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

Pioneer House Care Home LLC
Pioneer House Care Home AFH
2210 E Pioneer
Puyallup, WA 98372

RE: Pioneer House Care Home AFH License # 756551

Dear Provider:

This letter addresses Compliance Determination(s) 40158 (Completion Date 04/24/2024) and 37581 (Completion Date 03/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/24/2024 and found that you have corrected the violations listed in the Complaint report dated 03/12/2024. Your home is back in compliance as of 03/29/2024 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 388-76-10355, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-4, WAC 388-76-10355-5, WAC 388-76-10355-6, WAC 388-76-10355-6-a, WAC 388-76-10355-6-b, WAC 388-76-10355-6-c, WAC 388-76-10355-6-d, WAC 388-76-10355-7, WAC 388-76-10355-7-a, WAC 388-76-10355-7-b, WAC 388-76-10355-7-c, WAC 388-76-10355-7-d, WAC 388-76-10355-8, WAC 388-76-10355-9, WAC 388-76-10355-10

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

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just Jody Just Region 3 Field Serices Administrator

Jody Just, Field Manager

Region 3, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Pioneer House Care Home AFH
Provider Type: Adult Family Home
License/Cert.#: 756551
Intake ID: 120488
Compliance Determination #: 37581
Region/Unit #: RCS Region 3 / Unit A
Investigator: Lisa Charette
Investigation Date(s): 03/07/2024 through 03/12/2024
Complainant Contact Date(s): 03/12/2024

Allegation(s):

1.The Named Resident is being hit by the owner of the Adult Family Home (AFH).
2 The owner of the AFH screams in all the residents' faces.
3. The food portions are small and the residents are hungry in between meals.
4. The Named Resident falls and the owner will not assist them to get up.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 1 Closed records sample size: 1
Observations:	Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions Kitchen
Interviews:	Nursing staff Residents
Record Reviews:	Medical records Hospital records State reporting log Incident investigation

Investigation Summary:

1. There was no evidence to substantiate the allegation that the owner/provider of the AFH was hitting the Named Resident. Residents interviewed denied witnessing anyone being hit. There was no failed facility practice identified.
2. There was no evidence to substantiate the owner/provider was screaming in residents' faces or the Named Resident's face. Residents interviewed denied this happened. There was no failed facility practice identified.
3. The residents interviewed reported getting enough food to eat and denied being

hungry between meals. The AFH had an adequate supply of food and beverages. There was no failed facility practice identified.
4. There was evidence to support that the Named Resident fell down and refused to allow the staff to assist them up from the floor. There was no failed facility practice identified.
There was an unalleged finding that one resident did not have a negotiated care plan as required, resulting in a citation [WAC 388-76-10355(1)(2)(3)(4)(5)(6)(a)(b)(c)(d)(7)(a)(b)(c)(d)(8)(9)(10)].

Conclusion / Action:

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 756551	Compliance Determination # 37581
Plan of Correction	Pioneer House Care Home AFH	Completion Date
Page 1 of 3	Licensee: Pioneer House Care Home LLC	03/12/2024

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 03/07/2024 and 03/07/2024 of:

Pioneer House Care Home AFH
2210 E Pioneer
Puyallup, WA 98372

This document references the following complaint number(s): 120488

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 1 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.

Lisa Cramer

Residential Care Services

03/18/2024

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.

Provider (or Representative) _____ Date _____

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

(8) Identification of any communication barriers the resident may have and how the home will use behaviors and nonverbal gestures to communicate with the resident;

(9) A statement of the ability for resident to be left unattended for a specific length of time; and

(10) A hospice care plan if the resident is receiving services for hospice care delivered by a licensed hospice agency.

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 756551	Compliance Determination # 37581
Plan of Correction	Pioneer House Care Home AFH	Completion Date
Page 3 of 3	Licensee: Pioneer House Care Home LLC	03/12/2024

The Adult Family Home (AFH) failed to create a Negotiated Care Plan (NCP) for 1 of 6 residents (Former Resident 6). This failure placed the resident at risk for unmet care needs.

Findings included ...

On 03/07/2024 at 9:56 AM in an interview, Staff A (Provider) reported they had not completed an NCP for Former Resident 6, and that Resident 6 was at the AFH for a short period of time. Staff A reported they didn't know they needed to complete the NCP within thirty (30) days.

On 03/07/2024 in a record review, Former Resident 6's medical record showed they admitted to the AFH on [redacted]/2024 and was discharged to the hospital on [redacted]/2024. The record did not include a preliminary care plan or an NCP.

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, Pioneer House Care Home AFH is or will be in compliance with this law and / or regulation on (Date) 3-29-2024

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

PARWINDER KAUR
Provider (or Representative)

3-29-2024
Date

The Adult Family Home (AFH) failed to create a Negotiated Care Plan (NCP) for 1 of 6 residents (Former Resident 6). This failure placed the resident at risk for unmet care needs.

Findings included ...

On 03/07/2024 at 9:56 AM in an interview, Staff A (Provider) reported they had not completed an NCP for Former Resident 6, and that Resident 6 was at the AFH for a short period of time. Staff A reported they didn't know they needed to complete the NCP within thirty (30) days.

On 03/07/2024 in a record review, Former Resident 6's medical record showed they admitted to the AFH on [redacted]2024 and was discharged to the hospital on [redacted]2024. The record did not include a preliminary care plan or an NCP.

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, Pioneer House Care Home AFH 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