STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

12th Senior Home Care LLC
12th Senior Home Care
2439 S 226th St
Des Moines, WA 98198

RE: 12th Senior Home Care License # 756650

Dear Provider:

This letter addresses Compliance Determination(s) 45777 (Completion Date 08/16/2024) and 39871 (Completion Date 05/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/16/2024 and found that you have corrected the violations listed in the Full report dated 05/29/2024. Your home is back in compliance as of 04/18/2024 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 388-76-10160-1-a, WAC 388-76-10198-4, WAC 388-76-10485, WAC 388-76-10485-3

The Department staff who did the on-site verification:
Angelica Rios, ALF Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 756650	Compliance Determination # 39871
Plan of Correction	12th Senior Home Care	Completion Date
Page 1 of 5	Licensee: 12th Senior Home Care LLC	05/29/2024

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 the unannounced on-site full inspection on 04/17/2024 and 04/17/2024 of:
12th Senior Home Care
2439 S 226th St
Des Moines, WA 98198

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Angelica Rios, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 6/3/2024 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.

06/23/2024

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Statement of Deficiencies	License #: 756650	Compliance Determination # 39871
Plan of Correction	12th Senior Home Care	Completion Date
Page 2 of 5	Licensee: 12th Senior Home Care LLC	05/29/2024

Provider (or Representative) — Date: 06/03/2024

WAC 388-76-10160 Background checks General.

(1) Background checks conducted by the department and required in this chapter include but are not limited to:

(a) Washington state name and date of birth background checks; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a valid Washington State background check for 1 of 2 sampled staff (Staff A, Entity Representative/Resident Manager). This placed all residents at risk of harm from a Provider with an unknown current criminal background.

Findings included...

During a visit on 04/17/2024 at 10:48 AM, observation showed Staff A worked and provided care to all residents in the AFH (Residents 1, 2, 3, 4, and 5).

A review of Staff A's personal records showed a Washington State name and date of birth background check with an expiration date of 07/18/2021.

In an interview on 04/17/2024 at 3:00 PM Staff A stated that they did not realize they had to complete a Washington State name and date of birth background check every two years.

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, 12th Senior Home Care is or will be in compliance with this law and / or regulation on (Date) 07/18/2024

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

Provider (or Representative) — Date: 06/03/2024

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Statement of Deficiencies	License #: 756650	Compliance Determination # 39871
Plan of Correction	12th Senior Home Care	Completion Date
Page 3 of 5	Licensee: 12th Senior Home Care LLC	05/29/2024

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:

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a national fingerprint background check available in the home for 1 of 2 sampled staff (Staff A, Entity Representative/Resident Manager). This failure delayed the Department from determining if Staff A was qualified to work with vulnerable adults.

Findings included...

During a visit on 04/17/2024 at 10:48 AM, observation showed Staff A worked and provided care to all residents in the AFH (Residents 1, 2, 3, 4, and 5).

A review of Staff A's personal records showed no national fingerprint background check.

In an interview on 04/17/2024 at 3:00 PM Staff A stated that they were unsure if they completed a national fingerprint check and would request records from their previous employer.

Review of an email correspondence received by the department from Staff A on 04/18/2024 at 7:35 AM, showed national fingerprint background check results for Staff A. Further review showed the background check was completed on 07/18/2019.

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, 12th Senior Home Care is or will be in compliance with this law and / or regulation on (Date) 04 | 18 | 2024

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

Provider (or Representative) — Date: 06 | 03 | 2024

This document was prepared by Residential Care Services for the Locator website.

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

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have prescription medications in a locked storage for 3 of 5 residents (Residents 1, 4 and 5). This failure placed the ambulatory residents at risk of harm, should they access and take medications not as prescribed.

Findings included…

During a visit on 04/17/2024 at 10:48 AM, observation showed that Residents 1, 4 and 5 lived in and received care from the AFH.

Observation on 04/17/2024 at 2:07 PM showed a bottle of oral Amoxicillin Clavulanate, (an antibiotic medication used to treat infections), prescribed to Resident 1 in the AFH kitchen refrigerator. Further observation showed a box of NovoLog 100-unit insulin FlexPen injections, a medication used to control high blood sugar, prescribed to Resident 5 in the kitchen refrigerator. Observation showed these medications were not in a locked container.

In an interview on 04/17/2024 at 2:12 PM Staff A stated that the refrigerated medications were previously stored in a locked container. They were unsure how long the medications were left in the refrigerator without being securely stored. Staff A stated they would ensure all medications that needed refrigeration are stored in the locked container previously used.

Observation on 04/17/2024 at 4:25 PM showed a bottle of Refresh Optiv Eye Drops prescribed to Resident 4 on Resident 4's dresser in their bedroom. Further observation showed a bottle of Isatori Energizer Pills, a caffeine energy pill, on Resident 4's bedside table.

In an interview on 04/17/2024 at 4:45 PM Staff A stated that medications were accidentally left in Resident 4's bedroom after they were administered to Resident 4.

Attestation Statement

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Statement of Deficiencies	License #: 756650	Compliance Determination # 39871
Plan of Correction	12th Senior Home Care	Completion Date
Page 5 of 5	Licensee: 12th Senior Home Care LLC	05/29/2024

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, 12th Senior Home Care is or will be in compliance with this law and / or regulation on (Date) 06/18/2024.

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

[redacted]

Provider (or Representative)

06/03/2024

Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

06/03/2024

12th Senior Home Care LLC
12th Senior Home Care
2439 S 226th St
Des Moines, WA 98198

RE: 12th Senior Home Care # 756650

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/29/2024 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:

Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400

This document was prepared by Residential Care Services for the Locator website.

Kent, WA 98032

• 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 388-76-10522 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:

(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;

The Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (Resident 1 and 4) were provided with the AFH's written Medicaid policy. Resident 4 reviewed and signed the AFH's written Medicaid policy during the inspection. The AFH's written Medicaid policy was signed by Resident 1's representative during the inspection.

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 (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

Enclosure

This document was prepared by Residential Care Services for the Locator website.

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:
Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 IDR**s 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

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