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

Raziela AFH LLC
Raziela AFH LLC
17240 33rd Ave S
Seatac, WA 98188

RE: Raziela AFH LLC License # 754603

Dear Provider:

This letter addresses Compliance Determination(s) 25151 (Completion Date 06/21/2023) and 20868 (Completion Date 03/09/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/21/2023 and found that you have corrected the violations listed in the Follow up report dated 03/09/2023. Your home is back in compliance as of 04/04/2023 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 388-76-10320, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, 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

The Department staff who did the on-site verification:
Susan Aromi, Licensor
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager

Region 2, Unit G
Residential Care Services

FAX
253-395-5071.
Attn Susan A.

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 #: 754603	Compliance Determination # 20868
Plan of Correction	Raziela AFH LLC	Completion Date
Page 1 of 4	Licensee: Raziela AFH LLC	03/09/2023

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 an unannounced on-site follow-up on 03/08/2023 and 03/08/2023 of:
Raziela AFH LLC
17240 33rd Ave S
Seatac, WA 98188

This document references the following SOD dated: 03/09/2023

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 1 former residents.

The department staff that inspected the Adult Family Home:

Susan Aromi, Licensor
Marites Gatan, NCI

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

3/21/2023
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.

Koben Asfaw
Provider (or Representative)

3/4/23
Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) did not have a Personal Belongings Inventory (PBI) for 1 of 1 newly admitted resident (Resident 5). This failure placed the resident at risk of losing their belongings without accountability from the AFH.

Findings included...

In an interview on 03/08/2023 at 2:48 PM, Staff B, Caregiver, said they had five residents (Residents 1, 2, 3, 4 and 5). Staff B said Resident 5 was a new resident who they admitted in [redacted] 2023.

In an interview on 03/08/2023 at 3:50 PM, Staff A, Entity Representative/Resident Manager, said they admitted Resident 5 on [redacted]/2023. The AFH did not have hard copies of Resident 5's records to review.

On 03/08/2023 at 3:51 PM, Staff A showed the department staff a one-page "Individualized Payment Agreement" dated [redacted]/2023 on Staff A's phone. Staff A said aside from the "Individualized Payment Agreement", the only other record they had for Resident 5 was their annual assessment. There was no completed PBI for Resident 5.

In further interview on 03/09/2023 at 4:24 PM, Staff B said Resident 5 moved in to the AFH with their clothes, food from home, family pictures, shoes, "one or two pairs", flat-screen television, a tablet, a cell phone, and other personal stuff. Staff B said they did not write down Resident 5's personal belongings.

This is an uncorrected deficiency previously cited on 11/15/2022.

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, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4-4-23 K.A

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

Kaben Aslan — Provider (or Representative)

4/4/23 — 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 provide 2 of 3 current residents (Residents 3 and 5), and 1 of 1 Former Resident (FR1) Admission Agreement (which contains, written notice of the house rules, resident rights, services, and activities provided, and charges for services), before admission to the home and at least every twenty-four months after admission. This failure placed the residents at risk of not knowing what the house rules, rights, services, and costs for the services were.

Findings included...

In an interview on 03/08/2023 at 2:48 PM, Staff B, Caregiver, said they had five residents (Residents 1, 2, 3, 4 and 5). Staff B said a resident (FR1) who was there during the full inspection on 10/18/2022 left on [redacted]/2023. Staff B said they had a new resident (Resident 5) who they admitted in [redacted] 2023.

In an interview on 03/08/2023 at 3:50 PM, Staff A, Entity Representative/Resident Manager, said they admitted Resident 5 on [redacted]/2023.

Review of records showed the AFH admitted FR1 on [redacted]/2021. The AFH discharged the resident on [redacted]/2023. The resident lived at the AFH for one year and eight months. There was no Admission Agreement found for FR1.

Review of Resident 3's 05/10/2022 Negotiated Care Plan showed the AFH admitted the resident on [redacted]/2020. The resident lived at the AFH for two years, two months and eight days. There was no Admission Agreement found for Resident 3.

The AFH did not have hard copies of Resident 5's records to review.

On 03/08/2023 at 3:51 PM, Staff A showed the department staff a one-page "Individualized Payment Agreement" dated [redacted]/2023 for Resident 5, on Staff A's phone. Staff A said they admitted Resident 5 on [redacted]/2023. There was no Admission Agreement found for Resident 5. When asked if any of their five residents had an Admission Agreement, Staff A stated, "No, none of them have." Staff A asked the department staff where they needed to get the form.

