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

Precious Elders AFH LLC @Marcia Dr
PRECIOUS ELDERS AFH LLC @MARCIA DR
1010 SW MARCIA DR
PULLMAN, WA 99163

RE: PRECIOUS ELDERS AFH LLC @MARCIA DR License # 757087

Dear Provider:

This letter addresses Compliance Determination(s) 44637 (Completion Date 07/24/2024) and 42345 (Completion Date 06/27/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/24/2024 and found that you have corrected the violations listed in the Complaint report dated 06/27/2024. Your home is back in compliance as of 07/07/2024 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 388-76-10865-3

The Department staff who did the on-site verification:
Kortne Reed, NCI Complaint Investigator

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

Sincerely,

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

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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 an unannounced on-site complaint investigation on 06/06/2024 and 06/06/2024 of:

PRECIOUS ELDERS AFH LLC @MARCIA DR
1010 SW MARCIA DR
PULLMAN, WA 99163

This document references the following complaint number(s): 132541

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Kortne Reed, NCI Complaint Investigator
Lori Butler, AFH Complaint Investigator/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 388-76-10865 Resident evacuation from adult family home.

(3) Residents who require assistance with evacuation must have a path via an emergency exit to the designated safe location that does not require the use of stairs.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure it did not admit or retain residents assessed as requiring assistance with emergency evacuation and failed to ensure the residents had access to a route without the use of stairs for 1 former resident (Resident 1) and 2 of 3 current residents (Resident 2, & 3). This failure placed residents at risk for harm in the event of an evacuation.

Findings included…

Observation during a general tour of the home on 06/06/2024 at 9:22 AM showed three bedrooms and one communal bathroom located on the upper level of the home. The upper level of the home was accessed by a flight of stairs from the common area. During the tour Residents 2 and 3 were observed to reside in the upper-level bedrooms. While interviewing Resident 2 in their bedroom, a walking cane was observed to be standing next to the resident's bed.

The definition of an AFH Resident evacuation capability level per the "Adult Family Home Floor Plan Key" included in the initial licensing packet, dated 03/06/2024, showed a resident would be assessed as independent with evacuation if they were able to exit the home without physical assistance and did not use mobility aids. A resident would be assessed as requiring assistance with evacuation if they required multiple cues to exit the home, physical assistance, or used mobility aids.

Review of the initial licensing paperwork "Adult Family Home Floor Plan Key" dated 03/06/2024 showed the bedrooms licensed for resident use and corresponding evacuation capability level. According to the floor plan key, Bedrooms A, B, C, and D were licensed only for residents assessed as independent with evacuation. The floor plan included an acknowledgement of understanding of the assigned evacuation level and was signed by Staff A, Entity Representative, and dated 03/06/2024.

Review of the "Issuance of Limits on License" letter provided to the AFH by the Department of Social and Health Services (DSHS) dated 03/15/2024, showed the AFH had been limited to residents who had been assessed as independent only with evacuation due to residents being required to utilize steps inside the home.

Review of Resident 1's Current Annual Assessment dated 03/08/2024 showed the resident's evacuation level indicated assistance was required and that they had utilized a walker for mobility. Resident 1 admitted to the home on [redacted]/2024.

Review of Resident 2's Current Significant Change Assessment dated 04/30/2024 showed the resident's evacuation level indicated assistance was required and that they required cueing and assistance in an emergency due to cognitive impairment. Resident 2 admitted to the home on [redacted]/2024.

Review of Resident 3's History Interim Assessment dated 03/27/2024 showed the resident's evacuation level indicated assistance was required. Resident 3 admitted to the home on [redacted]/2024.

During an interview on 6/27/2024 at 2:03 PM, Staff A stated they had been aware of the limitations on the home but had observed the residents prior to admitting them and believed them to be able to evacuate independently.

During an interview on 06/07/2024 at 10:01 AM, Staff B, Caregiver, stated that they had been aware of the limitations on the home. Staff A reported they had observed the residents prior to admitting to the home and believed the residents would be able to evacuate independently. Staff B confirmed that Resident 1, Former Resident, had resided in a bedroom on the upper level of the home.

On 06/27/2024 at 1:33 PM, Staff C, Business Manager, stated they were aware of the limitations on the home, had observed the residents prior to admission, and believed them to be able to evacuate independently. Staff C stated they had not reviewed the resident's assessments prior to admitting them into the home.

During an interview on 06/26/2024 at 8:10 AM, Collateral Contact 1, Case Manager, stated that Resident 2 and Resident 3 had been assessed as requiring assistance for evacuation prior to admitting to 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, PRECIOUS ELDERS AFH LLC @MARCIA DR 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