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

HEARTLINKS
Heartlinks Adult Family Home
204 W 2nd St
Grandview, WI 98930

RE: Heartlinks Adult Family Home License # 757630

Dear Provider:

This letter addresses Compliance Determination(s) 56637 (Completion Date 03/19/2025) and 53141 (Completion Date 01/31/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/19/2025 and found that you have corrected the violations listed in the Complaint report dated 01/31/2025. Your home is back in compliance as of 02/28/2025 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 388-76-10161-2-a, WAC 388-76-10265-1-c, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Lucinda Vautour, Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home 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 an unannounced on-site complaint investigation on 01/14/2025 of:

Heartlinks Adult Family Home
3920 Outlook Rd
Sunnyside, WA 98944

This document references the following complaint number(s): 161442, 163747

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 investigated the Adult Family Home:

Lucinda Vautour, 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

02/03/2025
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.

Shelly Moore
Provider (or Representative)

02/10/2025
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to obtain a Washington State name and date of birth background check (NDOB) for 15 of 15 staff members (Staff B, C, D, E, F, G, H, I, J, K, L, M, N, O, and P) who cared for 4 of 4 residents (Residents 1, 2, 3, and 4). This failed practice resulted in caregivers without background checks providing care to residents and placed the residents at risk for abuse and neglect.

Findings included...

On 01/14/2025 at 12:45 PM, Residents 1, 2, 3, and 4 were observed being served lunch by Staff E, Caregiver, and Staff H, Caregiver.

On 01/14/2025 at 1:15 PM, Resident 1 was observed to be transferred to a chair in the living room by Staff E, Caregiver, and Staff H, Caregiver.

Review of employee records on 01/14/2025 showed the following:
- Staff B, C, D, E, F, L, N, and O, Caregivers, were hired on 09/30/2024.
- Staff I, Caregiver, was hired on 10/05/2024

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

02/03/2025
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 388-76-10161 Background checks Who is required to have.

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(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to obtain a Washington State name and date of birth background check (NDOB) for 15 of 15 staff members (Staff B, C, D, E, F, G, H, I, J, K, L, M, N, O, and P) who cared for 4 of 4 residents (Residents 1, 2, 3, and 4). This failed practice resulted in caregivers without background checks providing care to residents and placed the residents at risk for abuse and neglect.

Findings included...

On 01/14/2025 at 12:45 PM, Residents 1, 2, 3, and 4 were observed being served lunch by Staff E, Caregiver, and Staff H, Caregiver.

On 01/14/2025 at 1:15 PM, Resident 1 was observed to be transferred to a chair in the living room by Staff E, Caregiver, and Staff H, Caregiver.

Review of employee records on 01/14/2025 showed the following:
- Staff B, C, D, E, F, L, N, and O, Caregivers, were hired on 09/30/2024.
- Staff I, Caregiver, was hired on 10/05/2024

- Staff M, Caregiver, and Staff P, Caregiver, were hired on 10/08/2024
- Staff J, Caregiver, was hired on 12/08/2024
- Staff G, Caregiver, was hired on 12/21/2024
- Staff K, Caregiver, was hired on 01/10/2025

Review of employee records for Staff B, C, D, E, F, G, H, I, J, K, L, M, N, O, and P showed Washington State NDOBs were completed for all employees between 01/16/2025 - 01/24/2025.

On 01/22/2025 at 2:15 PM Staff A, Resident Manager, stated that after the Department requested the employee records and left the home on 01/14/2025, Staff A learned it was a requirement for the AFH to complete an NDOB for all AFH caregivers. Staff A stated they did not previously know a Washington State NDOB was required for all AFH caregivers.

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, Heartlinks Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 02|28|2025.

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

Provider (or Representative) — Date: 02|10|2025

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:

(c) Resident manager;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to develop a system to ensure 16 of 16 staff members (Staff A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, and P) caring for 4 of 4 residents (Residents 1, 2, 3, & 4) were tested for tuberculosis (TB) within three days of date of hire. This failure placed the residents at risk for exposure to tuberculosis.