This is an uncorrected deficiency previously cited on 11/15/2022.

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, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/4/23 .

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

Esther Asfaw — Provider (or Representative)

4/4/23 — 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

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 10/18/2022 and 10/18/2022 of:

Raziela AFH LLC
17240 33rd Ave S
Seatac, WA 98188

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

The department staff that inspected the Adult Family Home:

Susan Aromi, Licensor

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

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-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(4) The following training requirements are not listed in the charts in subsections (1) and (2) of this section but are required under this chapter:

(a) First aid and CPR under WAC 388-112A-0720 ;

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

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;

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

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 1 current staff (Staff A, Entity Representative/Resident Manager) had valid cardiopulmonary (CPR) and first-aid certifications. This failure placed all six residents at risk of not getting correct care in the event of an emergency necessitating CPR and/or first aid.

Findings included…

Observation on 10/18/2022 at 9:28 AM showed Staff A and Staff B, Housekeeper/Cook, with six residents (Residents 1, 2, 3, 4, 5 and 6) in the AFH.

In an interview on 10/18/2022 at 10:35 AM, Staff A said they were the only caregiver in the AFH.

Review of the department's 10/12/2022 AFH Summary Report showed the AFH was licensed on 07/09/2020 with Staff A as the Entity Representative/Resident Manager.

Review of Staff A's records showed no CPR and First Aid certifications. The AFH's initial, 12/17/2020, department licensing records showed Staff A's CPR and first-aid certifications expired on 01/03/2021.

On 10/18/2022 at 3:01 PM, Staff A said they did not update their CPR and First Aid training.

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, Raziela AFH 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 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not have valid background check for 1 of 1 current staff (Staff A, Entity

Representative/Resident Manager), and no fingerprint background check for 1 of 2 former staff (Staff C). In addition, the AFH did not have a system in place to ensure background check authorization forms were submitted every two years for 1 of 1 current staff (Staff A). This failure allowed Staff A unsupervised access to six residents (Residents 1, 2, 3, 4, 5 and 6) without a current background check, and placed the residents at risk of harm from Staff C who had an unknown fingerprint background.

Findings included…

Observation on 10/18/2022 at 9:38 AM showed one caregiver, Staff A, with six residents (Residents 1, 2, 3, 4, 5 and 6) in the home.

In an interview on 10/18/2022 at 10:35 AM, Staff A said they were the only caregiver at the AFH. Staff A said they had two former caregivers, Staff C, who left in July 2022 and Staff D, who worked only for two days. Staff A said they fired Staff D because they were drinking.

Review of the department's 10/12/2022 AFH Summary Report showed the home was licensed on 07/09/2020, with Staff A as the Entity Representative/Resident Manager.

Review of Staff A's records showed no name and date-of-birth background check (NDOBBC) and no fingerprint background check (FBC). Review of the department's initial licensing records dated 12/17/2020, showed a NDOBBC for Staff A that expired on 03/05/2022 and a FBC dated 08/26/2019. There was no background check authorization form found for Staff A to renew their expired NDOBBC.

There were no records for Staff C to review, except for a Home Care Aid Certificate with an expiration date of 10/18/2022. No NDOBBC and FBC were found for Staff C.

On 10/18/2022 at 2:45 PM, Staff A said they did a NDOBBC for Staff C but not a FBC. Staff A said they did not have an Orientation and Hire Date record for Staff C. This prevented the department staff from determining if Staff C needed to update their NDOBBC.

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, Raziela AFH 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 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.

(1) The adult family home must not allow individuals specified in WAC 388-76-10161 (3) to have unsupervised access to residents until the home receives results of the Washington state name and date of birth background check from the department.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not have a Washington name and date-of-birth background check for 1 of 1 non-caregiving staff (Staff B, housekeeper/cook). This failure allowed Staff B unsupervised access to six residents (Residents 1, 2, 3, 4, 5 and 6) without a background result.

Findings included…

Observation on 10/18/2022 at 9:38 AM showed Staff B with six residents (Residents 1, 2, 3, 4, 5 and 6) in the home. Staff B said they would call Staff A, Entity Representative/Resident Manager, next door. Staff A arrived at the home two minutes later.

