STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Cascade Highlands AFH LLC

Cascade Highlands AFH LLC
1819 SE Solomon Loop
Vancouver, WA 98683

RE: Cascade Highlands AFH LLC License # 756590

Dear Provider:

This letter addresses Compliance Determination(s) 43402 (Completion Date 06/26/2024) and 40572 (Completion Date 05/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/26/2024 and found that you have corrected the violations listed in the Full report dated 05/07/2024. Your home is back in compliance as of 06/21/2024 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 388-76-10750-1, WAC 388-76-10845-2, WAC 388-76-10730-2-a, WAC 388-76-10430-2-d, WAC 388-76-10650-2-a

The Department staff who did the on-site verification:
Shawn Swanstrom, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 04/29/2024 and 04/29/2024 of:
Cascade Highlands AFH LLC
1819 SE Solomon Loop
Vancouver, WA 98683

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shawn Swanstrom, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Nikki Osmine — 05/09/2024

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.

Statement of Deficiencies	License #: 756590	Compliance Determination # 40572
Plan of Correction	Cascade Highlands AFH LLC	Completion Date
Page 2 of 7	Licensee: Cascade Highlands AFH LLC	05/07/2024

Provider (or Representative) — Date: 05/10/2024

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;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure the home was maintained in a homelike environment, in good repair, and free from hazards. This deficient practice diminished the quality of life for a homelike environment for the six of six residents in the home (Resident 1 ([R1], [R2], [R3], [R4], [R5], and [R6]).

Findings included...

An unannounced inspection was initiated at the AFH on 004/29/2024 at 9:48 AM. A tour of the home was conducted by Caregiver A at 10:15 AM.

During the tour of the home the following was observed:

The hinge on the cabinet door under the kitchen sink was broken. The cabinet door did not close correctly.

A tile on the kitchen floor was cracked and broken.

In licensed bathroom B, the drywall adjacent to the toilet base was damaged.

The molding strip on the right lower side of the front door was off.

Multiple areas throughout the home's walls were damaged from the use of electric wheelchairs in the home.

Paint and small areas of damaged were noted.

Attestation Statement

Statement of Deficiencies	License #: 756590	Compliance Determination # 40572
Plan of Correction	Cascade Highlands AFH LLC	Completion Date
Page 3 of 7	Licensee: Cascade Highlands AFH LLC	05/07/2024

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, Cascade Highlands AFH LLC is or will be in compliance with this law and / or regulation on (Date) 06/21/2024 .

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

Provider (or Representative) — Date: 05/10/2024

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to maintain enough emergency drinking water for six residents (Resident2 ([R1], [R2], [R3], [R4], [R5], & [R6]) and two staff members working at the home. This deficient practiced caused residents and staff of not having enough clean drinking water in case of a disaster.

Findings included...

An unannounced inspection was initiated at the AFH on 04/29/2024 at 09:52 AM. During the tour of the AFH with Caregiver B at 10:15 AM, 22 gallons of emergency drinking water was noted in a storage shed located at the adjacent AFH next door.

Caregiver A, acting as representative for the AFH, stated on 04/29/2024 at 11:45 AM, the emergency drinking water stored in the shed was both for Cascade Highland and the licensed AFH next door. Both homes are licensed for six residents. Cascade Highlands has two staff members and Caregiver A stated the adjacent AFH has one staff member for a total of 15 resident/staff members. To meet the required needs of both AFH's the facilities would need to have at least 45 gallons of emergency drinking water.

Attestation Statement

Statement of Deficiencies	License #: 756590	Compliance Determination # 40572
Plan of Correction	Cascade Highlands AFH LLC	Completion Date
Page 4 of 7	Licensee: Cascade Highlands AFH LLC	05/07/2024

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, Cascade Highlands AFH LLC is or will be in compliance with this law and / or regulation on (Date) 06/21/2024 .

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

Provider (or Representative) — Date: 05/10/2024

WAC 388-76-10730 Grab bars and hand rails.

(2) Homes licensed and bathroom additions that occur after November 1, 2016, must install grab bars securely fastened in accordance with WAC 51-51-0330 at the following locations:

(a) Bathing facilities such as tubs and showers; and

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home AFH failed to ensure all licensed bathing/shower facilities had required grab bars. This deficient practice placed six of six residents (Resident 1 ([R1], [R2], [R3], [R4]. [R5], and [R6]) at risk of not having a grab bar to hold during bathing for comfort and preventing falls.

Findings included...

An unannounced inspection was initiated at the AFH on 04/29/2024 at 09:52 AM. During the tour of the AFH with Caregiver B at 10:15 AM shower grab bars were not observed in the shower / bathroom B. Caregiver B stated they were showering R6 in bathroom B.

Caregiver A, acting as representative for the AFH, stated on 04/29/2024 at 11:30 AM, the bathroom had recently been remodeled and grab bars had not yet been replaced. Caregiver A confirmed R6 was being showered in bathroom B.

Attestation Statement

Statement of Deficiencies	License #: 756590	Compliance Determination # 40572
Plan of Correction	Cascade Highlands AFH LLC	Completion Date
Page 5 of 7	Licensee: Cascade Highlands AFH LLC	05/07/2024

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, Cascade Highlands AFH LLC is or will be in compliance with this law and / or regulation on (Date) 06/21/2024 .

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

Provider (or Representative) — Date: 05/10/2024

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure one of two sampled residents (Resident 6 [R6]) receive the correct dosage of an anticoagulant medication (helps to slow the clotting of blood) as ordered. This deficient practice caused Resident 6 to receive the wrong dose of an anti- coagulant medication – placing Resident 6 at risk for further medical complications related to blood clots.

