STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

NORTH RIDGE HOUSE INC
NORTH RIDGE HOUSE
745 N 180TH ST
SHORELINE, WA 98133

RE: NORTH RIDGE HOUSE License # 96800

Dear Provider:

This letter addresses Compliance Determination(s) 47423 (Completion Date 09/18/2024) and 43992 (Completion Date 07/25/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/18/2024 and found that you have corrected the violations listed in the Complaint report dated 07/25/2024. Your home is back in compliance as of 09/06/2024 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 388-76-10130-2-a, WAC 388-76-10130-2-b, WAC 388-76-10130-2-c, WAC 388-76-10130-2-d, WAC 388-76-10130-2-e, WAC 388-76-10130-2-f, WAC 388-76-10130-2, WAC 388-76-10130-11, WAC 388-76-10415-1

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 96800	Compliance Determination # 43992
Plan of Correction	NORTH RIDGE HOUSE	Completion Date
Page 1 of 4	Licensee: NORTH RIDGE HOUSE INC	07/25/2024

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 complaint investigation on 07/11/2024 and 07/16/2024 of:

NORTH RIDGE HOUSE
745 N 180TH ST
SHORELINE, WA 98133

This document references the following complaint number(s): 136453

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee Bourque — Residential Care Services

7/31/2024 — 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.

Russell Holpo — Provider (or Representative)

8/10/2024 — 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:

(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 , or any English or translated government document of the following:

(a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction;

(b) Graduation from a foreign college, foreign university, or United States community college with a two-year diploma, such as an associate's degree;

(c) Admission to, or completion of course work at a foreign or United States college or university for which credit was awarded;

(d) Graduation from a foreign or United States college or university, including award of a bachelor's degree;

(e) Admission to, or completion of postgraduate course work at, a United States college or university for which credits were awarded, including award of a master's degree; or

(f) Successful passage of the United States board examination for registered nursing, or any professional medical occupation for which college or university education was required;

(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 interview and record review the Adult Family Home (AFH) failed to ensure that 2 of 2 staff (Staff B, Resident Manager, and Staff C, Resident Manager) met the required qualification as a Resident Manager specifically on keeping a current Cardiopulmonary Resuscitation (CPR) card, first aid card, and having the equivalent of a high school diploma. This failure resulted in Resident 1, 2, 3, 4, 5, and 6 being cared for by an unqualified Resident Manager and placed the residents at risk for unmet care needs.

Findings Included:

CPR/FIRST AID CARD
Review of Personnel File for Staff B showed Staff B's CPR/First aid card expired in

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:

(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 , or any English or translated government document of the following:

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(b) Graduation from a foreign college, foreign university, or United States community college with a two-year diploma, such as an associate's degree;

(c) Admission to, or completion of course work at a foreign or United States college or university for which credit was awarded;

(d) Graduation from a foreign or United States college or university, including award of a bachelor's degree;

(e) Admission to, or completion of postgraduate course work at, a United States college or university for which credits were awarded, including award of a master's degree; or

(f) Successful passage of the United States board examination for registered nursing, or any professional medical occupation for which college or university education was required;

(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 interview and record review the Adult Family Home (AFH) failed to ensure that 2 of 2 staff (Staff B, Resident Manager, and Staff C, Resident Manager) met the required qualification as a Resident Manager specifically on keeping a current Cardiopulmonary Resuscitation (CPR) card, first aid card, and having the equivalent of a high school diploma. This failure resulted in Resident 1, 2, 3, 4, 5, and 6 being cared for by an unqualified Resident Manager and placed the residents at risk for unmet care needs.

Findings included...

CPR/FIRST AID CARD
Review of Personnel File for Staff B showed Staff B's CPR/First aid card expired in

September 2022.

In an interview, on 07/11/2024 at 12:01 PM, Staff B stated that they had been a Resident Manager at the AFH since 2004. Staff B stated that they had not obtained an updated CPR/First aid card. Staff B acknowledged that their CPR/First aid card had expired.

HIGH SCHOOL DIPLOMA
Review of Personnel File for Staff C showed Staff C had no high school equivalent certification or diploma in their file.