In an interview on 10/18/2022 at 10:35 AM, Staff A said they were the only caregiver at the AFH, and they lived with their family in the house in the back of the AFH. Staff A said they hired Staff B on 10/11/2022, to do the housekeeping and cooking at the AFH.

In an interview on 10/18/2022 at 10:36 AM, Resident 1 said Staff B had worked at the home for several weeks now. The resident said Staff B cooked, cleaned and had helped them with their showers and dressing a few times.

In an interview on 10/18/2022 at 1:08 PM, Resident 5 said Staff B did the cleaning and cooking and had worked at the AFH about a month now.

There were no records to review for Staff B except for a Food Safety Training done on 8/24/2022.

On 10/18/2022 at 3:06 PM, Staff A said they started the process of checking Staff B's name and date-of-birth background check (NDOBBC) but they did not find it, so they will fax the background authorization form to the department as soon as possible.

On 10/26/2022, the AFH faxed a background authorization form for Staff B dated 10/20/2022, two days after the department's full inspection at the AFH.

In an interview on 10/27/2022. Staff B said they started working at the AFH on 09/05/2022.

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, Raziela AFH 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:

(1) Staff information such as address and contact information.

(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

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have complete records for 1 of 1 current staff (Staff A, Entity Representative/Resident Manager) and 2 of 2 former staff (Staff C and Staff D) readily accessible to department staff. This failure delayed the completion of the full inspection and prevented the department from knowing if the AFH followed staff requirements.

Findings included…

Observation on 10/18/2022 at 10:00 AM showed Staff A, Caregiver, and Staff B, Housekeeper/Cook, with six residents in the AFH.

In an interview on 10/18/2022 at 10:00 AM, Staff A said Staff B started working at the AFH on 10/11/2022. Staff A said they had two former caregivers, Staff C, who left in July 2022 and Staff D, who worked only for a few days. Staff A said they fired Staff D because they

were drinking.

Review of the department's 10/12/2022 AFH Summary Report showed the home was licensed on 07/09/2020, with Staff A as the Entity Representative/Resident Manager.

Review of Staff A's records showed none of the following: Name and date-of-birth background check (NDOBBC), fingerprint background check (FPBC), tuberculosis (TB) test records, Cardiopulmonary Resuscitation (CPR) and First Aid certification, and HIV (Human immunodeficiency virus)/Bloodborne Pathogen training.

On 10/18/2022 at 3:01 PM, Staff A said they gave their NDOBBC and FPBC to the department when they applied for the AFH license, and they did not save copies. Staff A said they did two-step TB testing and HIV/Bloodborne Pathogen training, but they had to find the records. Staff A said they did CPR and First Aid when they first got licensed but they did not know where the records were. Staff A said they will find the records and fax them to the department. Staff A requested to have until 10/24/2022 to send the records to the department as they were the only caregiver of the home.

Staff C did not have any records except for a Home Care Aide certification with an expiration date of 10/18/2021. Staff D had no records to review.

As of 10/24/2022 at 5:30 PM, the only records the AFH faxed to the department were: Staff A's CPR and First Aid cards dated 10/21/2022, four days after the inspection, and a Background Check Summary, not NDOBBC result, for Staff C.

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, Raziela AFH 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:

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) did not have complete records for 2 of 2 sampled residents (Residents 1 and 5). This failure delayed the department from knowing if the home followed regulations and placed the residents at risk of unmet needs.

Findings included…

In an interview on 10/18/2022 at 10:00 AM, Staff A, Entity Representative/Resident Manager, said they provided care and services to all six residents, including Resident 1 and 5. Staff A said Residents 1 and 5 had guardians, and needed nurse delegation for some of their medications.

Resident 1:
On 10/18/2022 at 1:23 PM, Staff A said they admitted Resident 1 on [redacted]/2022.

Review of Resident 1's records showed an assessment dated 03/02/2022. There was no copy of the previous assessment. There was no Admission Agreement (written notice of rules, services, items, and activities the home offers, and the charges for them) found. The resident had an initial assessment for nurse delegation (ND) on 11/30/2021, for topical gel (pain medication applied on the skin), transdermal patch (medication applied to skin in the form of a patch), nasal spray, eye drops and as needed (PRN) medications. There were no other ND records except for one dated 05/28/2022. There was no Negotiated Care Plan (NCP) found for the resident.

