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

University Place Adult Family Home LLC

University Place Adult Family Home LLC
6318 36th St W
University Place, WA 98466

RE: University Place Adult Family Home LLC License # 756767

Dear Provider:

This letter addresses Compliance Determination(s) 42147 (Completion Date 06/14/2024) and 38320 (Completion Date 03/20/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/14/2024 and found that you have corrected the violations listed in the Full report dated 03/20/2024. Your home is back in compliance as of 05/03/2024 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 388-76-10715-1, WAC 388-76-10845-2, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10230-3, WAC 388-76-10191-1, WAC 388-76-10191-1-b, WAC 388-76-10255-1, WAC 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-112A-0720-1-c, WAC 388-112A-0720-1-c-i, WAC 388-112A-0720-1-c-ii, WAC 388-76-10135-8, WAC 388-112A-0610-1-a-i, WAC 388-112A-0610-1-a-ii, WAC 388-76-10146-2-e, WAC 388-112A-0610-1-f, WAC 388-76-10415-1, WAC 388-76-10285-2, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Gary Fuentebella, Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 03/14/2024 and 03/14/2024 of:

University Place Adult Family Home LLC
6318 36th St W
University Place, WA 98466

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:

Gary Fuentebella, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Lisa Cramer
Residential Care Services

03/22/2024
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) Date

WAC 388-76-10750 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 observations and interview the Adult Family Home (AFH) failed to ensure the AFH's internal and external environment were free from clutter, safe and homelike. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk for an unpleasant environment, unsafe and unsanitary conditions.

Findings included…

On 03/14/2024 at 9:45 AM, observations showed disarrayed curtains were on top of a table in the living area and not installed on the windows, picture frames were on the floor up against the wall, and not installed.

On 03/14/2024 at 10:20 AM, observations revealed that Bedroom B (used by Resident 2) was cluttered with dirty clothes and empty soda cups. Observation showed Bedroom D (used by Resident 1 and Resident 5) was cluttered with dirty clothes, and used masks. Observations showed a damaged steel mesh curtain installed outside the exit door leading to the deck at the backyard, dry leaves, construction wood, plastic debris on the back deck, the back yard was cluttered with empty pizza boxes, soda cans, carpets, other trash, and the ramp was covered in moss and was slippery.

On 03/14/2024 at 2:35 PM, during a telephone interview, the Provider stated that they (Provider) had previously told Caregiver A (live-in) to keep the AFH clean and would remind them (Caregiver A) again.

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, University Place 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 388-76-10715 Doors Ability to open. The adult family home must ensure:

(1) Every bedroom and bathroom door opens from the inside and outside;

This requirement was not met as evidenced by:

Based on observations and interview the Adult Family Home (AFH) failed to ensure 1 of 4 bedrooms (Bedroom A) and 1 of 3 bathrooms (main bathroom adjacent to Bedroom C) were able to be opened from the outside. This failure placed all residents at risk for entrapment and delay in evacuation in case of an emergency.

Findings included…

On 03/14/2024 at 10:20 AM, Caregiver A was asked to show the unlocking mechanism to open the door of Bedroom A (used by Resident 4) and the main bathroom on the hallway. Caregiver B stated they (Caregiver B) did not know where the unlocking mechanisms were.

On 03/14/2024 at 10:20 AM, observation showed all residents were capable of going to the main bathroom by themselves and locking themselves in the room.

On 03/14/2024 at 2:35 PM, during a telephone interview, the Provider stated that they (Provider) did not realize both doors were lockable.

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, University Place 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 388-76-10845 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 ensure emergency drinking water was sufficient for 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5), one live-in caregiver (Caregiver A) and Caregiver A's (child). This failure placed all residents and live-in persons at risk for dehydration.

Findings included…

On 03/14/2024 at 10:20 AM, observation showed the AFH only had nine (9) gallons of emergency drinking water supply for five (5) residents, Caregiver A, and their (Caregiver A's) child.

On 03/15/2024 at 8:41 AM, during a telephone interview, the Provider stated that they were aware of the need to have at least three (3) gallons for each person that lived in the AFH, but staff and residents kept on drinking them.

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, University Place 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 388-76-10320 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.

This requirement was not met as evidenced by:

Based on interview and record reviews the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (Resident 3 and Resident 4) personal belongings inventories were completed. This failure place both residents at risk for missing items.

