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

CAROL PETTIBONE
COUNTRY LANE ADULT CARE
1840 GRAY LYNN DR
WALLA WALLA, WA 99362

RE: COUNTRY LANE ADULT CARE License # 310601

Dear Provider:

This letter addresses Compliance Determination(s) 42206 (Completion Date 06/04/2024) and 39279 (Completion Date 04/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/04/2024 and found that you have corrected the violations listed in the Full report dated 04/15/2024. Your home is back in compliance as of 04/03/2024 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the off-site verification:
Melanie Hopkins, NHI-AFH Licensor

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

Sincerely,

Michelle Closner

Michelle Closner, 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

Statement of Deficiencies	License #: 310601	Compliance Determination # 39279
Plan of Correction	COUNTRY LANE ADULT CARE	Completion Date
Page 1 of 3	Licensee: CAROL PETTIBONE	04/15/2024

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 04/03/2024 and 04/03/2024 of:
COUNTRY LANE ADULT CARE
1840 GRAY LYNN DR
WALLA WALLA, WA 99362

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

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH 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.

Michelle Closner
Residential Care Services

04/24/2024
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.

Carol A Pettibone
Provider (or Representative)

5/7/24
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, record review and interview the Adult Family Home (AFH) failed to have a valid background check (BGI) for 7 of 7 Staff (Staff A, B, C, D, E, F and G) people living and/or providing care to residents in the AFH. This failure placed residents at risk from staff and household members not suitable to have unsupervised access to vulnerable adults.

Findings included . . .

On 04/03/2024 at 9:45 AM during the AFH physical plant tour, Staff A, B, E and G were seen in the AFH.

Administrative record review on 04/03/2024 at 11:00 AM showed Staff A, Provider, Staff B, C, D, Volunteer caregivers, who lived in the home, and Staff E and F, Household members, had BGIs that expired 09/21/2023. Staff G, Household member, had no BGI authorization or report since living in the home beginning October 2023.

In an interview on 04/03/2024 at 11:00 AM, Staff A stated they had submitted for all staff/household members in September when due and that the submission must not have gone through as all showed expired when they checked in the Background Check Central Unit (BCCU) on-line system in February 2024. Staff A stated they missed getting a signed authorization and submitting a BGI for Staff G when they moved into the home.

This is a repeat citation previously cited on 08/23/2021.

Attestation Statement

_____ Provider (or Representative)

_____ Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, record review and interview the Adult Family Home (AFH) failed to have a valid background check (BGI) for 7 of 7 Staff (Staff A, B, C, D, E, F and G) people living and/or providing care to residents in the AFH. This failure placed residents at risk from staff and household members not suitable to have unsupervised access to vulnerable adults.

Findings included . . .

On 04/03/2024 at 9:45 AM during the AFH physical plant tour, Staff A, B, E and G were seen in the AFH.

Administrative record review on 04/03/2024 at 11:00 AM showed Staff A, Provider, Staff B, C, D, Volunteer caregivers, who lived in the home, and Staff E and F, Household members, had BGIs that expired 09/21/2023. Staff G, Household member, had no BGI authorization or report since living in the home beginning October 2023.

In an interview on 04/03/2024 at 11:00 AM, Staff A stated they had submitted for all staff/household members in September when due and that the submission must not have gone through as all showed expired when they checked in the Background Check Central Unit (BCCU) on-line system in February 2024. Staff A stated they missed getting a signed authorization and submitting a BGI for Staff G when they moved into the home.

This is a repeat citation previously cited on 08/23/2021.

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, COUNTRY LANE ADULT CARE is or will be in compliance with this law and / or regulation on (Date) April 3, 2024

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

Carol A. Pettibone — Provider (or Representative)

5/3/24 — Date

Household Member G was not done background check sooner since I was unsure if the individual was a resident or household member.

All Background checks were submitted and completed while licensor was still conducting the inspection.

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, COUNTRY LANE ADULT CARE 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

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

CAROL PETTIBONE
COUNTRY LANE ADULT CARE
1840 GRAY LYNN DR
WALLA WALLA, WA 99362

RE: COUNTRY LANE ADULT CARE # 310601

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/15/2024 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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

Union Gap, WA 98903

• 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 388-76-10225 Reporting requirement.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(b) The department's complaint toll-free hotline number.

The Adult Family Home (AFH) failed to report to the department's Complaint Resolution Unit (CRU) when an outbreak of COVID-19 (infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomit, diarrhea, loss of taste or smell, and in severe cases, difficulty breathing that could result in severe impairment or death) occurred in October 2023 with one resident, the AFH Provider and a household member testing [redacted] for the disease.

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 (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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

---

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
Olympia, WA 98504-5600