STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Spokane Living Water Adult Family Home LLC

Spokane Living Water Adult Family Home LLC
3104 N Rio Grande Rd
Otis Orchards, WA 99027

RE: Spokane Living Water Adult Family Home LLC License # 756599

Dear Provider:

This letter addresses Compliance Determination(s) 55985 (Completion Date 03/07/2025) and 52753 (Completion Date 01/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/07/2025 and found that you have corrected the violations listed in the Follow up report dated 01/15/2025. Your home is back in compliance as of 02/28/2025 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 388-76-10895-2-a, WAC 388-76-10255-3, WAC 388-76-10255-2

The Department staff who did the off-site verification:
Valorie Bradley, AFH/ALF Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 follow-up on 01/08/2025 and 01/08/2025 of:

Spokane Living Water Adult Family Home LLC
1728 N Stone St
Spokane, WA 99207

This document references the following SOD dated: 01/15/2025

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Selena Clemons — Residential Care Services

01/23/2025 — 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 388-76-10895 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, interview, and record review, the Adult Family Home (AFH) failed to ensure emergency evacuation drills were completed once every 60 days with 1 of 1 resident (Resident 1) and 2 of 3 staff (Staff B & Staff C). This failure placed residents and staff at risk of delayed evacuation in the event of an emergency.

Findings included…

On 11/19/2024 review of emergency evacuation drills documentation showed the most recent evacuation drill occurred on 03/10/2024. (186 days overdue).

On 11/20/2024 at 11:25 AM Staff A, Provider, stated that the home had not conducted evacuation drills since March 2024 because there had been no residents in the home. Staff A stated they did not know that the home must conduct evacuation drills with staff when no residents were living in the home.

Observation on 01/08/2025 at 9:40 AM showed the AFH had one resident that received care and services from the staff.

On 01/08/2025 review of emergency evacuation drills documentation showed there was no documentation available for review.

On 01/08/2025 at 9:41 AM Staff C, Caregiver, stated they were hired 10/17/2024 and had not participated in an emergency evacuation drill.

In email correspondence dated 01/08/2025, Staff A and Staff B, Resident Manager, were asked to provide emergency evacuation drills logs by 8:00 AM on 01/10/2025. No documentation was provided.

On 01/08/2025 at 9:45 AM the Department attempted to call Staff B, Resident Manager. The call could not be connected, and no voicemail could be left.

On 01/08/2025 at 9:46 AM additional attempts were made to contact Staff B at alternate phone numbers. Staff B did not answer the calls and voicemails were left asking Staff B to contact the Department.

In email correspondence dated 01/08/2025 Staff A and Staff B, Resident Manager, were asked to provide N95 mask fit testing certification for Staff B and Staff C by 8:00 AM on 01/10/2025. No documentation was provided.

On 01/13/2025 at 9:41 AM the Department left a voicemail for Staff A. No response was received.

On 01/13/2025 the Department sent an email to Staff B requesting they contact the Department. No response was received.

On 01/15/2025 at 10:07 AM Staff C stated they had not spoken to Staff B and provided an alternate phone number for Staff A.

On 01/15/2025 at 11:02 AM Staff A stated they had missed the Department's attempts to contact them.

This is an uncorrected deficiency previously cited on 11/20/2024.

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, Spokane Living Water Adult Family Home 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

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

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

(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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure fit testing for a N95 mask was completed for 2 of 2 staff (Staff B & Staff C). This failure placed residents at risk for exposure to communicable diseases.

Findings included…

Review of Dear Provider Letter dated 04/30/2021 Employers Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment showed the AFH is required to fit test health care workers with a N95 mask for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 “Respirator Fit Testing and Respiratory Protection Program Resource” provided resources for the AFH to access resources for fit testing N95 respirators.

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” provided resources for the AFH to access resources for fit testing N95 respirators.

In an interview on 11/20/2024 at 11:26 AM Staff A, Provider, stated they did not know staff still needed to obtain fit testing certification.

Observation on 01/08/2025 at 9:39 AM showed Staff C, Caregiver, at the AFH providing care and services for one resident.

On 01/08/2025 review of Staff C’s employee files showed no documentation that they had been fit tested for an N95 mask.

On 01/08/2025 at 9:44 AM Staff C stated they had not been fit tested for an N95 mask.

On 01/08/2025 at 9:45 AM the Department attempted to call Staff B, Resident Manager. The call could not be connected, and no voicemail could be left.

On 01/08/2025 at 9:46 AM additional attempts were made to contact Staff B at alternate phone numbers. Staff B did not answer the calls and voicemails were left

asking Staff B to contact the Department.

In email correspondence dated 01/08/2025 Staff A and Staff B, Resident Manager, were asked to provide N95 mask fit testing certification for Staff B and Staff C by 8:00 AM on 01/10/2025. No documentation was provided.

On 01/13/2025 at 9:41 AM the Department left a voicemail for Staff A. No response was received.

