STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

METHOW VALLEY FAMILY HOME CENTER ASSOCIATION
MOUNTAIN VIEW
PO BOX 1260
WINTHROP, WA 98862

RE: MOUNTAIN VIEW License # 752367

Dear Provider:

This letter addresses Compliance Determination(s) 33739 (Completion Date 12/11/2023) and 31906 (Completion Date 11/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/11/2023 and found that you have corrected the violations listed in the Full report dated 11/13/2023. Your home is back in compliance as of 11/27/2023 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, WAC 388-76-10265-1-e

The Department staff who did the on-site verification:
Selena Clemons, NCI-Complaint Investigator

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
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

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 752367	Compliance Determination # 31906
Plan of Correction	MOUNTAIN VIEW	Completion Date
Page 1 of 3	Licensee: METHOW VALLEY FAMILY HOME CENTER	11/13/2023

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 10/31/2023 and 10/31/2023 of:

MOUNTAIN VIEW
109 Norfolk Rd
Winthrop, WA 98862

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Emily Crook, Long Term Care Surveyor/AFH

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SPOKANE VALLEY WA

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo — Residential Care Services

11/21/2023 — 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.

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;

(e) Staff; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was completed within three days of employment for 3 of 5 staff (Staff C, D & D). This failure placed residents at risk for exposure to a contagious air borne respiratory illness.

Findings included...

Record review of Staff C, Caregiver, employee file showed they were hired on 11/07/2022. Their record showed they had a blood test completed on 01/04/2023.

Record review of Staff D, Caregiver, employee file showed they were hired on 12/28/2021. Their record showed they had a blood test completed on 01/04/2023.

Record review of Staff G, Caregiver, employee file showed they were hired on 05/16/2023. Their record showed they had a blood test completed on 01/04/2023.

On 10/31/2023 at 10:22 AM, Staff A, Entity Representative, stated TB tests need to be done within 3 days of a staff being hired. They stated Staff C, Staff D, and Staff E's TB tests were not done within 3 days of hire. Staff A stated they had been doing the 2 step TB tests but had switched to doing blood draws since it was difficult to get staff to return for their second TB test.

Attestation Statement

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

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, MOUNTAIN VIEW is or will be in compliance with this law and / or regulation on (Date) 11/27/2023

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

Jessica Kulseud — Provider (or Representative)

11/27/2023 — Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

METHOW VALLEY FAMILY HOME CENTER ASSOCIATION
MOUNTAIN VIEW
PO BOX 1260
WINTHROP, WA 98862

RE: MOUNTAIN VIEW # 752367

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/13/2023 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:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

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

Spokane Valley, WA 99212

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

(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 a resident's notice of rights and services signed every twenty-four months.

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)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

Enclosure

Plan

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

(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:
Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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
Olympia, WA 98504-5600

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