STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

The Nest, Adult Family Home LLC

The Nest, Adult Family Home LLC
708 S 34TH AVE
YAKIMA, WA 98902

RE: The Nest, Adult Family Home LLC License # 757075

Dear Provider:

This letter addresses Compliance Determination(s) 50111 (Completion Date 11/12/2024) and 49075 (Completion Date 10/23/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/12/2024 and found that you have corrected the violations listed in the Full report dated 10/23/2024. Your home is back in compliance as of 10/31/2024 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 388-76-10175-1, WAC 388-76-10175-3

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 10/21/2024 and 10/21/2024 of:

The Nest, Adult Family Home LLC
708 S 34TH AVE
YAKIMA, WA 98902

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

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Selena Clemons
Residential Care Services

10/30/2024
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 #: 757075	Compliance Determination # 49075
Plan of Correction	The Nest, Adult Family Home LLC	Completion Date
Page 2 of 2	Licensee: The Nest, Adult Family Home LLC	10/23/2024

Provider (or Representative) 10/31/2024 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;

(3) Does not allow the individual to have unsupervised access to any resident;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed of ensure an application for a background check was submitted within 1 working day of hire and did not allow unsupervised access to residents for 1 of 1 new staff (Staff B). This failed practice placed the residents at risk from disqualified staff.

Findings included...

Record review on 10/21/2024 showed Staff B, Caregiver, started work at the AFH on 11/08/2023 as a trained caregiver. They completed the AFH's orientation checklist on 11/13/2024 and started working with residents without supervision. Their file included a background check result dated 12/26/2023, 48 days after hire.

On 10/21/2024 at 5:00 PM, Staff A, Provider, stated Staff B was their first hire and they had not been aware of when the background check was needed.

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, The Nest, Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/31/2024.

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

Provider (or Representative) 10/31/2024 Date

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;

(3) Does not allow the individual to have unsupervised access to any resident;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed of ensure an application for a background check was submitted within 1 working day of hire and did not allow unsupervised access to residents for 1 of 1 new staff (Staff B). This failed practice placed the residents at risk from disqualified staff.

Findings included...

Record review on 10/21/2024 showed Staff B, Caregiver, started work at the AFH on 11/08/2023 as a trained caregiver. They completed the AFH's orientation checklist on 11/13/2024 and started working with residents without supervision. Their file included a background check result dated 12/26/2023, 48 days after hire.

On 10/21/2024 at 5:00 PM, Staff A, Provider, stated Staff B was their first hire and they had not been aware of when the background check was needed.

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, The Nest, 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
1200 Alder Street, Union Gap, WA 98903

The Nest, Adult Family Home LLC
The Nest, Adult Family Home LLC
708 S 34TH AVE
YAKIMA, WA 98902

RE: The Nest, Adult Family Home LLC # 757075

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/23/2024 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:

Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

Union Gap, WA 98903

• 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 388-112A-0700 What is CPR training? Cardiopulmonary resuscitation training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

The cardiopulmonary resuscitation training completed by Staff A, Provider on 09/01/2023, did not include skills demonstration. There was no negative outcome to residents.

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:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

Staff B, Caregiver, did not obtain a tuberculosis screen test within 3 days of starting work 11/08/2023; it was done 01/08/2024. A second test was not done until 07/26/2024. There was no negative outcome to the residents.

WAC 388-76-10430 Medication system.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

The Adult Family Home (AFH) assisted Resident 4 with medications per the resident representative's direction. The AFH was waiting for the written direction from the prescriber for the over-the counter medications given to the resident. There was no negative outcome to the resident.

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

Selena Clemons, Field Manager
Region 1, Unit C
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, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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

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