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

WASHOUGAL HILLS, LLC
Washougal Hills AFH
3970 F Circle
Washougal, WA 98671

RE: Washougal Hills AFH License # 756704

Dear Provider:

This letter addresses Compliance Determination(s) 47162 (Completion Date 10/03/2024) and 44225 (Completion Date 07/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/03/2024 and found that you have corrected the violations listed in the Full report dated 07/26/2024. Your home is back in compliance as of 08/31/2024 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, WAC 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10265-1-a, WAC 388-76-10265-1-d, WAC 388-76-10895-2, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10895-2-c

The Department staff who did the on-site verification:
Sarah Bjork, 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 07/16/2024 and 07/16/2024 of:

Washougal Hills AFH
3970 F Circle
Washougal, WA 98671

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:

Sarah Bjork, 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.

Residential Care Services

07/29/2024
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.

Statement of Deficiencies	License #: 756704	Compliance Determination # 44225
Plan of Correction	Washougal Hills AFH	Completion Date
Page 2 of 6	Licensee: WASHOUGAL HILLS, LLC	07/26/2024

Provider (or Representative) 8/4/24 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.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to develop negotiated care plans, and have those care plans agreed to and signed, for two of two sampled residents (Resident 2/R2 and Resident 6/R6) when the adult family home changed ownership and when some of the resident's care needs changed. This failure placed both residents at risk of not having their current care needs identified and met.

Findings included...

An initial interview took place with the provider at 12:00 pm during a full inspection at the adult family home on 07/16/2024. The provider stated R2 received home health services to provide wound care. The provider stated R6 received assistance with medications. The provider stated no residents required pain management.

R2's most recent negotiated care plan, dated 09/02/2023, was not updated to show R2 received home health services and did not include wound care. The negotiated care plan was signed by the previous provider and had not been signed by the current provider or the resident's representative.

R'6s most recent negotiated care plan, dated 02/27/2023, documented R6 required medication assistance and nurse delegation. It showed R6 injected their own morphine and needed narcotic medications to be crushed. At 1:58 pm on 07/16/2024, the provider stated R6 no longer used any of the pain medications. The provider stated R6 kept some medications in their room, including topicals and some over-the-counter medications. R6's negotiated care plan was most recently signed by the previous provider and R6's representative on 03/30/2023. The provider stated he would develop a new care plan for R6 and include updates to R6's care needs, including managing some medications independently, and that R6 no longer requires pain management. The provider stated he would ensure he signs the care plans in addition to the resident's representatives.

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, Washougal Hills AFH is or will be in compliance with this law and / or regulation on (Date) 8/31/24.

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

Statement of Deficiencies	License #: 756704	Compliance Determination # 44225
Plan of Correction	Washougal Hills AFH	Completion Date
Page 4 of 6	Licensee: WASHOUGAL HILLS, LLC	07/26/2024

Provider (or Representative) 8/2/24 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:

(a) Provider;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to develop a system to ensure staff completed testing for Tuberculosis (TB) upon hire. This failure placed six of six residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6) at risk for exposure to TB.

Findings included...

An initial interview took place with the provider at 12:00 pm during a full inspection at the adult family home on 07/16/2024. The provider stated he and Staff A were currently the only caregivers at the home. The provider stated Staff A worked three 24-hour shifts, and he worked the remainder of the time.

Staff records were reviewed and discussed with the provider at 2:17 pm on 07/16/2024. The provider stated Staff A was hired in January 2024. Staff A had one TB skin test record which showed Staff A completed a skin test on 01/31/2024, which was read as negative on 02/02/2024. When asked if an additional skin test had been completed, Staff A stated that was the only test they had completed. No evidence of TB testing was found for the provider. The provider stated he did not have TB testing records and would schedule TB testing for himself and Staff A as soon as possible.

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, Washougal Hills AFH is or will be in compliance with this law and / or regulation on (Date) 8/31/24.

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

Statement of Deficiencies	License #: 756704	Compliance Determination # 44225
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Provider (or Representative) 8/4/2024 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;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure emergency evacuation drills were conducted as required. This failure placed all six residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) at risk for not being able to be evacuated timely in the event of an emergency.

Findings included...

The Provider Summary Sheet (dated 07/16/2024) showed the provider was licensed on 09/21/2023.

An initial interview took place with the provider at 12:00 pm during a full inspection at the adult family home on 07/16/2024. The provider stated three residents were wheelchair bound and five of the six residents required assistance to evacuate in the event of an emergency. The provider stated one caregiver works at a time, and he and Staff A alternate shifts.

The provider was asked for documentation of evacuation drills at 2:45 pm on 07/16/2024. The

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;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure emergency evacuation drills were conducted as required. This failure placed all six residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) at risk for not being able to be evacuated timely in the event of an emergency.

