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

Golden Community Care II Adult Family Home, LLC

Golden Community Care II Adult Family Home LLC
11311 E 10th Ave
Spokane Valley, WA 99206

RE: Golden Community Care II Adult Family Home LLC License # 753949

Dear Provider:

This letter addresses Compliance Determination(s) 50395 (Completion Date 11/18/2024) and 47718 (Completion Date 10/09/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/18/2024 and found that you have corrected the violations listed in the Full report dated 10/09/2024. Your home is back in compliance as of 11/10/2024 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 388-76-10015-1, WAC 388-76-10165-1-a, WAC 388-76-10175-1, WAC 388-76-10198-2-a, WAC 388-76-10198-2-c, WAC 388-76-10198-2-b, WAC 388-76-10198-4, WAC 388-76-10265-1-d, WAC 388-76-10285-2, WAC 388-76-10490-1, WAC 388-76-10415-1, WAC 388-76-10530, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10130-3, WAC 388-112A-0610-1-a-i, WAC 388-76-10315-1-g

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

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services

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

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 09/24/2024 and 09/24/2024 of:
Golden Community Care II Adult Family Home LLC
11311 E 10th Ave
Spokane Valley, WA 99206

The following sample was selected for review during the unannounced on-site visit: 5 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

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.

Staci Dilg IDR PM for Reg 1E
Residential Care Services

November 8, 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.

Provider (or Representative) _____ Date _____

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure fit-testing for an N95 respirator was completed for 6 of 7 staff (Staff B, Staff C, Staff D, Staff E, Staff F, & Staff G) at least once every twelve months. This failure placed residents at risk for exposure to communicable disease by not having staff fitted for N95 respirator in a timely manner.

Findings included...

WAC 296-842-15005

Conduct fit testing.

2. This section covers general requirements for fit testing. Specific fit testing procedures are covered in WAC 296-842-22010.

(1) Provide, at no cost to the employee, fit tests for ALL tight-fitting respirators on the following schedule:

(b) At least every twelve months after initial testing;

Review of Dear Provider Letter dated 04/30/2021 "Employee Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed that the AFH is required to fit test health care workers with a N95 mask for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 "Respirator Fit Testing and Respiratory Protection Program Resource" provided resources for the AFH to access resources for fit testing N95 respirators.

Review of Dear Provider Letter dated 09/14/2023 "Provider Responsibilities for Provision Of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and Changes To Department Of Health RPP Resources" provided resources for the AFH to access resources for fit testing N95 respirators.

Review of fit testing certificates on 09/24/2024 showed Staff B, Resident Manager, and Staff C, Caregiver, were last fit tested on 03/21/2023 and the fit test certification expired on 03/21/2024. (142 days overdue). Additional review of fit testing certificates on 09/24/2024 showed Staff F, Caregiver, was last fit tested on 03/31/2023 and the fit testing certification expired on 03/31/2024. (177 days over).

During an interview on 09/24/2024 at 11:53 AM, Staff B stated they did not know that the fit testing certification for Staff B, Staff C, and Staff F had expired.

In an interview on 10/02/2024 at 1:35 PM Staff B stated that Staff D, Caregiver, and Staff E, Caregiver, had not obtained fit testing certification.

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, Golden Community Care II Adult Family 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 388-76-10165 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 ;

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to conduct a Washington state name and date of birth background check every two years for 1 of 7

staff (Staff B). This placed residents at risk for receiving care from individuals not qualified to work with vulnerable adults.

Findings included....

On 09/24/2024 review of staff records showed Staff B, Resident Manager, had a name and date of birth background check that expired on 03/21/2024. (187 days overdue).

In an interview on 09/24/2024 at 9:49 AM Staff B, Resident Manager, stated they did not know their name and date of birth background check had expired.

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, Golden Community Care II Adult Family 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 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that a Washington state name and date of birth (NDOB) background check was completed no later than one business day after hire for 1 of 7 staff (Staff F). This failure placed residents at risk of being accessed by a staff member with a potentially disqualifying finding.

Findings included....

On 09/24/2024 review of staff records showed Staff F, Caregiver, was hired on 02/14/2024. Documentation showed Staff F completed a NDOB background check on 09/15/2023. (152 days before date of hire at the current home).