Findings included…

On 03/14/2024 record review revealed Resident 3's and Resident 4's personal belongings inventories were not readily available for review.

On 03/14/2024 at 2:35 PM, during a telephone interview, the Provider stated that both residents had their personal belongings inventories completed and copies will be sent to the Department for review.

On 03/15/2024, the Department received from the AFH, a copy of Resident 4's personal belongings inventory (signed and dated on 10/14/2023).

As of 03/19/2024, the Department did not receive a copy of Resident 3's personal belongings inventory.

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, University Place 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 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure 2 of 2 pets (Pet 1 and Pet 2) had up-to-date rabies vaccinations. This failure placed all residents at risk for rabies infection.

Findings included…

On 03/14/2024 at 9:45 AM, observation showed Pet 1 and Pet 2 in the dining area.

On 03/14/2024, record review revealed no documentation to show both pets had current rabies vaccinations.

On 03/14/2024 at 2:35 PM, during a telephone interview, the Provider verified the findings and stated they (Provider) will have both pets scheduled for rabies vaccinations.

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, University Place 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 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to show documentation of professional liability insurance coverage. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk for being unable to seek financial restitution in the event of a claim for injury due to acts and omissions of any employee or volunteer.

Findings included…

On 03/14/2024, record review revealed the AFH's current business liability and professional liability insurance documents were not readily available for review.

On 03/14/2024 at 2:35 PM during a telephone interview, the Provider stated that they (Provider) will send a copy of the AFH's business and professional liability insurance document to the Department for review.

On 03/15/2024 at 2:58 PM, the Department received from the Provider via email, a copy of a document titled "Commercial General Liability Coverage Part" showing business liability coverage. The document did not have documentation showing professional liability insurance was included.

On 03/15/2024 at 3:25 PM, the Provider was asked to send the Department a copy of the insurance document which showed professional liability insurance was included in the business liability insurance the Provider sent earlier.

As of 03/19/2024, the Department did not receive any documentation from the AFH showing professional liability insurance coverage for the AFH.

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, University Place 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:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on interview and record reviews the Adult Family Home (AFH) failed to have a written Respiratory Protection Program [RPP {a written program, medical evaluation, training, N-95 respirator fit testing, record keeping for the use of a respirator)]. These failures placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk for the spread of infection in the event of a communicable disease outbreak.

Findings included…

On 03/14/2024, record review revealed no documentation the AFH had a written RPP. There was no documentation to show the Provider, Caregiver A, and Caregiver B had medical evaluations, training, and N-95 mask fit-testing.

On 03/14/2024 at 2:35 PM, during a telephone interview, the Provider verified the findings and stated that they (Provider) will look for a place and schedule all AFH staff for N-95 respirator fit testing.

On 03/18/2024, the Department received from the AFH a copy of the Provider's N-95 respirator fit-testing record (dated 03/18/2024).

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, University Place 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 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

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

(b) A national fingerprint background check.

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 3 staff (Caregiver B) completed a Washington State name and date of birth (DOB) background check and a national fingerprint background check. This failure placed all residents at risk for unsupervised access from a caregiver with possible disqualifying criminal history.

Findings included…

On 03/14/2024 at 10:45 AM, observation showed Caregiver B arrived to work at the AFH.

Review of personnel files revealed Caregiver B was hired on 01/11/2023. There was no documentation to show Caregiver B had completed a Washington State background check and a national fingerprint background check.

On 03/14/2024 at 2:35 PM, during a telephone interview, the Provider stated that they (Provider) will look for Caregiver B's background check result and national fingerprint result and send a copy to the Department for review.

As of 03/19/2024, the Department did not receive a copy of Caregiver B's above-mentioned documents.

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

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

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 3 staff (Caregiver B) had a valid cardio-pulmonary resuscitation (CPR)/first-aid card. This failure placed all residents at risk for receiving inappropriate CPR/first-aid from an inadequately trained caregiver.

Findings included…

On 03/14/2024 at 10:45 AM, observation showed Caregiver B arrived at the AFH to work.

Review of personnel files revealed Caregiver B was hired on 01/11/2023. There was no documentation Caregiver B completed CPR/first-aid training.

On 03/14/2024 at 2:35 PM, during a telephone interview, the Provider stated that they (Provider) will look for Caregiver B's CPR/first-aid card and send a copy to the Department for review.

As of 03/19/2024, the Department did not receive a copy of Caregiver B's above-mentioned document.