On 01/13/2025 the Department sent an email to Staff B requesting they contact the Department. No response was received.

On 01/15/2025 at 10:07 AM Staff C stated they had not spoken to Staff B and provided an alternate phone number for Staff A.

On 01/15/2025 at 11:02 AM Staff A stated they had missed the Department's attempts to contact them.

This is an uncorrected deficiency previously cited on 11/20/2024.

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, Spokane Living Water Adult Family Home 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Spokane Living Water Adult Family Home LLC
Spokane Living Water Adult Family Home LLC
3104 N Rio Grande Rd
Otis Orchards, WA 99027

RE: Spokane Living Water Adult Family Home LLC # 756599

Dear Provider:

This document references the following complaint numbers 153616.

The Department completed a full inspection and complaint investigation of your Adult Family Home on 11/20/2024 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:

Selena Clemons, Field Manager
Residential Care Services

Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• 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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

Review of resident records showed there was no negotiated care plan at the time of inspection for one resident living in the home. Additional review showed there were no records available for review for one former resident. The resident manager stated the care plan was still on the computer. There was no negative outcome to the resident.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

Review of resident records showed there was no Medicaid disclosure policy for one former resident of the home. The provider stated that the form was not completed because the resident was passed away the same day they were admitted to the home. There was no negative outcome to the resident.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

Review of resident records showed there was no disclosure of charges form for one resident living in the home. The provider stated they did not know that the disclosure of charges form must be completed for each resident in the home. There was no negative outcome to the resident.

WAC 388-76-10585 Resident rights Examination of inspection results.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

Observation showed no posting that stated inspection reports and complaint investigations were available for review. The provider stated they did not know they home was required to post a notice that the reports were available for review. There was no negative outcome to the resident.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

Review of resident records showed no personal belongings inventory list for one resident living in the home. Observation showed the resident had clothing, trophies, and other personal items in their room. The provider stated they did not know that they were required to complete a personal belongings list for residents. There was no negative outcome to the resident.

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)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit E
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:
Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
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:
Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 and complaint investigation on 11/12/2024 and 11/19/2024 of:
Spokane Living Water Adult Family Home LLC
1728 N Stone St
Spokane, WA 99207

This document references the following complaint numbers: 153616.

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

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Selena Clemons
Residential Care Services

11/21/2024
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.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 and complaint investigation on 11/12/2024 and 11/19/2024 of:
Spokane Living Water Adult Family Home LLC
1728 N Stone St
Spokane, WA 99207

This document references the following complaint numbers: 153616.

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

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(1) Staff information such as address and contact information.

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult family Home (AFH) failed to ensure a name and date of birth (NDOB) background check, a national fingerprint background check, orientation and safety training, specialty training, Department of Health certification, valid cardiopulmonary resuscitation (CPR) training, first aid training, character, competency and suitability review, hire and departure dates, and food handler safety certifications were available to the Department during an inspection for 3 of 3 sample staff (Staff A, B, & C). This failure resulted in a delay in the Department’s ability to determine if the caregivers were qualified to care for residents.

Findings included….

On 11/12/2024 no staff records were available for review by the department during inspection of the AFH.

In an interview on 11/12/2024 at 8:39 AM Staff C, Caregiver, stated only the provider and resident manager had access to staff records.

On 11/15/2024 no staff records were available for review by the department during inspection of the AFH.

In an interview on 11/20/2024 at 11:20 AM Staff A, Provider, stated they had planned on selling the business and had brought the staff records to their home.

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, Spokane Living Water Adult Family Home 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

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that a Washington state name and date of birth (NDOB) background check was completed no later than one business day after hire for 1 of 3 staff (Staff C) who had unsupervised access to one resident (Resident 1) living in the home. This failure placed residents at risk of being accessed by a staff member with a potentially disqualifying finding.

Findings included…

Observation on 11/12/2024 at 8:07 AM showed Staff C, Caregiver, working alone in the home. At 9:12 AM Resident 1 was observed sleeping in their bedroom.

Review of staff records on 11/19/2024 showed Staff C was hired on 10/17/2024. Staff C

did not obtain their Washington state NDOB background check results until 11/14/2024 (33 days later).

In an interview on 11/20/2024 at 11:21 AM Staff A, Provider, stated they did not know that Staff C needed to obtain a NDOB background check within one day of being hired.

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, Spokane Living Water Adult Family Home 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

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure toxic chemicals were kept inaccessible to 1 of 1 resident (Resident 1). This failure placed the resident at risk for injury.

Findings included….

Resident 1's annual assessment dated 09/20/2024 showed the resident ambulated independently inside and outside the home.

Observation in the home on 11/12/2024 at 8:14 AM showed that the hallway bathroom was fully accessible to the AFH resident.

Observation on 11/12/2024 at 9:21 AM showed a bottle of Lime Away bathroom cleaner in the cupboard under the bathroom sink. The cupboard door did not have a locking device.

