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:

This document references Compliance Determination 38265 (03/14/2024), which included complaint number(s) 121749, 121801.

The Department completed a complaint investigation of your Adult Family Home on 03/14/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Brittney Shull, Community Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

The Adult Family Home (AFH) failed to keep the home in good repair with a homelike environment.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the home to determine if you have corrected all deficiencies.

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Okanogan Valley AFH LLC **Provider Type:** Adult Family Home

License/Cert.#: 756547
Intake ID: 121749
Compliance Determination #: 38265
Region/Unit #: RCS Region 1 / Unit C
Investigator: Brittney Shull
Investigation Date(s): 03/14/2024 through 03/14/2024
Complainant Contact Date(s):

Allegation(s):
The named resident consumed another resident's medication resulting in hospitalization and it was not reported to the department.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 4 Closed records sample size: 1
Observations:	Environment, Residents, Staff to Resident interaction, Medication administration, Medication storage.
Interviews:	Residents, Staff, Collateral Contacts.
Record Reviews:	Resident record, Assessment, Negotiate Care Plan, Medication Administration Record (MAR), Personnel records, Delegation, Incident Log.

Investigation Summary:
Observation showed that staff was available and responsive to resident needs. Observation and interview showed that residents felt safe and well taken care of by the staff. Observation, interview and record review showed that medications were stored in a locked location, medications were logged timely, and staff followed their process to give medications appropriately. Interview and record review showed that the named resident had taken the medications off the table that were handed to another resident when they had gotten up to get more water. The staff attempted to stop the incident but were not able to and summoned medical assistance immediately. Interview and record review showed that the facility had implemented new interventions to prevent future medications errors. Observations showed that the home had multiple surface areas with a thick layer of dust, wall paint was chipped, floor trim was not firmly secured to the wall, the floor had areas of large chipping, and dirty laundry was piled on the floor of resident rooms. The facility did not meet minimum regulatory requirements. Reference consultation for WAC 388-76(10750)(1).

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Okanogan Valley AFH LLC **Provider Type:** Adult Family Home

License/Cert.#: 756547
Intake ID: 121801
Compliance Determination #: 38265
Region/Unit #: RCS Region 1 / Unit C
Investigator: Brittney Shull
Investigation Date(s): 03/14/2024 through 03/14/2024
Complainant Contact Date(s):

Allegation(s):

1) The named resident has a skin problem requiring night time assistance and there is a lack of staff support at night.
2) There is a lack of notification to the department when a resident is hospitalized.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 4 Closed records sample size: 1
Observations:	Environment, Residents, Staff to Resident interaction, Resident cares.
Interviews:	Residents, Staff, Collateral Contacts.
Record Reviews:	Resident record, Assessment, Negotiate Care Plan, Disclosure of Services, Personnel records.

Investigation Summary:

1) Observation showed that staff was available and responsive to resident needs. Observation and interview showed that residents felt safe and well taken care of by the staff. Observation, interview and record review showed that staff had discovered the named resident's skin concern, notified the physician, and implemented new interventions to prevent further skin breakdown. Record review showed that the facility was responsible for night time resident assistance. Interview showed that the home always had night time staff coverage, but had not recently needed to provide night time care. It further showed that they were aware that the named resident had a change in needs and would need to likely provide that assistance in the future. Observations showed that the home had multiple surface areas with a thick layer of dust, wall paint was chipped, floor trim was not firmly secured to the wall, the floor had areas of large chipping, and dirty laundry was piled on the floor of resident rooms. The facility did not meet minimum regulatory requirements. Reference consultation for WAC 388-76(10750)(1).
2) This allegation was already investigated. Reference CD# 38265.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A