Findings included...

The Provider Summary Sheet (dated 07/16/2024) showed the provider was licensed on 09/21/2023.

An initial interview took place with the provider at 12:00 pm during a full inspection at the adult family home on 07/16/2024. The provider stated three residents were wheelchair bound and five of the six residents required assistance to evacuate in the event of an emergency. The provider stated one caregiver works at a time, and he and Staff A alternate shifts.

The provider was asked for documentation of evacuation drills at 2:45 pm on 07/16/2024. The provider stated he had not conducted an emergency evacuation drill yet. The provider stated he had the evacuation drill form and would conduct a drill soon.

Attestation Statement

Statement of Deficiencies	License #: 756704	Compliance Determination # 44225
Plan of Correction	Washougal Hills AFH	Completion Date
Page 6 of 6	Licensee: WASHOUGAL HILLS, LLC	07/26/2024

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, Washougal Hills AFH is or will be in compliance with this law and / or regulation on (Date) 8/31/24 .

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

Provider (or Representative)

8/4/2024
Date

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

07/29/2024

WASHOUGAL HILLS, LLC
Washougal Hills AFH
3970 F Circle
Washougal, WA 98671

RE: Washougal Hills AFH # 756704

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/26/2024 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 388-76-10015 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 did not have a respiratory protection program which included fit-testing for respirators.

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

Resident 2 and Resident 6's admission agreements had not been signed or dated.

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:

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

Resident 2's Medicaid policy was blank, and Resident 6 had a Medicaid policy with the previous adult family home provider and did not have a signed and dated Medicaid policy with the current provider.

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.

The adult family home did not have Disclosure of Charges forms for Resident 2 and Resident 6.

WAC 388-112A-0210 What content must be included in facility and long-term care worker orientation?

(1) For those individuals identified in WAC 388-112A-0200(1) who must complete facility orientation training:

(a) Orientation training may include the use of videos, audio recordings, and other media if the person overseeing the orientation is available to answer questions or concerns for the person(s) receiving the orientation. Facility orientation must include introductory information in the following areas:

(i) The care setting;

(ii) The characteristics and special needs of the population served;

(iii) Fire and life safety, including:

(A) Emergency communication (including phone system if one exists);

(B) Evacuation planning (including fire alarms and fire extinguishers where they exist);

(C) Ways to handle resident injuries and falls or other accidents;

(D) Potential risks to residents or staff (for instance, challenging resident behaviors and how to handle them); and

(E) The location of home policies and procedures;

(iv) Communication skills and information, including:

(A) Methods for supporting effective communication among the resident/guardian, staff, and family members;

(B) Use of verbal and nonverbal communication;

(C) Review of written communications and documentation required for the job, including the resident's service plan;

(D) Expectations about communication with other home staff; and

(E) Who to contact about problems and concerns;

(v) Resident rights, including:

(A) The resident's right to confidentiality of information about the resident;

(B) Protection from exposure to blood and other body fluids;

(C) Appropriate disposal of contaminated/hazardous articles;

(D) Reporting exposure to contaminated articles, blood, or other body fluids; and

(E) What staff should do if they are ill;

(vi) Resident rights, including:

(A) The resident's right to confidentiality of information about the resident;

(B) The resident's right to participate in making decisions about the resident's care and to refuse care;

(C) Staff's duty to protect and promote the rights of each resident and assist the resident to exercise these rights;

(D) How staff should report concerns they may have about a resident's decision pertaining to their care and who they should report these concerns to;

(E) Staff's duty to report any suspected abuse, abandonment, neglect, or exploitation of a resident;

(F) Advocates that are available to help residents (such as long-term care ombudsmen and organizations); and

(G) Complaint lines, hot lines, and resident grievance procedures such as, but not limited to: (I) The DSHS complaint hotline at 1- 800-562-6078; (II) The Washington state long-term care ombudsman program; (III) The Washington state department of health and local public health departments; (IV) The local police; (V) Facility grievance procedure; and

No documentation of hire date or facility orientation was found for one current caregiver (Staff A), and for two previous caregivers (Staff C and Staff D).

WAC 388-76-10161 Background checks Who is required to have.

(1) An adult family home applicant and anyone affiliated with an applicant must have the following background checks before licensure:

(b) If applying after January 7, 2012, a national fingerprint background check.

The provider was unable to locate evidence of his national fingerprint background check. The provider stated it was completed when he applied for his license, and he would request a copy of it or redo it, if necessary.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

The provider's food handling permit expired 08/24/2023.

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

Belongings lists were not signed for Resident 2 and Resident 6.

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

Character, competence, and suitability reviews had not been completed for two previous caregivers (Staff C and Staff D).

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

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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