In an interview on 10/12/2024 at 9:21 AM Staff C, Caregiver, stated they did not know the Lime Away bathroom cleaner needed to be in locked storage. At the time of interview, Staff C was observed pushing the bathroom cleaner farther under the bathroom cupboard.

In an interview on 11/20/2024 at 10:08 AM Staff B, Resident Manager, stated that they kept all cleaning products locked in the laundry room. Staff B did not know why the bathroom cleaner was left accessible in the bathroom cabinet.

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, Spokane Living Water Adult Family Home 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

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to complete an inspection and annual servicing for 1 of 1 fire extinguisher (Front Hall fire extinguisher). This failure placed residents at risk for harm in the event of a fire.

Findings included…

On 11/12/2024 at 9:10 AM, observation of the fire extinguisher in the front hall of the AFH showed it was last serviced in June 2023. (163 days overdue for service).

In an interview on 11/20/2024 at 11:24 AM Staff A, Provider, stated they did not know the fire extinguisher needed to be serviced annually.

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, Spokane Living Water Adult Family Home 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

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 interview and record review, the AFH failed to ensure emergency evacuation drills were completed once every 60 days with 1 of 1 resident (Resident 1) and 2 of 3 staff (Staff B & Staff C). This failure placed residents and staff at risk of delayed evacuation in the event of an emergency.

Findings included…

On 11/12/2024 review for emergency evacuation drills documentation showed there was no documentation available for review.

On 11/19/2024 review of emergency evacuation drills documentation showed the most recent evacuation drill occurred on 03/10/2024. (186 days overdue).

On 11/19/2024 at 9:41 AM Staff C, Caregiver, stated that they began working in the home 10/17/2024 and they had not yet participated in an emergency evacuation drill. Staff C stated they did not know where the emergency meeting place was located.

On 11/20/2024 at 10:09 AM Staff B, Resident Manager, stated they began working in the home 05/01/2024 and had not participated in an emergency evacuation drill.

In an interview on 11/20/2024 at 11:25 AM Staff A, Provider stated that the home had

not conducted evacuation drills since March 2024 because there had been no residents in the home. Staff A stated they did not know that the home must conduct evacuation drills with staff when no residents were living in the home.

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, Spokane Living Water Adult Family Home 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

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the annual licensing fee was paid as required to maintain a valid license for 1 of 1 resident (Resident 1). This failure resulted in the resident living in an AFH with outstanding licensing fees.

Findings included…

On 11/12/2024 review of Secure Tracking and Reporting System (STARS) showed the AFH's annual licensing fee of $1,350.00 was due on 08/15/2024 and had not been paid.

On 11/12/2024 at 8:28 AM observation showed Resident 1 resident in the home and required care and services from AFH staff.

On 11/20/2024 at 11:27 AM Staff A, Provider, stated they had forgotten to pay their annual licensing fee.

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, Spokane Living Water Adult Family Home 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

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;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to implement a system to ensure 1 of 3 current caregivers (Staff C) were tested for tuberculosis (TB) within three days of employment. This failure placed residents at risk for receiving care from a staff member with tuberculosis.

Findings included…

In an interview on 11/19/2024 at 9:38 AM Staff C, Caregiver, stated they began working in the home on 10/17/2024.

On 11/19/2024 review of staff records showed Staff C obtained a chest x-ray to rule out TB on 12/29/2023 (293 days before beginning to work in the AFH).

On 11/20/2024 at 10:04 AM Staff B, Resident Manager, stated that they began working in the home on 05/01/2024. Staff B stated they had obtained a chest x-ray to rule out TB in 2018. Staff B stated that Staff A, Provider, asked Staff B to obtain another TB test on 11/20/2024 (203 days after date of hire.)

In an interview on 11/20/2024 at 11:23 AM Staff A, Provider stated they did not know that staff members were required to obtain TB testing within three days of beginning to work in the home.

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, Spokane Living Water Adult Family Home 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

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

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

(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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure fit testing for a N95 mask was completed for 2 of 2 staff (Staff B & C). This failure placed residents at risk for exposure to communicable diseases.

Findings included…

Review of Dear Provider Letter dated 04/30/2021 Employers Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment showed the AFH is required to fit test health care workers with a N95 mask for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 “Respirator Fit Testing and Respiratory Protection Program Resource” provided resources for the AFH to access resources for fit testing N95 respirators.

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” provided resources for the AFH to access resources for fit testing N95 respirators.

Observation on 11/12/2024 at 8:55 AM showed Staff C, Caregiver, at the AFH providing care and services for the resident.

On 11/12/2024 review of Staff B, Resident Manager, and Staff C, employee files showed no documentation that they had been fit tested for N95 mask.

In an interview on 11/20/2024 at 11:26 AM Staff A, Provider, stated they did not know staff still needed to obtain fit testing certification.

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, Spokane Living Water Adult Family Home 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