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

Olive Tree AFH LLC

Olive Tree AFH LLC
2606 SE 138th Ave
Vancouver, WA 98683

RE: Olive Tree AFH LLC License # 757276

Dear Provider:

This letter addresses Compliance Determination(s) 52554 (Completion Date 01/06/2025) and 50443 (Completion Date 11/19/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/06/2025 and found that you have corrected the violations listed in the Full report dated 11/19/2024. Your home is back in compliance as of 01/02/2025 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 388-76-10315-1-a, WAC 388-76-10315-1-g, WAC 388-76-10265-1-a, WAC 388-76-10265-1-d, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Shawn Swanstrom, Licensor

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

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

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

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 11/18/2024 and 11/18/2024 of:
Olive Tree AFH LLC
1815 SE Briarwood 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:

Shawn Swanstrom, 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

11.22.2024
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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License # 757276	Compliance Determination # 50443
Plan of Correction	Olive Tree AFH LLC	Completion Date
Page 2 of 5	Licenses: Olive Tree AFH LLC	11/19/2024

Provider (or Representative)

Dec 1 -2024
Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(a) Contain enough information so home can provide the needed care and services to each resident;

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) did not maintain and keep two of two sampled resident records [Resident 3 (R3) and (R4)] in the AFH. This deficient practice impeded the licensing process and residents needs were assessed and met.

Findings include...

An unannounced licensing inspection was initiated on 11/18/2024 at 9:57 AM. The provider stated on 11/18/2024 at 1:30 PM resident records were stored on Syncwise (an internet- web based application for storage of records.) The Provider was unable to locate the following files with Syncwise or paper copies:

Resident 3
Medicaid Policy, Disclosure of Charges form, Nurse Delegation documents from 03/2024 – 10/28/2024, Nurse Delegation consent, and a side rail assessment. The AFH did have a paper copy of the Negotiated Care Plan (NCP) dated 04/01/2024 signed by the previous Provider. The NCP was not signed by the resident or their representative. The AFH did have a paper copy of the admission agreement with services provided in the AFH, resident rights and house rules, signed 03/04/2024, when the previous Provider operated the home.

Resident 4
Medicaid Policy, Disclosure of Charges form, the AFH admission agreement with services provided in the AFH-resident rights, house rules, personal belongings inventory, and a side rail assessment. The AFH did have a paper copy of the Negotiated Care Plan (NCP). The plan was dated 01/26/2024 and was signed by the previous Provider. A paper copy of the nurse delegation consent was in R4's record but the consent was not signed by R4 or their representative.

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Provider (or Representative) Date

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Medicaid Policy, Disclosure of Charges form, the AFH admission agreement with services provided in the AFH-resident rights, house rules, personal belongings inventory, and a side rail assessment. The AFH did have a paper copy of the Negotiated Care Plan (NCP). The plan was dated 01/26/2024 and was signed by the previous Provider. A paper copy of the nurse delegation consent was in R4's record but the consent was not signed by R4 or their representative.

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Statement of Deficiencies	License #: 757276	Compliance Determination #:50443
Plan of Correction	Olive Tree AFH LLC	Completion Date
Page 3 of 5	Licensee: Olive Tree AFH LLC	11/19/2024

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, Olive Tree AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1-2-2025 .

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

Wilda Ulm
Provider (or Representative)

Dec-1-2024
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:

(a) Provider;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have documentation of tuberculosis (a bacterial infection spread through the air by coughing and sneezing) testing within three days of employment for three of three sampled Caregivers [Provider, Caregiver A (CG-A) and (CG-B)]. This deficient practice caused five of five residents [Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), Resident 4 (R4) and Resident 5 (R5)] to be at risk of possible exposure to tuberculosis by caregivers.

Findings included...

An unannounced licensing inspection was initiated on 11/18/2024 at 09:57 AM.

Employee record review showed the AFH was licensed on 05/08/2024. The Provider did not have documentation of tuberculosis testing within three days of licensure. The Provider stated at 2:15 PM they had a chest X-ray in 2006, though did not have a copy of the chest X-ray or documentation of current tuberculosis testing. CG-A and CG-B were hired on 08/09/2024. Record review showed CG-A and CG-B did not have documentation of tuberculosis testing.

This document was prepared by Residential Care Services for the Locator website.

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, Olive Tree 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

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(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have documentation of tuberculosis (a bacterial infection spread through the air by coughing and sneezing) testing within three days of employment for three of three sampled Caregivers [Provider, Caregiver A (CG-A) and (CG-B)]. This deficient practice caused five of five residents [Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), Resident 4 (R4) and Resident 5 (R5)] to be at risk of possible exposure to tuberculosis by caregivers.

Findings included…

An unannounced licensing inspection was initiated on 11/18/2024 at 09:57 AM.

Employee record review showed the AFH was licensed on 05/08/2024. The Provider did not have documentation of tuberculosis testing within three days of licensure. The Provider stated at 2:15 PM they had a chest X-ray in 2006, though did not have a copy of the chest X-ray or documentation of current tuberculosis testing. CG-A and CG-B were hired on 06/09/2024. Record review showed CG-A and CG-B did not have documentation of tuberculosis testing.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License # 757276	Compliance Determination # 50443
Plan of Correction	Olive Tree AFH LLC	Completion Date
Page 4 of 5	Licensee: Olive Tree AFH LLC	11/19/2024

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, Olive Tree AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1-2-2025.

