STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Peaceful Haven Elder Care LLC

Peaceful Haven Elder Care LLC
14504 SE 15th St
Vancouver, WA 98683

RE: Peaceful Haven Elder Care LLC License # 754051

Dear Provider:

This letter addresses Compliance Determination(s) 29041 (Completion Date 09/05/2023) and 25422 (Completion Date 06/20/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/05/2023 and found that you have corrected the violations listed in the Full report dated 06/20/2023. Your home is back in compliance as of 06/20/2023 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, WAC 388-76-10750-6-a, WAC 388-76-10750-6-b, WAC 388-76-10750-6-c, WAC 388-76-10805, WAC 388-76-10805-1, WAC 388-76-10805-2, WAC 388-76-10805-2-a, WAC 388-76-10805-2-b, WAC 388-76-10805-2-c, WAC 388-76-10805-3, WAC 388-76-10805-4

The Department staff who did the on-site verification:
Olga Goyzman

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 06/14/2023 and 06/14/2023 of:
Peaceful Haven Elder Care LLC
14504 SE 15th St
Vancouver, WA 98683

The following sample was selected for review during the unannounced on-site visit: 6 of 2 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Goyzman

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Nikki O'Brien — 06/20/2023

Residential Care Services — 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)

6-25-23
Date

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

(6) 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:

(a) Tubs;

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home provider failed to ensure that the Adult Family Home (AFH) water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit (f) at all fixtures used by or accessible to residents. This failure placed all six residents at risk for water temperatures not adequate for appropriate cleaning while showering.

Findings included...

On 6/14/23 at 1:12 PM, during the initial tour of the AFH, water temperatures in the main bathroom used for showering tested at 100.1 degrees f.

On 6/14/23 at 2:00 PM, water temperature in the same bathroom tested at 100.1 degrees f.

During an interview with the AFH provider at 2:00PM they stated that they were not able to recall when the last time the water temperature was checked and that they would work to fix the water temperature issue and will be monitoring the residents until the issue is fixed.

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, Peaceful Haven Elder Care LLC is ~~or will be~~ in compliance with this law and / or regulation on (Date) 6/16/2023.

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

Provider (or Representative) — Date: 6-25-23

WAC 388-76-10805 Automatic smoke alarms.

(1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions;

(2) At a minimum, smoke alarms must be located in the following areas:

(a) Every resident bedroom;

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

(c) On every level of a multilevel home.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home provider failed to keep smoke alarms in the Adult Family Home (AFH) in good working condition that were properly installed, maintained, and activated. This failure placed all six residents at risk for not being able to be appropriately notified in the case of a fire in the home.

Findings included...

An observation during an unannounced visit on 6/14/23 at 1:40 PM, showed the smoke alarm in R2 and R4 room had exposed wire and was not connected properly to the wall. When smoke alarms were tested, they were not working properly and did not activate in all parts of the home.

During interview with provider at 2:45 PM, they stated that they will fix the alarm system as it previously had activated in all parts of 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, Peaceful Haven Elder Care LLC is ~~or will be~~ in compliance with this law and / or regulation on (Date) 6/20/2023.

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

Provider (or Representative) — Date: 6-25-23

HCS-Vancouver
JUL 03 2023
RECEIVED

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

06/21/2023

CERTIFIED MAIL

70180680000011572808

Peaceful Haven Elder Care LLC
Peaceful Haven Elder Care LLC
14504 SE 15th St
Vancouver, WA 98683

RE: Peaceful Haven Elder Care LLC # 754051

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/20/2023 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• 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 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

(2) The home must ensure that residents are able to evacuate the home as follows:

(b) Via a path from the resident's bedroom that does not go through other bedrooms; and

The Provider failed to ensure that the Resident 4 (R4) windows are free from obstruction and has an emergency pathway from the residents bedroom that doesn't block or interfere with access for emergency escape or rescue.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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