On 10/18/2022 at 1:52 PM, Staff A said the 03/02/2022 assessment was all they had. Staff A said they sent the Admission Agreement to the resident's guardian. Staff A said ND was to be done every 90 days, and the 11/30/2021 and the 05/28/2022 ND were all they found. Staff A said they did a NCP for the resident, one month after the resident moved in, but they had to find it.

Resident 5:
Review of Resident 5's outdated, 01/22/2021, NCP showed the AFH admitted the resident on [redacted]/2020. There were no other NCPs found. There were two assessments dated 01/05/2022 and 04/05/2022. The previous, 2021 assessments were not found. There was no Admission Agreement found. There was a 08/02/2022 ND record for the resident's oral medications, psychotropics (medications that affect behavior, mood, thoughts and/or perceptions), suppository, topical cream, eye drops and PRN medications. There were no other ND records found.

In an interview on 10/18/2022 at 2:10 PM, Staff A said the resident's 01/22/2021 NCP was all they found, they did not know where the previous assessments were, they were not sure where the Admission Agreement was, and that they had to find the rest of the resident's ND records.

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, Raziela AFH 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not have personal belongings inventory (PBI) for 2 of 2 sampled residents (Residents 1 and 5). This failure placed the residents at risk of losing their belongings without accountability from the AFH.

Findings included…

Observation on 10/18/2022 from 11:16 AM to 11:23 AM showed Residents 1 and 5 had many personal belongings in their rooms.

On 10/18/2022 at 1:23 PM, Staff A, Entity Representative/Resident Manager said they admitted Resident 1 on [redacted]/2021.

Review of Resident 1's records binder showed a blank PBI form. There was no completed PBI for the resident.

In an interview on 10/18/2022 at 1:52 PM, Staff A said they did not do a PBI for Resident 1.

Review of Resident 5's outdated, 01/22/2021 Negotiated Care Plan showed the AFH admitted them on [redacted]/2020. There was a blank, personal belongings inventory form in the resident's file. There was no completed PBI for the resident.

On 10/18/2022 at 2:10 PM, Staff A stated they did not do a PBI for Resident 5

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, Raziela AFH 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 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 5) at least every twelve months. This failure placed Resident 5 at risk for unmet care needs and of receiving care and services they did not negotiate.

Findings included…

In an interview on 10/18/2022 at 10:00 AM, Staff A, Entity Representative/Resident Manager, said they assisted Resident 5 with care and services.

Review of Resident 5's 01/22/2021 NCP showed the AFH admitted the resident on [redacted]/2020. There was no other NCP found for Resident 5.

On 10/18/2022 at 2:10 PM, Staff A said they did not update Resident 5's NCP.

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, Raziela AFH 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 provide 2 of 2 sampled residents (Residents 1 and 5) written notice of the house rules, resident rights, services, and activities provided, and the charges for them (Admission Agreement), before admission to the home and at least every twenty-four months after admission. This failure may have resulted in the residents being unaware of house rules, rights, services, and costs.

Findings included…

In an interview on 10/18/2022 at 10:00 AM, Staff A, Entity Representative/Resident

Manager, said they provided care and services to Resident 1 and Resident 5, who both had guardians who signed their records.

On 10/18/2022 at 1:23 PM, Staff A said they admitted Resident 1 on [redacted]/2021.

Review of Resident 1's records showed no Admission Agreement.

On 10/18/2022 at 1:32 PM, Staff A said they sent the Admission Agreement to the resident's Collateral Contact (CC1).

Interview with CC1 on 10/27/2022 at 10:17 AM revealed they did not receive an Admission Agreement for Resident 1 from the AFH.

Review of Resident 5's outdated, 01/22/2021 Negotiated Care Plan showed the AFH admitted the resident on [redacted]/2020. There was no Admission Agreement found for Resident 5.

On 10/18/2022 at 2:10 PM, Staff A said they did not know where Resident 5's Admission Agreement was.

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, Raziela AFH 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 388-112A-0240 What documentation is required for facility orientation training?

(1) The adult family home, enhanced services facility, and assisted living facility must maintain documentation that facility orientation training has been completed as required by this chapter. The training and documentation must be issued by the home or service provider familiar with the facility and must include:

(a) The name of the student;

(b) The title of the training;

(c) The number of hours of the training;

(d) The signature of the instructor providing facility orientation training;

(e) The student's date of hire; and

(f) The date(s) of facility orientation.