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

Provider (or Representative) — Date: Dec-1-2024

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) did not have a system in place to ensure one of two sampled residents [Resident 3 (R3)] received medications as ordered. This deficient practice caused R3 to not receive Insulin as ordered and placed R3 at risk for diabetic complications.

Findings included...

An unannounced onsite inspection was initiated at the AFH on 011/18/2024 at 08:57 AM. R3 record reviewed showed R3 was admitted to the AFH on [redacted]/2024 with a diagnosis of [redacted].

A medication review for R3 was conducted with the Provider at 12:20 PM. R3's Medication Administration Record (MAR) for November 2024 listed to inject 4 Units Aspart Insulin (short acting Insulin to treat diabetes and unstable blood sugars) three times daily. The MAR gave directions for a sliding scale dosage three times a day (Insulin units given per blood sugar levels). The directions on the MAR stated, "If blood glucose levels between 150 and 200 give 8 units and if greater than 350 give 6 units". The MAR directions did not list the dosage for the sliding scale.

Physician orders dated 9/12/2024, listed Aspart sliding scale as:
Blood sugars below 129 give 0 units
Blood sugars between 130-199 give 2 extra units
Blood sugars between 200 – 249 give 3 extra units
Blood sugars between 250-299 give 5 extra units

This document was prepared by Residential Care Services for the Locator website.

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, Olive Tree 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 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

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This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) did not have a system in place to ensure one of two sampled residents [Resident 3 (R3)] received medications as ordered. This deficient practice caused R3 to not receive Insulin as ordered and placed R3 at risk for diabetic complications.

Findings included…

An unannounced onsite inspection was initiated at the AFH on 011/18/2024 at 09:57 AM. R3 record reviewed showed R3 was admitted to the AFH on [redacted]/[redacted]/2024 with a diagnosis of [redacted].

A medication review for R3 was conducted with the Provider at 12:20 PM. R3's Medication Administration Record (MAR) for November 2024 listed to inject 4 Units Aspart Insulin (short acting Insulin to treat diabetes and unstable blood sugars) three times daily. The MAR gave directions for a sliding scale dosage three times a day (Inulin units given per blood sugar levels). The directions on the MAR stated, "If blood glucose levels between 150 and 200 give 0 units and if greater than 350 give 0 units". The MAR directions did not list the dosage for the sliding scale.

Physician orders dated 8/12/2024, listed Aspart sliding scale as:
Blood sugars below 129 give 0 units
Blood sugars between 130-199 give 2 extra units
Blood sugars between 200 – 249 give 3 extra units
Blood sugars between 250-299 give 5 extra units

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 757276	Compliance Determination #:53443
Plan of Correction	Olive Tree AFH LLC	Completion Date
Page 6 of 6	Licenses: Olive Tree AFH LLC	11/19/2024

Blood Sugars between 300-349 give 7 units
Greater than 350 give 9 units and call MD

R3'S blood sugar levels were over 129 twelve different times from November 1, 2024– November 18, 2024. No extra Aspart Insulin was given.

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, Olive Tree AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1-2-2025.

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

Linda Chu
Provider (or Representative)

Dec-1-2024
Date

This document was prepared by Residential Care Services for the Locator website.

Blood Sugars between 300-349 give 7 units
Greater than 350 give 9 units and call MD.

R3'S blood sugar levels were over 129 twelve different times from November 1, 2024– November 18, 2024. No extra Aspart Insulin was given.

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, Olive Tree 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

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

11/22/2024

Olive Tree AFH LLC
Olive Tree AFH LLC
2606 SE 138th Ave
Vancouver, WA 98683

RE: Olive Tree AFH LLC # 757276

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/19/2024 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

This document was prepared by Residential Care Services for the Locator website.

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 388-76-10532 Resident rights Department standardized disclosure forms.

(1) The adult family home must complete the department's standardized disclosure of services form. The home must:

(a) List on the form the scope of care and services available in the home;

The Adult Family Home's (AFH) disclosure of services, posted on a public web site, (AFH Locator) listed services available at the AFH. Under "Skill Nursing Services" the AFH listed that the Provider is a licensed Registered Nurse (RN). The Provider does not have a RN license.

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(3) Have a first aid manual.

The Adult Family Home (AFH) did not have a first aid manual at the AFH.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(b) Showers; and

(c) Sinks;

The Adult Family Home (AFH) did not ensure water temperatures in two resident bathrooms were below 120 degrees Fahrenheit (F). Water temperatures tested between 126 - 129 (F). Caregiver C adjusted the hot water tank. Water temperatures were retested at 107 (F). Five of five residents at the home did not use the bathrooms independently.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This document was prepared by Residential Care Services for the Locator website.

The Adult Family Home (AFH) staff performed blood glucose monitoring for Resident 3. The AFH did not have a Medical Test Stie Waiver (MTSW). The Dear Provider letter dated 11/04/2024 informed AFH Provider's if medical testing was occurring at the AFH i.e., blood glucose monitoring, the home is required to have a MTSW per WAC 248-338-020 (1).

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:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

The Adult Family Home (AFH) did not ensure the Provider and Caregiver C (CG-C) obtained a national fingerprint within 120 days of licensure of the home. Both the Provider and CG-C operate a separate AFH licensed prior to 2012 (national fingerprints not required prior to 2012). The Provider and CG-C have current Washington stated named and date of birth background inquiries with negative results.

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

This document was prepared by Residential Care Services for the Locator website.

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 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

This document was prepared by Residential Care Services for the Locator website.

Olympia, WA 98504-5600

This document was prepared by Residential Care Services for the Locator website.