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

Valentine Extended Care AFH, LLC
Valentine Extended Care AFH LLC
7302 E 12th Ave
Spokane Valley, WA 99212

RE: Valentine Extended Care AFH LLC License # 754534

Dear Provider:

This letter addresses Compliance Determination(s) 36340 (Completion Date 02/05/2024) and 34137 (Completion Date 01/03/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/05/2024 and found that you have corrected the violations listed in the Complaint, Full report dated 01/03/2024. Your home is back in compliance as of 01/19/2024 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 388-76-10176-1, WAC 388-76-10176-2, WAC 388-76-10176

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

Valentine Extended Care AFH, LLC
Valentine Extended Care AFH LLC
7302 E 12th Ave
Spokane Valley, WA 99212

RE: Valentine Extended Care AFH LLC # 754534

Dear Provider:

This document references the following complaint numbers 108051.

The Department completed a full inspection of your Adult Family Home on 01/03/2024 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
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.

(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.

Review of resident records showed the notice of rights and services was not updated every twenty-four months for one resident who lived in the home.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

Review of resident admission records showed there was no disclosure of charges form for two residents who lived in the home.

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

Review of resident medication logs showed Resident 2 received 3 milligrams Melatonin at night. Review of Resident 2's medication bottle showed 10 mg Melatonin tablets. In an interview the Resident Manager stated Resident 2 purchased their own Melatonin and the resident requested the physician update the prescription to reflect the 10 mg dosage.

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
(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

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 and complaint investigation on 12/19/2023 and 12/19/2023 of:
Valentine Extended Care AFH LLC
7302 E 12th Ave
Spokane Valley, WA 99212

This document references the following complaint numbers: 108051.

The following sample was selected for review during the unannounced on-site visit: 5 of 5 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.

Tamara Tredo
Residential Care Services

01/10/2024
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) 01/19/2024 Date

01/19/2024.

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain national fingerprint background check result within 120 days for 2 of 5 staff (Staff D & E). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included....

Review of Dear Provider letter dated 04/28/2022 showed staff who began working between November 1, 2019, and April 30, 2022, would have 120 days to obtain non-disqualifying fingerprint results from the Background Check Central Unit (BCCU). This means that providers must have non-disqualifying results dated no later than August 28, 2022.

Review of staff records showed Staff D, Caregiver, was hired on 09/20/2021 and had no documentation to show a national fingerprint background check was obtained.

Review of staff records showed Staff E, Caregiver, was hired 07/26/2021 and had no documentation to show a national fingerprint background check was obtained.

During an interview on 12/19/2023 at 10:47 AM, Staff B, Resident Manager, stated they had forgotten to have Staff D and Staff E obtain a fingerprint background check after the requirement was reinstated.

Attestation Statement

Statement of Deficiencies	License #: 754534	Compliance Determination # 34137
Plan of Correction	Valentine Extended Care AFH LLC	Completion Date
Page 8 of 8	Licensee: Valentine Extended Care AFH, LLC	01/03/2024

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, Valentine Extended Care AFH LLC is or will be in compliance with this law and / or regulation on
(Date) 01/19/2024

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

Provider (or Representative) — Date: 01/19/2024

Valentine Extended Care AFH

7302 E 12TH Avenue Spokane Valley Wa

99212

01/19/2024

TO

Residential Care Services.

Ref :**WAC 388-76-10165 Background checks**

The provider here by certifies that I have taken active measures to correct deficiencies with immediate effect by providing a copy of the previously completed national fingerprint background check that was not provided to the RCS licensor day of inspection for staff D and E

Yours sincerely

Catherine Sadera(Provider)