- Staff M, Caregiver, and Staff P, Caregiver, were hired on 10/08/2024
- Staff J, Caregiver, was hired on 12/08/2024
- Staff G, Caregiver, was hired on 12/21/2024
- Staff K, Caregiver, was hired on 01/10/2025

Review of employee records for Staff B, C, D, E, F, G, H, I, J, K, L, M, N, O, and P showed Washington State NDOBs were completed for all employees between 01/16/2025 - 01/24/2025.

On 01/22/2025 at 2:15 PM Staff A, Resident Manager, stated that after the Department requested the employee records and left the home on 01/14/2025, Staff A learned it was a requirement for the AFH to complete an NDOB for all AFH caregivers. Staff A stated they did not previously know a Washington State NDOB was required for all AFH caregivers.

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, Heartlinks Adult Family Home 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 388-76-10265 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:

(c) Resident manager;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to develop a system to ensure 16 of 16 staff members (Staff A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, and P) caring for 4 of 4 residents (Residents 1, 2, 3, & 4) were tested for tuberculosis (TB) within three days of date of hire. This failure placed the residents at risk for exposure to tuberculosis.

Findings included...

On 01/14/2025 at 12:45 PM, Residents 1, 2, 3, and 4 were observed being served lunch by Staff E, Caregiver, and Staff H, Caregiver.

On 01/14/2025 at 1:15 PM, Resident 1 was observed to be transferred to a chair in the living room by Staff E, Caregiver, and Staff H, Caregiver.

Review of employee records on 01/14/2025 showed the following:
- Staff A, B, C, D, E, F, L, N, and O, Caregivers, were hired on 09/30/2024.
- Staff I, Caregiver, was hired on 10/05/2024
- Staff M, Caregiver, and Staff P, Caregiver, were hired on 10/08/2024
- Staff J, Caregiver, was hired on 12/08/2024
- Staff G, Caregiver, was hired on 12/21/2024
- Staff K, Caregiver, was hired on 01/10/2025

On 01/14/2025 review of the employee records for Staff A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, and P showed no record of any completed TB testing.

On 01/22/2025 at 2:15 PM Staff A, Resident Manager, stated that after the Department requested the employee records and left the home on 01/14/2025, Staff A learned it was a requirement for the AFH to complete TB testing for all AFH staff within three days of hire. Staff A stated they did not previously know TB testing was required for all AFH staff within three days of hire.

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, Heartlinks Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 02|28|2025 .

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

Provider (or Representative) 02|10|2025 Date

Findings included...

On 01/14/2025 at 12:45 PM, Residents 1, 2, 3, and 4 were observed being served lunch by Staff E, Caregiver, and Staff H, Caregiver.

On 01/14/2025 at 1:15 PM, Resident 1 was observed to be transferred to a chair in the living room by Staff E, Caregiver, and Staff H, Caregiver.

Review of employee records on 01/14/2025 showed the following:
- Staff A, B, C, D, E, F, L, N, and O, Caregivers, were hired on 09/30/2024.
- Staff I, Caregiver, was hired on 10/05/2024
- Staff M, Caregiver, and Staff P, Caregiver, were hired on 10/08/2024
- Staff J, Caregiver, was hired on 12/08/2024
- Staff G, Caregiver, was hired on 12/21/2024
- Staff K, Caregiver, was hired on 01/10/2025

On 01/14/2025 review of the employee records for Staff A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, and P showed no record of any completed TB testing.

On 01/22/2025 at 2:15 PM Staff A, Resident Manager, stated that after the Department requested the employee records and left the home on 01/14/2025, Staff A learned it was a requirement for the AFH to complete TB testing for all AFH staff within three days of hire. Staff A stated they did not previously know TB testing was required for all AFH staff within three days of hire.

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, Heartlinks Adult Family Home 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