STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Family To Family Senior Care Inc
FAMILY TO FAMILY SENIOR CARE INC
25633 SE 30th St
Sammamish, WA 98075

RE: FAMILY TO FAMILY SENIOR CARE INC License # 2347

Dear Administrator:

This letter addresses Compliance Determination(s) 38233 (Completion Date 03/13/2024) and 35247 (Completion Date 01/25/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/13/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2483-1

The Department staff who did the on-site verification:
Michelle Yip, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2347	Compliance Determination # 35247
Plan of Correction	FAMILY TO FAMILY SENIOR CARE INC	Completion Date
Page 1 of 3	Licensee: Family To Family Senior Care Inc	01/25/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 01/18/2024, 01/18/2024, 01/19/2024 and 01/19/2024 of:
FAMILY TO FAMILY SENIOR CARE INC
25633 SE 30th St
Sammamish, WA 98075

The following sample was selected for review during the unannounced on-site visit: 4 of 11 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 01/18/2024, 01/18/2024, 01/19/2024 and 01/19/2024 of:

FAMILY TO FAMILY SENIOR CARE INC
25633 SE 30th St
Sammamish, WA 98075

The following sample was selected for review during the unannounced on-site visit: 4 of 11 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) 2/1/2024 Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 7 sampled staff (Staff D) was screened for tuberculosis when hired. This failure placed all 11 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Observation between 01/18/2024 at 10:00 AM and 01/19/2024 at 3:30 PM showed Staff D, Kitchen Staff, prepared and served food and drinks to residents in the kitchen and dining room. Further observation showed the kitchen was an open-air design concept, with an adjacent dining room area.

Review of the facility's policy titled "Staff Tuberculosis (TB) Testing" showed the TB testing requirements for staff. The policy showed that the facility followed the Washington Administrative Code (WAC) on tuberculosis testing requirements.

Review of the facility's employee roster showed the facility rehired Staff D on 10/10/2023. Review of the staff schedule showed Staff D worked from 7:00 AM to 7:00 PM six days a week as the Kitchen Staff.

Review of Staff D's personnel file showed the facility initially hired Staff D on 04/28/2021. Staff D's start date was 05/03/2021 and their last date was 11/03/2021 in the previous employment at the facility. Review of the file showed Staff D completed a two-step TB skin test dated January 2019. The file showed the first of the two-step skin test dated 05/05/2021 and the second of the two-step skin test dated 05/18/2021. The two-step TB skin tests showed negative results. The file showed Staff D completed another one-step TB skin test on 11/17/2021 with negative results. There was no documentation that showed Staff D completed a one-step TB skin test when rehired on 10/10/2023, as required.

During an interview on 01/18/2024 at 4:45 PM, Staff A, Executive Director, confirmed that the facility rehired Staff D on 10/10/2023. Staff A stated that they were aware staff with a

Administrator (or Representative) Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 7 sampled staff (Staff D) was screened for tuberculosis when hired. This failure placed all 11 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Observation between 01/18/2024 at 10:00 AM and 01/19/2024 at 3:30 PM showed Staff D, Kitchen Staff, prepared and served food and drinks to residents in the kitchen and dining room. Further observation showed the kitchen was an open-air design concept, with an adjacent dining room area.

Review of the facility's policy titled "Staff Tuberculosis (TB) Testing" showed the TB testing requirements for staff. The policy showed that the facility followed the Washington Administrative Code (WAC) on tuberculosis testing requirements.

Review of the facility's employee roster showed the facility rehired Staff D on 10/10/2023. Review of the staff schedule showed Staff D worked from 7:00 AM to 7:00 PM six days a week as the Kitchen Staff.

Review of Staff D's personnel file showed the facility initially hired Staff D on 04/28/2021. Staff D's start date was 05/03/2021 and their last date was 11/03/2021 in the previous employment at the facility. Review of the file showed Staff D completed a two-step TB skin test dated January 2019. The file showed the first of the two-step skin test dated 05/05/2021 and the second of the two-step skin test dated 05/18/2021. The two-step TB skin tests showed negative results. The file showed Staff D completed another one-step TB skin test on 11/17/2021 with negative results. There was no documentation that showed Staff D completed a one-step TB skin test when rehired on 10/10/2023, as required.

During an interview on 01/18/2024 at 4:45 PM, Staff A, Executive Director, confirmed that the facility rehired Staff D on 10/10/2023. Staff A stated that they were aware staff with a

Statement of Deficiencies	License #: 2347	Compliance Determination # 35247
Plan of Correction	FAMILY TO FAMILY SENIOR CARE INC	Completion Date
Page 3 of 3	Licensee: Family To Family Senior Care Inc	01/25/2024

history of negative results from a previous two-step TB skin test required a one-step test for TB when hired or rehired. Staff A stated that they did not know why they did not have Staff D complete the one-step TB skin test when rehired.

Plan/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, FAMILY TO FAMILY SENIOR CARE INC is or will be in compliance with this law and / or regulation on (Date) 2/6/2024

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

Administrator (or Representative) 2/1/2024 Date

history of negative results from a previous two-step TB skin test required a one-step test for TB when hired or rehired. Staff A stated that they did not know why they did not have Staff D complete the one-step TB skin test when rehired.

Plan/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, FAMILY TO FAMILY SENIOR CARE INC 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.

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

01/26/2024

Family To Family Senior Care Inc
FAMILY TO FAMILY SENIOR CARE INC
25633 SE 30th St
Sammamish, WA 98075

RE: FAMILY TO FAMILY SENIOR CARE INC # 2347

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/25/2024 and found that your facility does not meet the Assisted Living Facility 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 your program 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:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 follcwing deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(ii) Disclosure statements and background checks as required in WAC 388-78A-2461 through 388-78A-2471 ; and

The Assisted Living Facility failed to maintain the Department of Social and Health Services (DSHS) Washington state name and date of birth background inquiry (BGI) document on the premises for Staff D. On 01/24/2024, during the full inspection, the facility corrected the issue when they provided a copy of the valid DSHS BGI result document for Staff D.

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:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure