a dresser and revealed a mobile video camera. The RM stated the AFH uses the video camera at night to monitor R2, not during the day. R2 had a motion sensor mat on their bed. The RM stated when the sensor alarms, the staff can observe R2 on their cell phones. The RM stated there was not an audio component with the camera.

Record review of the NCP showed it did not contain a written plan related to use of the camera and was not signed by R3's family.

On 01/23/2024 at 11:33 AM R3's representative was interviewed and verified they had requested the use of the video monitor.

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, Pleasant Valley Care Home 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 388-76-10895 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;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure emergency evacuation drills were conducted at least every sixty days. This failure resulted in five of five residents [Resident 1 (R1), (R2), (R3), (R4), & (R5)] not having enough opportunity to practice emergency evacuation procedures and placed them at risk for not being safely evacuated in a real emergency.

Findings included…

An unannounced licensing inspection was initiated on 01/22/2024 at 9:58 AM. During Resident characteristic review at 10:08 AM, the Resident Manager (RM) stated five residents lived at the home. The RM stated all five residents required assistance with transfers and would need assistance by staff to evacuate the home.

Facility record review on 01/22/2024 at 01:52 PM with Caregiver A, showed fire drills were conducted 06/15/2023, 09/12/2023, and 12/23/2023. Fire drills were not conducted every 60 days as required.

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, Pleasant Valley Care Home 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

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

01/30/2024

Mayrose Care, LLC
Pleasant Valley Care Home
6906 NE 139th St
Vancouver, WA 98686

RE: Pleasant Valley Care Home # 756272

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/26/2024 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 388-76-10285 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.

Caregiver A had one intradermal (Mantoux) skin test on hire 09/15/2022. The results were negative. Caregiver A did not have a second test completed within one to three weeks after from the first test.

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 (AFH) did not have a signed Negotiated Care Plan for Resident 2 by the AFH or the family of Resident 2.

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)450-1216.

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