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

SK Living Adult Family Homecare LLC

SK Living Adult Family Homecare LLC
1340 22nd St NW
Puyallup, WA 98371

RE: SK Living Adult Family Homecare LLC License # 756525

Dear Provider:

This letter addresses Compliance Determination(s) 41017 (Completion Date 05/10/2024) and 38023 (Completion Date 03/28/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/10/2024 and found that you have corrected the violations listed in the Complaint report dated 03/28/2024. Your home is back in compliance as of 04/01/2024 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 388-76-10255-3, WAC 388-76-10255-1

The Department staff who did the on-site verification:
Lisa Charette, NCI AFH Complaint Investigator

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

Residential Care Services
Investigation Summary Report

Provider/Facility: SK Living Adult Family Homecare LLC
License/Cert.#: 756525
Compliance Determination #: 38023
Investigator: Lisa Charette
Provider Type: Adult Family Home
Intake ID: 121152
Region/Unit #: RCS Region 3 / Unit A
Investigation Date(s): 03/11/2024 through 03/28/2024
Complainant Contact Date(s): 03/11/2024

Allegation(s):
The Adult Family Home (AFH) reported a Covid-19 (a highly contagious respiratory illness) outbreak.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Identified resident Activities Dining Resident care equipment Resident rooms Staff to resident interactions Kitchen
Interviews:	Nursing staff Residents
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Personnel files Staff training records

Investigation Summary:
The AFH followed the reporting requirements. The AFH did not follow the infection prevention and control requirements and failed facility practice was identified. The AFH was issue a citation for not having the required Personal Protective Equipment (PPE).

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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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 03/11/2024 and 03/11/2024 of:

SK Living Adult Family Homecare LLC
1340 22nd St NW
Puyallup, WA 98371

This document references the following complaint number(s): 121152

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Lisa Charette, NCI AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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) _____ Date _____

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;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Caregiver A) had mask fit testing as part of the Respiratory Protection Program (RPP) and the required Personal Protective Equipment (PPE). This failure placed residents and staff at risk for contracting COVID-19 (a highly contagious respiratory illness) during a disease outbreak.

Findings included...

On 03/11/2024 at 10:27 AM, observation showed the AFH did not have any goggles or face shields available in the AFH's PPE for the staff as required.

On 03/11/2024 at 10:44 AM in an interview, Caregiver A reported they had not worn goggles or face shields during the COVID-19 outbreak in the AFH. Staff A reported they did not have goggles or face shields available.

On 03/11/2024 at 10:55 AM in an interview, Staff B (Provider) reported that one employee did not have fit testing for an N95 mask because the Provider believed they had one hundred twenty (120) days to have that done. The Provider reported they overlooked having goggles or face shields available for staff during an outbreak of COVID-19.

On 03/26/2024 in a record review of Washington Administrative Code WAC 296-842-16005(4), it was noted the requirement to provide effective training for the use of respirators, "Provide training, at no cost to the employee, at these times: (a) Initially, before worksite respirator use begins;..."

On 03/11/2024 in a record review of the AFH's RPP, there was no documentation of fit testing for Staff A.

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, SK Living Adult Family Homecare 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