Findings included...

Record review for R6 showed an "After Visit Summary" dated [redacted]/2024 - [redacted]/2024. The summary identified diagnoses of [redacted] in 2020. ([redacted]). Discharge instructions identified a medication change for apixaban (Eliquis) (A anticoagulant medication used to treat and prevent further blood clots). Medication changes included: 1- Eliquis 2.5 milligrams (mg) by mouth twice a day. 2- Eliquis 5 mg by mouth twice a day.

On 04/29/2024 at 9:52 AM, R6 stated they were dependent on the staff to reorder their medications and bring medications at the right time.

Medication Administration Records (MAR) and current supply of medications were reviewed with Caregiver A, acting as representative for the AFH, on 04/29/2024 at 1:15 PM. April 2024 listed Eliquis 5 mg two times each day and was initialed as given electronically. When the supply of medication was reviewed the bottle of Eliquis contained 2.5 mg. An unopened, sealed bottle of Eliquis 5 mg was noted in R6's medication supply. Caregiver A stated they thought staff were giving two Eliquis 2.5 mg tablets to finish the supply (new

order change 01/15/2024).

Caregiver B was interviewed 04/29/2024 at 1:20 PM, and stated they only gave one tablet twice a day. Caregiver B had dispensed and signed electronically 55 of the 57 doses of Eliquis given to R6 in April 2024.

The Provider/Entity Representative was not available by phone to review. Caregiver A stated they would contact R6's primary physician and verify the correct dose of Eliquis.

In addition, the following was noted with review of April 2024 MAR for 04/01 – 04/24/2024. Medication orders and MARs listed Calcium Polycarbophil (Fibercon -used for constipation)) 625 mg two times each day, Eucerin Eczema cream twice each day (used for dry skin), Flonase 50 mg 2 sprays each nostril each day (used for allergies), Lactulose 10 mg - give 30 milliliters each day (used for constipation), and Simethicone 80 mg take two tablets three times each day (used for stomach upset). Each were signed "NG" electronically.

Caregiver B stated on 04/29/2024 at 1:25 PM, "NG" meant "not given". Caregiver B had signed the electronic MARS as not yet delivered.

Attestation Statement

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

Provider (or Representative) — Date: 05/10/2024

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 resident (Resident 6 [R6]) had an assessment regarding the use of a

mechanical device on their bed [redacted] This deficient practice caused R6 to be at risk for injury related to possible entrapment in the [redacted]

Findings included...

An unannounced licensing inspection was initiated on 04/29/2024. During the tour of the AFH at 10:15 AM, with Caregiver B, [redacted] were noted on R6's bed.

R6 was interviewed on 04/29/2024 at 10:58 AM. R6 stated they had a spinal cord injury in the past, had some movement with their arms and legs and were still numb around their mid-section (abdomen area).

Record review showed R6 was admitted to the AFH n [redacted]/2023 with a diagnosis of [redacted] ([redacted]). A [redacted] assessment related to resident need and safe use of the [redacted] due to the diagnosis of [redacted] was not noted during record review. The Negotiated Care Plan (NCP), signed 01/17/2024, did not identify [redacted] were used on the bed and how R6 would use the device.

The AFH was asked on 04/30/2024 to email a [redacted] assessment for R6. The AFH sent a signed informed consent for use of [redacted] -- signed by R6 -- though did not send an assessment.

On 05/01/2024 at 4:49 PM, the Provider sent an email stating they did not have an assessment for the use of [redacted] for R6.

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, Cascade Highlands AFH LLC is or will be in compliance with this law and / or regulation on (Date) 06/21/2024 .

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

Provider (or Representative) — Date: 05/10/2024

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

05/09/2024

Cascade Highlands AFH LLC
Cascade Highlands AFH LLC
1819 SE Solomon Loop
Vancouver, WA 98683

RE: Cascade Highlands AFH LLC # 756590

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/07/2024 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

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

(1) Uses nationally recognized infection control standards;

The Adult Family Home did not have Respiratory Protection Program, records for training, medical clearance approval, and fit testing records per WAC 296-842 for staff working in the home. A Dear Provider letter dated 12/14/2023 reviewed the requirements for a Respiratory Protection Program in AFH's.

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

The Adult Family Home did not ensure all refrigerated medications were kept locked at all times. During a tour of the AFH on 04/29/2024 at 10:15 AM, multiple Insulin cartridge pens were noted to be unlocked in the kitchen's refrigerator.

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

The Provider had documentation of a one-step tuberculosis skin test with negative results. The Provider did not complete and or have documentation of a second step tuberculosis skin test, one to three weeks apart from the first step.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility

orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

The Adult Family Home did not have documentation for facility orientation for Caregiver B.

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

The Adult Family Home (AFH) staff performed blood glucose monitoring for Resident 5. When asked to view the test site waiver on 04/29/2024 at 1: 50 PM, Caregiver A, acting as the home's representative, stated they were unaware the need for the license. The Dear Provider Letter, dated 04/01/2022, informed AFH Provider's if medical testing was occurring at the AFH (blood glucose monitoring), the home is required to have a medical test site waiver per WAC 248-338-020 (1).

WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(1) Except as provided in this section or in WAC 388-76-10725 , the adult family home must not use the following in the home or on the premises:

(a) Audio monitoring equipment; or

During the tour of the Adult Family Home on 04/29/2024 at10:15 AM, with Caregiver B, an audio monitor was observed in Resident 1's bedroom. Caregiver B stated the audio monitor was only used at night. Caregiver B stated Resident 1's family had requested the use of an audio monitor.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

Enclosure

Plan
(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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

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