STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Kate and Scot LLC

Kate and Scot LLC
30230 21st Ave S
Federal Way, WA 98003

RE: Kate and Scot LLC License # 756396

Dear Provider:

This letter addresses Compliance Determination(s) 45717 (Completion Date 10/11/2024) and 38965 (Completion Date 06/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/11/2024 and found that you have corrected the violations listed in the Complaint report dated 06/18/2024. Your home is back in compliance as of 08/04/2024 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 388-112A-0105-1, WAC 388-76-10895-1-b, WAC 388-76-10895-2-a, WAC 388-76-10900-1, WAC 388-76-10900-2, WAC 388-76-10900-3, WAC 388-76-10900-4, WAC 388-76-10900-5, WAC 388-76-10900, WAC 388-76-10255-1, WAC 388-76-10360

The Department staff who did the on-site verification:
Imelda Cornelio, NCI

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 756396	Compliance Determination #:38966
Plan of Correction	Kate and Scot LLC	Completion Date
Page 1 of 7	Licensee: Kate and Scot LLC	06/18/2024

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 an unannounced on-site complaint investigation on 03/27/2024 and 04/03/2024 of:

Kate and Scot LLC
14536 SE 187th St
Renton, WA 98058

This document references the following complaint number(s): 124594, 124913

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

The department staff that investigated the Adult Family Home.

Imelda Cornelio, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 06/20/2024 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

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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Renton, WA 98058

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Kent, WA 98032

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) 06/28/2024 Date

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when?

(1) All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to meet the certification requirements of a long-term care worker for 1 of 4 staff (Staff D, Caregiver). This failure placed all residents at risk of unmet needs from an unqualified caregiver.

Findings included...

Observation on 03/27/2024 at 6:11 PM showed Staff D arrived at the AFH for the start of their shift.

Record review of the Department of Health's provider credential search website on 04/03/2024 showed Staff D has a valid Nursing Assistant Registered license with an expiration date of 02/28/2026. Staff D did not have Home Care Aide (HCA) certification.

In an interview on 06/07/2024 at 3:03 PM, Staff B, Caregiver and Administrator, stated that Staff D is in nursing school who took the certified nursing assistant (CNA) class and is making arrangements to take the certification exams to be a CNA

Record review on 06/11/2024 of the Washington Administrative Code (WAC) 388-112A-0105 (1) showed, "All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC."
WAC 246-980-025 (2)(c) showed, "A person who is in an approved training program for certified nursing assistant under chapter 18.88A RCW, provided that the training program is completed within one hundred twenty calendar days of the date of hire and that the nursing assistant-certified credential has been issued within two hundred calendar days of the date of hire."

Review of Staff D's AFH orientation on 06/11/2024 showed their hire date was 08/27/2022, which is beyond the 200 calendar days mentioned in the above WAC.

Attestation Statement

Provider (or Representative) Date

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Review of Staff D's AFH orientation on 06/11/2024 showed their hire date was 08/27/2022, which is beyond the 200 calendar days mentioned in the above WAC.

Statement of Deficiencies	License #: 756396	Compliance Determination # 38965
Plan of Correction	Kate and Scot LLC	Completion Date
Page 3 of 7	Licensee: Kate and Scot LLC	06/18/2024

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, Kate and Scot LLC is or will be in compliance with this law and / or regulation on (Date) 08/11/2024

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

Provider (or Representative) — Date: 06/28/2024

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

(1) There are two types of emergency evacuation drills:

(b) A partial evacuation is evacuation to the designated emergency exit.

(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 observation, record review and interview, the Adult Family Home (AFH) failed to conduct partial emergency evacuation drills at least every sixty days. This failure placed 4 of 4 residents (Resident 1, 2, 3, and 4) at risk of not having a safe and orderly evacuation in the event of an emergency.

Findings included...

On 03/27/2024 between 4:27 PM to 6:19 PM, observation showed Staff C, Caregiver, interacting with and providing care to Residents 1, 2, 3 and 4.

In an interview on 03/27/2024 at 6:09 PM, Staff C stated that they had a partial drill four months prior to the unannounced visit.

In an interview on 03/27/2024 at 5:55 PM, Collateral Contact 1 (CC 1) stated that they did not believe that Resident 1 had participated in an evacuation drill since they started living in this AFH in the last two years.

In an interview on 04/04/2024 at 2:08 PM, Staff B, Caregiver and Administrator, stated that they only had one partial drill since the AFH change of ownership in June 2023 and they did not record the drill.

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, Kate and Scot LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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Record review showed the AFH did not have documentation that a full or a partial fire drill was completed.

Attestation Statement

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Provider (or Representative) — Date: 06/28/2024

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(1) Names of each resident and staff involved in the drill;

(2) Name of the person conducting the drill;

(3) Date and time of the drill;

(4) Whether the drill was a full or partial emergency evacuation; and

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a documentation of the full or partial emergency evacuation drills that were completed. This failure resulted in confusion and an inability to determine whether the AFH was able to evacuate 4 of 4 residents (Residents 1, 2, 3 and 4) safely within five minutes or less in the event of an emergency.

Findings included...

On 03/27/2024 between 4:27 PM to 6:19 PM, observation showed Staff C, Caregiver, interacting with and providing care to Residents 1, 2, 3 and 4.

In an interview on 03/27/2024 at 6:09 PM, Staff C stated that they had a partial drill four months prior to the unannounced visit.

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Provider (or Representative) — Date: 06/28/2024

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a respiratory protection program ([RPP], a safety standard against respiratory hazards in the workplace which is regulated and enforced by the Washington Department of Labor and Industries). This placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk for a respiratory illness.

Findings included...

Review of the Infection Control Guidance by the Centers for Disease Control and Prevention (CDC), the national public health agency of the United States, dated 03/18/2024 showed, "Respirators should be used in the context of a comprehensive respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the Occupational Safety and Health Administration's (OSHA) Respiratory Protection standard (29 CFR 1910.134)."

Observation showed on 03/27/2024 between 4:27 PM and 6:19 PM, four residents (Resident 1, 2, 3 and 4) lived in the AFH.

In an interview on 04/05/2024 at 3:30 PM, Staff B, Caregiver and Administrator, stated that they did not have an RPP and that since they are a newly opened AFH through a CHOW

they did not have documentation when they conducted the drill.

Record review showed the AFH did not have documentation that a full or a partial fire drill was completed.

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(change of ownership), they are working with the department's quality improvement program and with an AFH consultant to develop one.

Record review showed the AFH did not have documentation of an RPP.

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Provider (or Representative) — Date: 06/28/2024

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to develop a negotiated care plan (NCP) for 1 of 4 residents (Resident 1). This failure placed the resident at risk of not receiving their necessary care and services in the AFH.

Findings included...

On 04/03/2024 between 3:04 PM and 6:43 PM, observation showed three residents (Residents 1, 2 and 3) lived in the AFH.

During interviews on 05/17/2024 at 10:17 AM and on 06/05/2024 at 8:55 AM with Staff B, Caregiver, Co-owner and Administrator, Resident 1's NCP was requested.

In an interview on 06/07/2024 at 3:03 PM, Staff B stated that they would send Resident 1's NCP.

Resident 1's NCP was never received by department staff.

Attestation Statement

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