STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Ark of Hope Adult Family Home LLC

Ark of Hope Adult Family Home LLC
5617 S Madelia St
Spokane, WA 99223

RE: Ark of Hope Adult Family Home LLC License # 756283

Dear Provider:

This letter addresses Compliance Determination(s) 48148 (Completion Date 10/02/2024) and 46603 (Completion Date 09/17/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/02/2024 and found that you have corrected the violations listed in the Full report dated 09/17/2024. Your home is back in compliance as of 09/26/2024 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 388-76-10650-2-c, WAC 388-76-10650-2-a, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Scott Sorensen, AFH Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 09/03/2024 and 09/03/2024 of:
Ark of Hope Adult Family Home LLC
5617 S Madelia St
Spokane, WA 99223

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Selena Clemons — Residential Care Services

09/18/2024 — 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.

STATE OF WASHINGTON

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

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Residential Care Services

Date

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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;

(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 bed [redacted] used by 1 of 3 residents (Resident 3) had a safety assessment completed and was identified in the negotiated care plan. This failure placed the resident at risk for injury.

Findings included...

Observation on 09/03/2024 at 9:55 AM showed Resident 3's bed had [redacted].

Review of Resident 3's negotiated care plan (NCP), dated 09/15/2023, showed no documentation of the [redacted]. There was no documentation in the resident's record to show completion of a safety assessment related to the medical device.

During an interview on 09/03/2024 at 1:48 PM, Resident 3 stated that they used the bed [redacted] to help with mobility in their bed.

During an interview on 09/03/2024 at 2:30 PM Staff A, Provider, stated that the resident's NCP did not include the [redacted] and a safety assessment related to the [redacted] had not been completed.

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, Ark of Hope Adult Family Home 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 record review and interview, the Adult Family Home (AFH) failed to obtain a two-step tuberculosis (TB) skin test for 1 of 1 staff (Staff B) within three days of employment. The failure placed residents at risk for respiratory illness.

Findings included...

Review of Staff B's, Caregiver, employee file on 09/03/2024 showed a hire date of 07/06/2023. Staff B had a 1-step TB test given on 09/05/2023 (61 days after the date of hire). The 1-step TB test did not have documentation showing that it had been read by a medical professional.

During an interview on 09/03/2024 at 2:00 PM, Staff A, Provider, stated that Staff B did not have their 2-step TB test completed within the required time frame.

During an interview on 09/17/2024 at 3:40 PM, Staff A stated that they were not able to provide documentation of Staff B’s 1-step TB test result was read.

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, Ark of Hope Adult Family Home 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