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

Vancouver Elder Care Inc
Vancouver Elder Care INC
9418 NW 28th Ct
Vancouver, WA 98665

RE: Vancouver Elder Care INC License # 756785

Dear Provider:

This letter addresses Compliance Determination(s) 48407 (Completion Date 10/08/2024) and 45031 (Completion Date 08/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/08/2024 and found that you have corrected the violations listed in the Full report dated 08/06/2024. Your home is back in compliance as of 09/14/2024 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 388-76-10845, WAC 388-76-10845-1, WAC 388-76-10845-2, WAC 388-76-10845-3, WAC 388-76-10845-4, WAC 388-76-10845-5, WAC 388-76-10845-6, WAC 388-76-10810-2-b, WAC 388-76-10895-2-a, WAC 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b

The Department staff who did the on-site verification:
Hongyan Cluer, RN, ALF 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 07/31/2024 and 08/06/2024 of:

Vancouver Elder Care INC
9418 NW 28th Ct
Vancouver, WA 98665

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hongyan Cluer, RN, ALF 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

08/06/2024
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.

Staisy Ngare
Provider (or Representative)

08/22/2024
Date

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

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

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

(3) Is stored in well-sealed food grade or glass containers;

(4) Is chlorinated or commercially bottled;

(5) Is replaced every six months, unless it is sealed and commercially bottled; and

(6) Is stored in a cool, dry location away from direct sunlight.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have on-site emergency water supply of at least three gallons for the home's 6 licensed beds and caregiving staff. This failure placed all residents (Resident 1 through Resident 3), AFH Provider (Staff A) and all staff (Staff B and Staff C) at risk for a water supply shortage in the event of an emergency.

Findings included...

An unannounced inspection visit was conducted on 07/31/2024.

Observation at 11:39 AM showed no emergency water supply can be observed by this AFH licensor at the AFH.

During an interview at 11:40 AM, Staff A, stated that she did not have emergency water supply at 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, Vancouver Elder Care INC is or will be in compliance with this law and / or regulation on (Date) 08/22/2024 .

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

Staisy Ngare — Provider (or Representative)

08/22/2024 — 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, interview, and record review, the AFH failed to ensure the fire extinguisher was inspected and serviced annually. The failure placed all 3 residents (Resident 1[R1] through Resident 3 [R3]) at risk of harm from potentially inadequate fire protection.

Findings included...

An unannounced inspection visit was conducted on 07/31/2024.

Observation at 11:32 AM showed a fire extinguisher was observed mounted on a wall in a corner of the dining room and by the stairs in the basement.

Review of AFH record showed, there was no purchase receipt of the two fire extinguishers found in the AFH records. Further, there was no documentation that showed the fire extinguisher was inspected by the fire extinguisher service center.

During an interview 11:36 AM, Staff A, Provider, stated that she started living onsite at the AFH since May 2023. The two fire extinguishers were already present at the AFH then. Staff A stated that she never had the fire extinguishers inspected by the fire extinguisher service center.

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, Vancouver Elder Care INC is or will be in compliance with this law and / or regulation on (Date) 08/22/2024 .

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

Staisy Ngare — Provider (or Representative)

08/22/2024 — 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;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that partial emergency evacuation drills, which are required to occur during random staffing shifts at least every sixty days, have been completed. This failure placed 3 of 3 Residents (Resident 1 through Resident 3) at risk of not being prepared on what to do in case of fire emergency.

Findings included...

An unannounced inspection visit was conducted on 07/31/2024.

AFH record review showed there was no fire evacuation log documentation.

During an interview at 11:25 AM, Staff A, Provider, stated they did not conduct any fire drill yet.

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, Vancouver Elder Care INC is or will be in compliance with this law and / or regulation on (Date) 08/22/2024 .

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

Staisy Ngare
Provider (or Representative)

08/22/2024
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 interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 3 care staff (Staff A, B and C), had current Washington state name and date of birth background check; and AFH failed to ensure 1 of 3 care staff (Staff C) had a current a national fingerprint background check. This failure placed the residents at risk for injury and harm due to unqualified and improperly screened staff.

Findings included...

An unannounced inspection visit was conducted on 07/31/2024.

Review of care staff records showed, Staff A, Provider, had no record of Washington state name and date of birth background check in their file.

Review of care staff records showed, Staff B, Caregiver, was hired on 04/01/2024. No Washington state name and date of birth background check was found in Staff B's file.

Review of care staff records showed, Staff C, Cook, was hired on 09/01/2023. Neither Washington state name and date of birth background check nor a national fingerprint background check was found in Staff C's file.

During interview 12:50 PM, Staff A, stated that she had background check for herself,

but she could not find it.

Staff A was given an opportunity to provide background check reports if she already had them, no later than 02:30 PM on 08/01/2024.

By 2:30 PM on 08/01/2024, Staff A failed to provide background check reports.

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, Vancouver Elder Care INC is or will be in compliance with this law and / or regulation on (Date) 09/14/2024 .

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

Staisy Ngare
Provider (or Representative)

08/22/2024
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

08/07/2024

CERTIFIED MAIL

94890090002763832162O1

Vancouver Elder Care Inc
Vancouver Elder Care INC
9418 NW 28th Ct
Vancouver, WA 98665

RE: Vancouver Elder Care INC # 756785

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/06/2024 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 388-76-10198 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:

(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;

The adult family home did not have home orientation records for 2 staff (Staff B and Staff C) while this licensor was onsite on 07/31/2024.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

The Adult Family Home (AFH) had not developed a Respiratory Protection Program (RPP). On 07/31/2024 at 10:45 AM, the Provider stated she did not have FIT test documentation for N95 or KN95 mask for herself or care staff (Staff B). Observation during on site visit showed no supply of N95 or KN95 mask at the AFH.

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.

No record of personal belongings inventory was found in Resident 1 and Resident 2 's files during the onsite inspection visit on 07/31/2024.

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;

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

No record of a signed and dated copy of department's "Disclosure of Charge" form was found in Resident 1 and resident 2's files during the onsite inspection visit on 07/31/2024.

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.

No record of a signed and dated Medicaid policy for Resident 2 was found in Resident 2's files during the onsite inspection visit on 07/31/2024.

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.

The adult family home provider failed to develop a system to ensure the negotiated care plan was agreed upon and signed for Resident 1 and Resident 2.

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