STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

Okanogan Valley AFH LLC

Okanogan Valley AFH LLC
348 E Dewberry Ave
Omak, WA 98841

RE: Okanogan Valley AFH LLC License # 756547

Dear Provider:

This letter addresses Compliance Determination(s) 42272 (Completion Date 06/04/2024) and 39214 (Completion Date 04/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/04/2024 and found that you have corrected the violations listed in the Full report dated 04/10/2024. Your home is back in compliance as of 05/25/2024 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 388-76-10810-1, WAC 388-76-10895-2-a, WAC 388-76-10015-1

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

# DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***1200 Alder Street, Union Gap, WA 98903***



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 04/02/2024 and 04/02/2024 of:
Okanogan Valley AFH LLC
348 E Dewberry Ave
Omak, WA 98841

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

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner
Residential Care Services

04/24/2024
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.

Paul D. Hamm
Provider (or Representative)

5/1/2024
Date

**WAC 388-76-10810 Fire extinguishers.**

(1) The adult family home must have an approved five pound 2A:10B-C rated fire extinguisher on each floor of the home.

**This requirement was not met as evidenced by:**

Based on observation and interview, the Adult Family Home (AFH) failed to have a fire extinguisher on each level of the 3-level home for 1 of three levels (basement). This failure placed the residents at risk in an emergency.

Findings included...

On 04/02/2024 at 12:30 PM, the basement was accessed via a hinged door in the floor located on the enclosed front porch. The basement, used for storage, did not have a fire extinguisher.

On 04/02/2024, Staff A, Provider, stated the basement was rarely entered and was unaware there was no extinguisher.

**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, Okanogan Valley AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5/1/2024 .

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

Paul D. Hamm
Provider (or Representative)

5/1/2024
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 observation, record review and interview the Adult Family Home (AFH) failed to ensure an evacuation drill was performed at least every 60 days. This failure placed the residents at risk in an emergency due to untrained/unprepared staff.

Findings included...

On 04/02/2024 at 9:45 AM, 5 residents lived at the AFH. Four of the 5 residents were observed to walk without staff assistance or use of an assistive device (cane, walker). At 12:40 PM, Staff A, Provider assisted Resident 1 to get out of a chair and walk to the bathroom AFH using a [redacted] The AFH had a [redacted] for Resident 1 when out of the AFH on uneven ground.

On 04/02/2024, Staff A, Provider, stated they became the licensee of the AFH in July 2023. The AFH had not performed an evacuation drill since the change of ownership. Staff A stated they had overlooked the need for fire drills.

**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, Okanogan Valley AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5/1/2024 .

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

Paul W Hamm — Provider (or Representative)

5/1/2024 — Date

**WAC 388-76-10015 License Adult family home Compliance required.**

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to have a Medical Test Site Waiver (MTSW) and a written Respiratory Protection Program (RPP) as required. This failure placed residents at risk of not receiving safe care against communicable diseases per compliance standards.

Findings included . . .

Review of Dear Provider Letter dated 09/14/2023 "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and Changes to Department of Health RPP Resources" showed the AFH is required to identify respiratory hazards in the workplace, provide appropriate respiratory protection equipment (fit tested N95 respirator), and follow regulations pertaining to respiratory protection against communicable diseases spread through droplets or air WAC 296-842.

Review of Dear Provider Letter dated 04/01/2022 "Medical Test Site Waiver Regulatory Requirements" showed a MTSW was required to perform medical tests in the AFH per state and federal regulations.

Record review on 04/02/2024 at 3:00 PM showed the AFH had no written RPP or N95 fit-test documentation and no MTSW certification granted or pending.

On 04/02/2024 at 9:45 AM, Staff A, Provider, stated Resident 1 and 6 required blood glucose monitoring for diabetes (disease resulting in too much sugar in the blood) management and that the AFH did the testing. Staff A stated that they had not applied for a MTSW license required for blood glucose testing.

In an interview on 04/02/2024 at 4:30 PM, Staff A stated the AFH had a supply of N95 respirators for COVID-19 (infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomit, diarrhea, loss of taste or smell, and in severe cases, difficulty breathing that could result in severe impairment or death). Staff were not medically cleared to use the N95 or fit tested to prevent the spread of infection to residents.

**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, Okanogan Valley AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5/25/2024

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

Paul D Hamm

Provider (or Representative)

5/1/2024

Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***



Okanogan Valley AFH LLC
Okanogan Valley AFH LLC
348 E Dewberry Ave
Omak, WA 98841

RE: Okanogan Valley AFH LLC # 756547

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/10/2024 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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

Union Gap, WA 98903

• 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 388-76-10265 Tuberculosis Testing Required.**

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

On 04/02/2024, the Adult Family Home did not have completed tuberculosis screening results for Staff C hired 08/16/2023.

**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 (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

Enclosure

| **Plan**<br>**(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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

**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