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, University Place 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 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

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.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Provider and Caregiver B) completed twelve (12) hours of continuing education (CE) at the time of their birthdays. This failure placed all residents at risk for receiving care and services from inadequately trained staff.

Findings included…

On 03/14/2024 at 10:45 AM, observation showed Caregiver B arrived at the AFH to work.

Review of personnel files showed no documentation the Provider [a Certified Nursing Assistant (CNA)] and Caregiver B [a Home Care Aide (HCA)], who was hired on 01/11/2023, completed 12 hours of CE at the time of their birthdays.

On 03/14/2024 at 2:35 PM, during a telephone interview, the Provider stated that they (Provider) will look for both of their CE training certificates and send copies to the Department for review.

On 03/15/2024 and 03/18/2024, the Department received from the AFH copies of the Provider's CE training certificates showing 9.5 hours of CE completed before their birthday in 2023, and 6 hours competed after their birthday.

As of 03/19/2024, the Department did not receive any copies of Caregiver B's CE training certificates.

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, University Place 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 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

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 .

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 3 staff (Caregiver B) completed food handler's training. This failure placed all residents at risk for food-borne illnesses.

Findings included…

On 03/14/2024 at 10:45 AM, observation showed Caregiver B arrived at the AFH to work.

Review of personnel files revealed no documentation Caregiver B who was hired on 01/11/2023), completed food handler's training.

On 03/14/2024 at 2:35 PM, during a telephone interview, the Provider stated that they (Provider) will look for Caregiver B's food handler's card and sent a copy to the Department for review.

As of 03/19/2024, the Department did not receive a copy of Caregiver B's food handler's card.

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, University Place 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 388-76-10285 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.

This requirement was not met as evidenced by:

Based on interview and record reviews the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Provider) had a second tuberculosis [(TB), a communicable disease} skin test done one to three weeks after the first test. This failure placed all residents at risk for a communicable disease.

Findings included…

On 03/14/2024, record review revealed the Provider's TB test records were not readily available for review.

On 03/14/2024 at 2:35 PM, during a telephone interview, the Provider stated that they (Provider) will send copies of their (Provider) TB skin test results to the Department for review.

On 03/15/2024 at 2:29 PM, the Department received from the AFH via email, a copy of the Provider's TB skin test dated 08/01/2023, which was negative for TB infection. There was no second TB skin test result included in the email.

On 03/15/2024 at 3:52 PM, the Provider was re-requested via email, to send the Department a copy of their (Provider) second TB skin test result.

As of 03/19/2024, the Department did not receive a copy of the Provider’s second TB skin test result.

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, University Place 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 observations, interview, and record reviews the Adult Family Home (AFH) failed to ensure tuberculosis [(TB), a communicable disease] was initiated within three (3) days of hire for 2 of 3 staff (Caregiver A and Caregiver B). This failure placed all residents at risk for a communicable disease.

Findings included…

On 03/14/2024 at 9:45 AM, observation showed Caregiver A working in the AFH.

On 03/14/2024 at 10:45 AM, observation showed Caregiver B arrived at the AFH to work.

Review of personnel files revealed no documentation that TB testing was initiated within 3 days of hire for Caregiver A who was hired 11/29/2021, and for Caregiver B who was hired on 01/11/2023.

On 03/14/2024 at 2:35 PM, during a telephone interview, the Provider stated that they (Provider) will look for Caregiver A's and Caregiver B's TB test documents and send copies to the Department for review.

As of 03/19/2024, the Department did not receive any copies of Caregiver A's and Caregiver B's TB test documents.

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, University Place 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
PO Box 99250, Lakewood, WA 98496

University Place Adult Family Home LLC
University Place Adult Family Home LLC
6318 36th St W
University Place, WA 98466

RE: University Place Adult Family Home LLC # 756767

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/20/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

On 03/14/2024, record review showed there was no documentation that the Adult Family Home (AFH) had a written succession plan. On 03/15/2024, the Department received from the Provider a copy of the above-mentioned document, dated 03/15/2024, designating the Provider's wife to oversee providing care and services to the residents in the event the Provider was unable to do so, to correct the issue.

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

On 03/14/2024, Resident 3's and Resident 4's current Assessments, Disclosure of Charges Forms, and the Adult Family Home's (AFH) Medicaid Policy documents were not readily available for review. On 03/15/2024, the Department received copies of the above-mentioned documents to correct the issue.

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)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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