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

Above Care LLC

Above Care LLC
1406 Meadow Hills Dr
Richland, WA 99352

RE: Above Care LLC License # 757083

Dear Provider:

This letter addresses Compliance Determination(s) 50962 (Completion Date 12/04/2024) and 48171 (Completion Date 10/08/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/04/2024 and found that you have corrected the violations listed in the Full report dated 10/08/2024. Your home is back in compliance as of 10/30/2024 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 388-76-10146-2-b, WAC 388-76-10146-2-a, WAC 388-76-10146-3, WAC 388-76-10146-3-a, WAC 388-76-10146-2-e, WAC 388-76-10475-1, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-3-c-i, WAC 388-76-10475-3-c-ii

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor
Carrie Wohlwend, AFH/ALF 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 10/02/2024 and 10/02/2024 of:
Above Care LLC
1406 Meadow Hills Dr
Richland, WA 99352

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor
Carrie Wohlwend, AFH/ALF 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

10/21/2024 — 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)

10/30/2024
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:

(a) Orientation and safety;

(b) Basic;

(e) Continuing education.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure orientation and safety, basic training, and continuing education in food safety were completed within the required timeframes for 2 of 3 caregiving staff (Staff C, D). This failure resulted in residents receiving care from unqualified caregivers.

Findings included...

On 10/02/2024 at 2:45 PM, Staff D, Caregiver, provided care for the 4 residents in the home. Administrative records were reviewed on 10/02/2024.

Staff D was hired on 05/28/2024. Their employee file did not include a certificate of DSHS training in orientation and safety completed before they had access to residents. Staff D did not have a certificate of completion of a basic training course completed within 120 days of hire (09/28/2024).

On 10/02/2024 at 4:30 PM, Staff A, Provider, stated Staff D had worked at another residential setting and did not bring their certificates. Staff D had a current license as a Nursing Assistant Registered (NAR).

Staff C, Caregiver, was hired 06/24/2024. Record review on 10/02/204 showed Staff C's

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:

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Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure orientation and safety, basic training, and continuing education in food safety were completed within the required timeframes for 2 of 3 caregiving staff (Staff C, D). This failure resulted in residents receiving care from unqualified caregivers.

Findings included...

On 10/02/2024 at 2:45 PM, Staff D, Caregiver, provided care for the 4 residents in the home. Administrative records were reviewed on 10/02/2024.

Staff D was hired on 05/28/2024. Their employee file did not include a certificate of DSHS training in orientation and safety completed before they had access to residents. Staff D did not have a certificate of completion of a basic training course completed within 120 days of hire (09/28/2024).

On 10/02/2024 at 4:30 PM, Staff A, Provider, stated Staff D had worked at another residential setting and did not bring their certificates. Staff D had a current license as a Nursing Assistant Registered (NAR).

Staff C, Caregiver, was hired 06/24/2024. Record review on 10/02/204 showed Staff C's

food worker permit had expired on 08/30/2024.

On 10/02/2024 at 4:30 PM, Staff A, Provider, stated they tracked credentials and qualifications using a checklist that was reviewed monthly. Staff A would inform staff what needed renewal. Staff A was unaware Staff C had not provided current training in food safety.

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, Above Care LLC is or will be in compliance with this law and / or regulation on (Date) 10/30/2024.

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

T DAWSON — Provider (or Representative)

10/30/2024 — Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the medication log listed current orders, when the prescriber discontinued medication and failed to contact the physician or pharmacy for clarification for 1 of 2 residents (Resident 1). This failed practice placed the resident at risk for medication error.

Findings included...

Resident 1's assessment dated 06/27/2024 showed diagnoses including [redacted]. Resident 1 needed assistance

food worker permit had expired on 08/30/2024.

On 10/02/2024 at 4:30 PM, Staff A, Provider, stated they tracked credentials and qualifications using a checklist that was reviewed monthly. Staff A would inform staff what needed renewal. Staff A was unaware Staff C had not provided current training in food safety.