In an interview on 10/02/2024 at 9:52 AM Staff B, Resident Manager, stated they did not know that new staff must complete a NDOB background check within one day of beginning to work in the home.

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, Golden Community Care II Adult Family 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure staff Cardiopulmonary resuscitation (CPR) and first-aid training, national fingerprint background check results, and Washington Department of Health (DOH) certifications were available during an inspection for 3 of 7 staff (Staff B, Staff E, & Staff F). This resulted in a delay determining if staff were qualified to care for the residents in the home.

Findings included...

On 09/24/2024 review of staff records showed Staff B, Resident Manager, did not have a current credential from DOH available for review at the time of the inspection.

On 09/24/2024 review of staff records showed Staff E, Caregiver, did not have current CPR and first-aid training documents available for review at the time of inspection.

On 09/24/2024 review of staff records showed Staff F, Caregiver, did not have a national fingerprint background check result available for review at the time of inspection.

In an interview on 09/24/2024 at 12:30 PM, Staff B stated they knew they were required to keep all staff documentation available for review in the AFH. Staff B stated they would send the missing documents as soon as they were located.

This is a repeated deficiency previously cited on 05/15/2023.

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, Golden Community Care II Adult Family 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 388-76-10265 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;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was obtained within three days of beginning employment for 2 of 7 staff (Staff C & Staff F). This failure placed residents at risk for respiratory illness.

Findings included....

On 09/24/2024 review of staff records showed Staff C, Caregiver, began working in the home 10/14/2021. Documentation showed Staff C obtained a chest x-ray to rule out TB on 11/13/2020. (335 days before beginning employment at the current home).

On 09/24/2024 review of staff records showed Staff F, Caregiver, began working in the home 02/14/2024. Documentation showed Staff F obtained a chest x-ray to rule out TB on 12/09/2023. (57 days before beginning employment at the current home).

In an interview on 09/24/2024 at 10:10 AM Staff B, Resident Manager stated they did not know why Staff C and Staff F did not obtain a TB test within three days of beginning to work in the home.

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, Golden Community Care II Adult Family 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 record review and interview the Adult Family Home (AFH) failed to obtain a second tuberculosis (TB) skin test one to three weeks after the first test for 1 of 7 staff (Staff D). This failure placed residents at risk for respiratory illness.

Findings included....

On 09/24/2024 review of staff records showed Staff D, Caregiver, obtained a one-step

TB skin test on 06/17/2020. Documentation showed Staff D obtained a second TB skin test on 10/19/2020. (124 days after the first TB skin test).

In an interview on 09/24/2024 at 10:08 AM Staff B, Resident Manager, stated they did not know why Staff D did not obtain a second TB skin test one to three weeks after their first 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, Golden Community Care II Adult Family 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 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on record review, and interview, the Adult Family Home (AFH) failed to dispose of discontinued medications for 2 of 6 residents (Resident 1 & Resident 5). This failure placed residents at risk of receiving expired medications.

Findings included....

On 09/24/2024 review of the AFH's undated policy titled "Drug Disposition" showed that all medications not taken for ninety days will be disposed of by putting medications in used coffee grounds and placing them in an outdoor trash receptacle or returning unused medications to the pharmacy or sheriff's department.

<Resident 1>

On 09/24/2024 review of negotiated care plan dated 01/11/2024 showed Resident 1 required medication assistance.

On 09/24/2024 review of Resident 1's medication supply showed -

- Ondansetron, 8 milligrams (mg), take one two times daily as needed for upset stomach, expired on 12/28/2023.

- Lidocaine, 5% ointment, apply to affected areas three times daily as needed for itching, expired on 05/11/2024.

- Triamcinolone, 0.1% cream, apply to redness on left cheek twice daily as needed for itching, expired on 12/29/2023.

<Resident 5>

On 09/24/2024 review of negotiated care plan dated 05/02/2022 showed Resident 5 required medication assistance.

On 09/24/2024 review of Resident 5's medication supply showed Clonazepam, 1 mg, take one twice daily for anxiety. May take one twice daily as needed, expired on 07/19/2024.

In an interview on 09/24/2024 at 10:59 AM Staff B, Resident Manager stated they had focused on updating the medication log and forgotten to remove the expired medications from the supply.

