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

At Home Now AFH LLC

At Home Now AFH LLC
14224 E 30th Ct
Spokane Valley, WA 99037

RE: At Home Now AFH LLC License # 756845

Dear Provider:

This letter addresses Compliance Determination(s) 57416 (Completion Date 04/04/2025) and 54540 (Completion Date 02/18/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/04/2025 and found that you have corrected the violations listed in the Full report dated 02/18/2025. Your home is back in compliance as of 03/24/2025 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 388-76-10129-1-e, WAC 388-112A-0610-1-a-iii, WAC 388-76-10265-1-d, WAC 388-76-10135-8, WAC 388-76-10135-7, WAC 388-76-10175-1, WAC 388-76-10176-2, WAC 388-76-10490-1

The Department staff who did the on-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 the unannounced on-site full inspection on 02/10/2025 of:

At Home Now AFH LLC
14224 E 30th Ct
Spokane Valley, WA 99037

The following sample was selected for review during the unannounced on-site visit: 6 of 6 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.

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 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(e) Caregivers.

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:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 12 hours of Department of Social and Health Services (DSHS) approved continuing education was completed within the required timeframe for 1 of 7 staff (Staff B). This failure resulted in residents receiving care from unqualified caregiver.

Findings included….

On 02/10/2025 review of staff records showed that Staff B, Caregiver, held a Certified

Nursing Assistant (CNA) certification and did not have documentation of 12 hours of completed DSHS approved continuing education. Based on their birthday, Staff B was required to complete 12 hours of continuing education between 04/30/2023 and 04/30/2024. Staff B completed no hours of continuing education which did not meet the requirement to complete 12 hours of DSHS approved continuing education from birthday to birthday (288 days overdue).

In email correspondence dated 02/12/2025, Staff A, Provider, stated that Staff B had completed ten hours of continuing education that was not DSHS approved.

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, At Home Now AFH 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 observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that tuberculosis (TB) testing was obtained within three days of employment for 1 of 7 staff (Staff C). This failure placed residents at risk for respiratory infection.

Findings included….

Observation on 02/10/2025 at 8:07 AM showed Staff C, Caregiver, providing care and services to residents.

On 02/10/2025 review of staff records showed Staff C was hired on 11/11/2024. Documentation showed Staff C obtained a chest x-ray to rule out TB on 03/04/2024 (252

days prior to being hired).

In an interview on 02/18/2025 at 8:31 AM Staff A, Provider, stated they did not know that Staff C needed to obtain TB testing within three days of beginning to work in the home.

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, At Home Now AFH 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:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure first-aid and cardiopulmonary resuscitation (CPR) training was current for 1 of 7 staff (Staff D). This failure placed residents at risk for receiving care from an unqualified caregiver.

Findings included….

Observation on 02/10/2025 at 8:13 AM showed Staff D, Caregiver providing care and services to resident.

On 02/10/2025 review of staff records showed that Staff D's first aid and CPR certification expired 01/2023 (741 days overdue).

In email correspondence dated 02/12/2025 Staff A, Provider, stated that Staff D's first aid and CPR training were overdue.

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, At Home Now AFH 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 record review and interview, the Adult Family Home (AFH) failed to ensure that a Washington state name and date of birth (NDOB) background check was submitted within one day of employment for 1 of 7 staff (Staff E). This placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included….

On 02/10/2025 review of staff records showed that Staff E, Caregiver, was hired on 09/10/2024. Documentation showed that Staff E obtained a NDOB background check on 11/12/2024 (63 days late).

In an interview on 02/18/2025 at 8:36 AM Staff A, Provider, stated they did not know that Staff E was required to obtain a NDOB background check within one day of beginning to work in the home.

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, At Home Now AFH 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 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a national fingerprint background check was obtained for 1 of 7 staff (Staff E). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included….

On 02/10/2025 review of staff records showed Staff E, Caregiver, was hired on 09/10/2024. There was no documentation to show a national fingerprint background check had been completed (33 days overdue).

In email correspondence dated 02/12/2025 Staff A, Provider, stated they had not obtained Staff E's fingerprint background check from Staff E's previous employer.

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, At Home Now AFH 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 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that expired medication was disposed of for 1 of 6 residents (Resident 6). This failure resulted in a resident receiving expired medication.

Findings included….

On 02/12/2025 review of the AFH's undated "Medication Disposal Policy" showed the home will complete proper documentation and dispose of leftover/unused/discontinued/Resident medications by approved disposal methods.

On 02/11/2025 review of Resident 6's medication supply showed Acetaminophen, 325 milligrams (mg), take two as needed for pain, expired on 12/31/2023. Further review of the medication log showed that Resident 6 received the expired medication on 02/03/2025.

In an interview on 02/10/2025 at 8:32 AM Staff A, Provider stated they were unsure why Resident 6's expired Acetaminophen was still in their medication supply.

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, At Home Now AFH 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

At Home Now AFH LLC
At Home Now AFH LLC
14224 E 30th Ct
Spokane Valley, WA 99037

RE: At Home Now AFH LLC # 756845

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/18/2025 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 Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
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 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

Review of resident records showed assessments were not completed every twelve months for one resident in the home. The provider stated they were aware that the assessment was overdue. No negative outcome to residents occurred.

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, Interim Community 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, Interim Community Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:
eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
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 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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225