(2) The documentation required under this section must be kept in a manner consistent with chapter 388-76 WAC for adult family homes, chapter 388-107 WAC for enhanced services facilities, and chapter 388-78A WAC for assisted living facilities.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have facility orientation documentation for 2 of 2 former caregivers (Staff C and Staff D). This failure placed all six residents at risk of unmet needs from caregivers who possibly lacked information appropriate to the home and the population served.

Findings included…

In an interview on 10/18/2022 at 10:00 AM, Staff A, Entity Representative/Resident Manager said they had six residents who needed care and services, and Staff A was the only caregiver. Staff A said they had two former caregivers, Staff C and Staff D. Staff A said Staff C worked for almost a year in 2021 and Staff D worked from 08/27/2022 to 08/29/2022.

Review of staff records showed Staff C had no facility orientation documentation that listed the staff's hire date, date of facility orientation, and the subjects covered in the orientation.

Review of Staff D's records showed no facility orientation documentation.

In an interview on 10/18/2022 at 2:45 PM, Staff A said they did not have orientation documentations for Staff C and Staff D. Staff A said they oriented Staff C and Staff D but did not log them. Staff a said they did not have a staff orientation form.

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Attestation Statement

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

Provider (or Representative) Date

WAC 388-76-10705 Common use areas.

(1) For the purposes of this section, common use areas:

(a) Are areas and rooms of the adult family home that residents use each day for tasks such as eating, visiting, and leisure activities; and

(b) Include but are not limited to dining and eating rooms, living and family rooms, and any entertainment and recreation areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

This requirement was not met as evidenced by:

Based on observation, interview and record review, 1 of 1 staff (Staff A) slept in the living room used by the residents. This failure prevented the six residents from using the living room freely and placed them at risk of diminished quality of life.

Findings included…

Observation on 10/18/2022 at 9:30 AM showed six residents, Staff A, Entity Representative/Resident Manager, and Staff B, Housekeeper/Cook in the home.

In an interview on 10/18/2022 at 10:00 AM, Staff A said they were the only caregiver for their six residents.

Review of the home's current floor plan showed five bedrooms, Bedrooms A, B, C, D and E, which, according to Staff A on 10/18/2022 at 10:35 AM, were occupied by the six residents. There was no caregiver's bedroom in the AFH.

In an interview on 10/18/2022 at 10:34 AM, Resident 1 said Staff A slept in the living room couch.

On 10/18/2022 at 1:56 PM, Staff A, Entity Representative/Resident Manager said they slept on the couch in the living room. Staff A said they did not sleep in their house next door because no one would check on the residents.

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, Raziela AFH 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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to have nurse delegation (ND) done every 90 days for 2 of 2 sampled residents (Residents 1 and 5). This failure placed the residents at risk of unmet needs and physical decline in the event the tasks that needed ND were done incorrectly.

Findings included…

In an interview on 10/18/2022 at 10:00 AM, Staff A, Entity Representative/Resident Manager, said they provided care and services to Residents 1 and 5, including nurse-delegated tasks. Staff A said they had ND for Bio freeze (topical medication for pain relief) application on Resident 1's back, and administration of rectal suppository for Resident 5 as needed.

Review of Resident 1's 11/30/2021 initial client assessment for ND showed Staff A and Staff C, Former Caregiver, were delegated for administration of topical gel (pain medication applied to the skin), transdermal patch (a medication applied to the skin in the form of a patch), nasal spray, eye drops and as needed (PRN) medications for the resident. The resident's records showed ND was last done on 05/28/2022, with the next planned ND visit on or before 08/28/2022.

On 10/18/2022 at 1:33 PM, Staff A said the nurse delegator was at the AFH on 05/28/2022 and was supposed to return on 08/28/2022 and they did not. When asked if Staff A called the nurse to ensure ND was done for Resident 1, 90 days after the last visit, Staff A said they did not.

Review of Resident 5's records showed a 07/02/2022 ND visit that Staff A and staff C were delegated for the resident's oral medications, psychotropics (medications that affect mood, thoughts, behavior, and/or perception), rectal suppository, topical cream, eye drops and PRN medications. There were no other ND records found for resident 5.

On 10/18/2022 at 2:25 PM, Staff A said the nurse did not return for Resident 5's delegation since 07/02/2022. Staff A said they did not call the nurse when the 90-day ND for Resident 5 was due.

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, Raziela AFH 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