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, Golden Community Care II Adult Family 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 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that safe food handling training requirements were met for 1 of 7 staff (Staff E). This failure placed residents at risk for foodborne illness.

Findings included....

On 09/24/2024 review of staff records showed Staff E, Caregiver, had a safe food handling training certification that expired on 04/17/2024. (160 days overdue).

In an interview on 10/02/2024 at 1:38 PM Staff B, Resident Manager, stated that Staff E did not realize their safe food handling certification had expired.

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, Golden Community Care II Adult Family 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review the admission agreement information every 24 months including the home's expectations, services, and charges for 2 of 6 residents (Resident 1 & 5), who lived in the home more than two years. This failure placed residents at risk for not understanding their rights and services provided by the home.

Findings included...

On 09/24/2024 review of Resident 1's admission agreement, dated 02/07/2022, showed it contained information regarding the home's services, activities, charges, and rules. There was no documentation in the resident's record to show the home had provided the resident with written notice of service information since 02/07/2022. (7 months late).

On 09/24/2024 review of Resident 5's admission agreement, dated 01/27/2021, showed it contained information regarding the home's services, activities, charges, and rules. There was no documentation in the resident's record to show the home had provided the resident with written notice of service information since 01/27/2021. (19 months late) .

In an interview on 09/24/2024 at 10:40 AM Staff B, Resident Manager stated they did not know if Resident 1 and Resident 5's notice of services had been updated.

This is a repeated deficiency that was previously cited on 05/15/2023.

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, Golden Community Care II Adult Family 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure [redacted] used by 1 of 6 residents (Resident 5) had a safety assessment completed and were addressed in a risk and benefit disclosure. These failures placed the resident at risk for entrapment and injury.

Findings included....

Observation on 09/24/2024 at 11:22 AM showed Resident 5's bed had [redacted].

In an interview on 09/24//2024 at 11:24 AM Resident 5 stated the [redacted] prevent them from falling out of bed.

On 09/24/2024 review of Resident 5's records showed there was no documentation to show completion of a safety assessment or risk, and benefit disclosure related to the medical device.

In an interview on 09/24/2024 at 10:46 AM Staff B, Resident Manager stated they did not know if a safety assessment, or risk and benefit disclosure, had been completed for Resident 5's [redacted].

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, Golden Community Care II Adult Family 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 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

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 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure that 12 hours of Department of Social and Health Services (DSHS) approved continuing education was completed within the required timeframe for 1 of 7 staff (Staff A). This failure resulted in residents receiving care and services from unqualified staff.

Findings included....

Review of Dear Provider Letter dated 09/09/2022 entitled "Governor's Proclamations Related to COVID-19 Ending October 27" showed that the waivers for long-term care worker training requirements, which included continuing education, ended effective 10/27/2022.

Review of the Dear Provider Letter dated 03/03/2023 entitled "Emergency Rules Filed to Amend Long-Term Care Worker Continuing Education Deadlines" showed that long-term care workers in AFH's were required to complete the continuing education that came due between 03/16/2020 to 10/27/2022 no later than 08/31/2023.

On 09/24/2024 review of the employee records showed Staff A, Provider, held a Health Care Aid Certification (HCA). Staff A did not have documentation to show they had completed DSHS approved continuing education. Based on their birthday, Staff A was required to complete 12 hours of continuing education between 03/07/2023 and 03/07/2024 and did not meet the requirement to complete 12 hours of DSHS approved continuing education from birthday to birthday (201 days overdue).

In an interview on 09/24/2024 at 11:03 AM Staff B, Resident Manager, stated they were unsure if Staff A had completed the required 12 hours of DSHS approved continuing education.

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, Golden Community Care II Adult Family 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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure resident records were available for review at the time of inspection for 1 of 6 residents (Resident 5). This failure delayed the department review of resident records.

Findings included... .

On 09/24/2024 review of resident records showed Resident 5's negotiated care plan

was last updated on 05/02/2022.

In an interview on 09/24/2024 at 10:38 AM Staff B, Resident Manager stated they were in the process of updating Resident 5's negotiated care plan, and they would send the documentation as soon as possible.

The Department did not receive a copy of the resident's current NCP until 10/09/2024.

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, Golden Community Care II Adult Family 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