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

Meadow Crest Senior Home LLC

Meadow Crest Senior Home LLC
2821 NE 16th St
Renton, WA 98056

RE: Meadow Crest Senior Home LLC License # 753632

Dear Provider:

This letter addresses Compliance Determination(s) 34801 (Completion Date 01/04/2024) and 31173 (Completion Date 10/31/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/04/2024 and found that you have corrected the violations listed in the Full report dated 10/31/2023. Your home is back in compliance as of 10/17/2023 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 388-76-10146-2-e, WAC 388-112A-0610-1-a-iv, WAC 388-76-10285, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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 #: 753632 | Compliance Determination # 31173 |
| Plan of Correction | Meadow Crest Senior Home LLC | Completion Date |
| Page 1 of 4 | Licensee: Meadow Crest Senior Home LLC | 10/31/2023 |

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 10/16/2023 and 10/16/2023 of:
Meadow Crest Senior Home LLC
2821 NE 16th St
Renton, WA 98056

The following sample was selected for review during the unannounced on-site visit: 2 of 7 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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

11/01/2023
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.

Provider (or Representative) Date

**WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?**

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

**WAC 388-76-10146 Qualifications Training and home care aide certification.**

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

**This requirement was not met as evidenced by:**

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the 12 hours continuing education (CE) requirements was met for 1 of 2 sampled staff (Staff A, Entity Representative). This failure placed all the residents at risk for needs not being met in accordance with the current caregiving standard.

Findings included…

During an unannounced visit to the AFH on 10/16/2023 at 10:38 AM to 4:53 PM, observation showed Staff A interacted and provided care to residents.

Record review of Staff A's personnel file showed that it did not include a 12-hour CE from 02/15/2022 to 02/15/2023 (birthdate December 15).

In an interview on 10/16/2023 at 3:57 PM, Staff A stated that they had started taking the CE online but has not been completed yet at the time of the visit.

**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, Meadow Crest Senior Home LLC 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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:**

(2) A second test done one to three weeks after the first test.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Caregiver) had the second tuberculosis (TB) skin testing done one to three weeks after the first test. This failure placed all the residents at risk of exposure to a communicable disease.

Findings included…

During an unannounced visit to the AFH on 10/16/2023 at 10:38 AM to 4:53 PM, observation showed Staff B interacted and provided care to residents.

Review of personnel records showed the AFH hired Staff B as a Caregiver on 08/17/2022. Staff B's records included a negative initial TB skin test dated 08/24/2022. The negative second TB skin test was not completed until 09/06/2023 (378 days apart).

In an interview on 10/16/2023 at 4:06 PM, Staff A, Entity Representative, stated that they got confused between the first and second TB test.

**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, Meadow Crest Senior Home LLC 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
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

11/01/2023

Meadow Crest Senior Home LLC
Meadow Crest Senior Home LLC
2821 NE 16th St
Renton, WA 98056

RE: Meadow Crest Senior Home LLC # 753632

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/31/2023 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
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 following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10575 Resident rights Privacy.**

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

During the tour of the home on 10/16/2023 at 3:05 PM, the residents' lists dated 11/23/2021 was observed together with the statement of deficiencies (SOD's) that was placed in a visible location. The Entity Representative immediately removed the documents when notified about the residents' violation of privacy.

**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 (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

**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