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, Above Care 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 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the medication log listed current orders, when the prescriber discontinued medication and failed to contact the physician or pharmacy for clarification for 1 of 2 residents (Resident 1). This failed practice placed the resident at risk for medication error.

Findings included...

Resident 1's assessment dated 06/27/2024 showed diagnoses including [redacted]. Resident 1 needed assistance

with medications. On 10/02/2024, medication logs prepared by the pharmacy, the medication supply and physician orders were reconciled.

Resident 1 admitted into the AFH on [redacted]/2024. Two medications were ordered for the treatment of GERD: omeprazole (Prilosec) 40 milligrams (mg) daily and famotidine (Pepcid) 20 mg daily. On 07/17/2024, the physician updated the orders discontinuing the omeprazole.

The July 2024 log showed staff had marked "DC'd" (discontinued) in the listing for omeprazole; famotidine 20 mg was given daily.

The August 2024 log listed the famotidine 20 mg showing it was given daily, the omeprazole was not listed on the log.

The September 2024 log showed famotidine 20 mg and omeprazole 40 mg were both listed with staff initials recording they gave both medications to Resident 1 daily. The October 2024 log listed both famotidine and omeprazole showing staff gave both medications daily.

Resident 1's medication supply included pharmacy labeled packages of famotidine 20 mg and omeprazole 40 mg delivered to the AFH on 10/01/2024. The famotidine label showed the order date was 07/11/2024. The omeprazole showed an order date of 08/26/2024.

On 10/02/2024 at 4:30 PM, Staff A, Provider, contacted the pharmacy for their list of prescribed medications. The pharmacy's list of prescribed medications was dated 06/27/2024; the list included famotidine and omeprazole. On 10/07/2024, Staff A had Resident 1's physician visit notes dated 08/11/2024 showing direction to give famotidine (omeprazole was not listed as a current medication).

On 10/08/2024 at 9:40 AM, Staff A stated it was a mistake for not following up with the physician when the directions for omeprazole were printed again on the September 2024 log. They had a supply, but did not contact the pharmacy or prescriber at that time to verify there was a new order.

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, Above Care 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.

TRAYDAN
Provider (or Representative)

10/30/2024
Date

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

Above Care LLC
Above Care LLC
1406 Meadow Hills Dr
Richland, WA 99352

RE: Above Care LLC # 757083

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/08/2024 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 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

On 10/02/2024 Staff D, Caregiver, had one tuberculosis (TB) test result dated 05/28/2024. No second step or previous testing results were available for review to show Staff D's baseline TB status.

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

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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

ABUSE CARE LLC
PROVIDER - TATYANA VARSAN

* ORIENTATION & SAFETY TRAINING.
- PROVIDER WILL MAKE SURE ALL CAREGIVERS WILL HAVE ORIENTATION & SAFETY CERTIFICATES IN ORDER TO PROVIDE CARE AT AFH.
  * STAFF D PROVIDED CERTIFICATE ON 10/3/2024 (FROM HER PREVIOUS WORK) AND IS TAKING HCA COURSE ONLINE AS OF 10/7/24 — TO/10/30/2024

* FOOD WORKER PERMIT.
- PROVIDER WILL MAKE SURE ALL CAREGIVERS HAVE UPDATED FOOD WORKERS PERMIT/CERTIFICATE. (RENEWED)
  * STAFF C TOOK A CLASS ONLINE AND PROVIDED FOOD PERMIT CARD COPY ON 10/5/2024 — TO/10/30/2024

* MEDICATION LOG.
- PROVIDER WILL MAKE SURE AND WILL CHECK MARS AND DOCTORS ORDERS ARE MATCHING FOR EACH CLIENT. PROVIDER WILL FIX MARS (NEW MD ORDERS) AS NEEDED.
  * PROVIDER CONTACTED MD AND PHARMACY TO GET A CLARIFICATION ON ORDERS. MD ORDERS STATED THAT OMEPRAZOLE WAS DC'D. — TO/10/30/2024

TO - TATYANA VARSAN 10/30/2024