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

Bright Hearth LLC
A Golden Road AFH
2004 E South Ridge Dr
Spokane, WA 99223

RE: A Golden Road AFH License # 753384

Dear Provider:

This letter addresses Compliance Determination(s) 33588 (Completion Date 12/07/2023) and 30620 (Completion Date 11/01/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/07/2023 and found that you have corrected the violations listed in the Full report dated 11/01/2023. Your home is back in compliance as of 11/07/2023 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 388-76-10750-6-c, WAC 388-76-10430-2-c

The Department staff who did the on-site verification:
Valorie Bradley, AFH/ALF Licensor

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

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Statement of Deficiencies	License #: 753384	Compliance Determination #:30620
Plan of Correction	A Golden Road AFH	Completion Date
Page 1 of 3	Licensee: Bright Hearth LLC	11/01/2023

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 10/05/2023 and 10/05/2023 of:
A Golden Road AFH
2004 E South Ridge Dr
Spokane, WA 99223

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 inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

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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

11/07/2023
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.

Statement of Deficiencies	License # 753384	Compliance Determination # 30620
Plan of Correction	A Golden Road AFH	Completion Date
Page 2 of 3	Licensee: Bright Hearth LLC	11/01/2023

Provider (or Representative) 11/15/2023 Date

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

(8) 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:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the hot water temperature remained between 105 to 120 degrees Fahrenheit (F) for 1 of 2 sinks (Bathroom sink 1). This placed residents at risk for burns.

Findings included...

During an observation on 10/05/2023 at 11:15 AM the Bathroom 1 sink registered a hot water temperature of 122.7 degrees F.

During an interview on 10/05/2023 at 11:18 AM, Staff A, Provider, stated they monitor water temperatures by setting water heater temperatures between 105 degrees F and 120 degrees F.

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, A Golden Road AFH is or will be in compliance with this law and / or regulation on (Date) 11/07/2023 .

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

Provider (or Representative) 11/15/2023 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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(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure medication logs were current for 1 of 4 residents (Resident 4). This placed residents at risk of not receiving medications as ordered by their physician.

Review of resident assessment dated 11/15/2022 showed Resident 4 required medication assistance from the AFH staff.

Review of medication log dated 08/17/2023 to 09/16/2023 showed Resident 4 was prescribed 10 milligrams (mg) Donepezil (for depression) once daily.

Review of hospital records showed Resident 4 was admitted to the hospital on [redacted]2023 and released back to the AFH on [redacted]/2023.

Review of medication log dated 09/01/2023 to 09/16/2023 showed staff initialed on [redacted]/2023, [redacted]/2023, [redacted]/2023, and [redacted]/2023 that Resident 4 had received her 10mg dose of Donepezil.

In an interview on 10/31/2023 at 3:38PM Staff B, Caregiver, stated Resident 4 was hospitalized between [redacted]2023 and [redacted]2023 and staff must have mistakenly initialed signifying 10mg Donepezil was given on those dates.

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, A Golden Road AFH is or will be in compliance with this law and / or regulation on (Date) 11/07/2023.

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

Provider (or Representative) 11/15/2023 Date

A Golden Road AFH

Plan of Correction

Pursuant to: Statement of Deficiencies, per On-site Inspection (10/05/2023)

Inspector: Valorie Bradley, AFH/ALF Licensor

WAC 388-76-10750

The facility will/has corrected this deficiency by:

-Immediately lowering water heater temperature setting by 5 degrees. In future monitoring, water temperature will be checked at all faucets, where previously water temperature was checked at kitchen faucet and West bathroom faucets. Water temperature was found to be in compliance at both of these sources at previous temperature setting. It was previously assumed that, due to the greater distance between water heater source element and East bathroom sink (the location found to be out of compliance), compared to kitchen faucet, that the water temperature at faucet in the East bathroom could not possibly exceed that measured at the kitchen faucet. This was demonstrated to be untrue. Water temperature has since been measured multiple times after temperature setting adjustment, and been found to consistently be below 120 degrees.

WAC 388-76-10430

The facility will/has corrected this deficiency by:

-Collectively with all staff, reviewing the text of this particular section of the WAC, along with counsel provided by Licensor Valorie Bradley. It has been emphasized to all staff that medications given by hospital staff while a client is hospitalized should not be recorded in the facility Medication Administration Record as "given" by any staff member, as this might give the false impression that a client was either in the facility at that time, instead of hospitalized, and/or that the client has inadvertently received a "double dose" of given medication(s), causing potential safety issues. Facility/Staff will endeavor not to repeat this misstep.

I, the undersigned, attest that the preceding statements are true to the best of my knowledge, effective on or before the date of signature:

Signature: _____ Date: 11/15/2023

Ryan M. Szymanski - Licensee