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

L&S Adult Care Home LLC
L & S Adult Care Home LLC
2403 SE BLAIRMONT DR
VANCOUVER, WA 98683

RE: L & S Adult Care Home LLC License # 757218

Dear Provider:

This letter addresses Compliance Determination(s) 53802 (Completion Date 01/28/2025) and 51700 (Completion Date 12/31/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/28/2025 and found that you have corrected the violations listed in the Full report dated 12/31/2024. Your home is back in compliance as of 01/21/2025 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 388-76-10265-1-d

The Department staff who did the off-site verification:
Sarah Bjork, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, AFH Nurse 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

Statement of Deficiencies	License #: 757218	Compliance Determination # 51700
Plan of Correction	L & S Adult Care Home LLC	Completion Date
Page 1 of 2	Licensee: L&S Adult Care Home LLC	12/31/2024

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 12/12/2024 and 12/12/2024 of:

L & S Adult Care Home LLC
2403 SE BLAIRMONT DR
VANCOUVER, WA 98683

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Sarah Bjork, 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 — Date: 1/7/2025

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.

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Residential Care Services

Date

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Statement of Deficiencies	License #: 757218	Compliance Determination # 51700
Plan of Correction	L & S Adult Care Home LLC	Completion Date
Page 2 of 2	Licensee: L&S Adult Care Home LLC	12/31/2024

Sarah Davidyan
Provider (or Representative)

1/21/25
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 interview and record review, the adult family home failed to ensure one caregiver (Staff B) completed testing for Tuberculosis (TB) upon hire. This failure placed five of five residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5) at risk for exposure to TB.

Findings included...

An initial interview took place with the provider at 12:20 pm on 12/12/2024. The provider stated she and Staff B were both full time caregivers who resided in the home. Staff records were reviewed at 1:45 pm. The provider stated Staff B started working in September 2024. Staff B had evidence of one skin test for TB which was administered on 04/24/2023 and read as negative on 04/27/2023. No evidence of additional TB testing was found for Staff B. Staff B stated he had completed TB testing through the Certified Nurse Assistant (CNA) program and had assumed it met the requirements for caregiving. Staff B stated he would complete additional testing.

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, L & S Adult Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/21/25 .

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

Sarah Davidyan
Provider (or Representative)

1/21/25
Date

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 interview and record review, the adult family home failed to ensure one caregiver (Staff B) completed testing for Tuberculosis (TB) upon hire. This failure placed five of five residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5) at risk for exposure to TB.

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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
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

01/07/2025

L&S Adult Care Home LLC
L & S Adult Care Home LLC
2403 SE BLAIRMONT DR
VANCOUVER, WA 98683

RE: L & S Adult Care Home LLC # 757218

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/31/2024 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 388-76-10810 Fire extinguishers.

(1) The adult family home must have an approved five pound 2A:10B-C rated fire extinguisher on each floor of the home.

The home's fire extinguisher did not meet the required size of 2A-10-BC. A receipt and image showing the purchase of a new fire extinguisher, correct in size, was received on 12/16/2024.

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;

(6) Be signed and dated by the resident and kept in the resident record after signature.

The adult family home did not have Medicaid Policies that reflected the current adult family home provider, adult family home name, and license number. Medicaid policies reviewed for residents were signed with the previous provider and adult family home, prior to the change in ownership.

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.

The adult family home did not have Disclosure of Charges forms which pertained to the current adult family home provider, adult family home name, and license number. Disclosure forms reviewed for residents were signed with the previous provider and adult family home, prior to the change in ownership.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The adult family home did not have Notice of Services which pertained to the current adult family home provider, adult family home name, and license number. Notice of Services reviewed for residents were signed with the previous provider and adult family home, prior to the change in ownership.

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

Negotiated care plans for Resident 1 and Resident 2 had not been signed by the resident or the resident's representative.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

Resident 2's negotiated care plan had not been updated when Resident 2 was admitted to hospice, began using [redacted], and was prescribed a dietary supplement. An updated negotiated care plan for Resident 2 was received on 12/26/2024.

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

An assessment evaluating need for and use of medical devices had not been completed regarding Resident 2's [redacted]. A completed assessment, dated 12/16/2024, was received on 12/19/2024.

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

No evidence of facility hires and orientation or hire date was found for Staff B, caregiver. The provider stated Staff B began working in mid-September.

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 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 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