In an interview, on 07/11/2024 at 12:01 PM, Staff B stated that Staff C was one of the Resident Manager that works in the AFH when Staff B was on vacation, or when Staff B would take their time off. Staff B stated that Staff C's date of hire was 08/01/2023.

In an interview, on 07/25/2024 at 1:56 PM, Staff B stated that Staff C did not have a high school diploma or a certificate that's equivalent to a high school diploma.

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, NORTH RIDGE HOUSE is or will be in compliance with this law and / or regulation on (Date) 8/16/2024 STAFF C UPDATED FOODCARD 8/11/23-8/11/24 (1117C33GCGV01225). STAFF C NO LONGER A RESIDENT MANAGER. STAFF B ON VACATION OR TIME OFF. SICK
In addition, I will implement a system to monitor and ensure continued compliance with this requirement. Russell Phelps PROVIDER AND AMEN-BERHANN RN 206-542-9244 PROVIDER WILL FILL IN OR ON CALL

Russell Phelps — 8/16/2024

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 interview and record review the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B, Resident Manager, and Staff C, Resident Manager) had a current Food Worker Card. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk for of unsafe food handling and potential foodborne illnesses.

Findings included...

September 2022.

In an interview, on 07/11/2024 at 12:01 PM, Staff B stated that they had been a Resident Manager at the AFH since 2004. Staff B stated that they had not obtained an updated CPR/First aid card. Staff B acknowledged that their CPR/First aid card had expired.

HIGH SCHOOL DIPLOMA
Review of Personnel File for Staff C showed Staff C had no high school equivalent certification or diploma in their file.

In an interview, on 07/11/2024 at 12:01 PM, Staff B stated that Staff C was one of the Resident Manager that works in the AFH when Staff B was on vacation, or when Staff B would take their time off. Staff B stated that Staff C's date of hire was 08/01/2023.

In an interview, on 07/25/2024 at 1:56 PM, Staff B stated that Staff C did not have a high school diploma or a certificate that's equivalent to a high school diploma.

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, NORTH RIDGE HOUSE 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 interview and record review the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B, Resident Manager, and Staff C, Resident Manager) had a current Food Worker Card. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk for of unsafe food handling and potential foodborne illnesses.

Findings included...

Statement of Deficiencies	License #: 96800	Compliance Determination #43982
Plan of Correction	NORTH RIDGE HOUSE	Completion Date
Page 4 of 4	Licensee: NORTH RIDGE HOUSE INC	07/25/2024

Review of Personnel File for Staff B showed Staff B's food worker's card expired on 01/2023.

Review of Personnel File for Staff C showed Staff C had no food worker's card in their file.

Review of staff weekly schedule form dated 07/08/2024- 07/14/2024, showed Staff B was scheduled to work on 07/08/2024, 07/11/2024, 07/12/2024, and 07/14/2024. Further review showed Staff C was scheduled to work on 07/09/2024, 07/11/2024, and 07/13/2024.

In an interview, on 07/11/2024 at 12:01 PM, Staff B stated that they were working on getting their food workers card updated. Staff B acknowledged that their food worker's card was expired.

In an interview, on 07/25/2024 at 1:58 PM, Staff B stated that Staff C did not have an updated food workers card. Staff B stated that Staff C was working on getting an updated food worker's card.

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, NORTH RIDGE HOUSE is or will be in compliance with this law and / or regulation on (Date) 9/06/2024

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

Russell Shelton — Provider (or Representative)

8/16/2024 — Date

Review of Personnel File for Staff B showed Staff B's food worker's card expired on 01/2023.

Review of Personnel File for Staff C showed Staff C had no food worker's card in their file.

Review of staff weekly schedule form dated 07/08/2024- 07/14/2024, showed Staff B was scheduled to work on 07/08/2024, 07/11/2024, 07/12/2024, and 07/14/2024. Further review showed Staff C was scheduled to work on 07/09/2024, 07/11/2024, and 07/13/2024.

In an interview, on 07/11/2024 at 12:01 PM, Staff B stated that they were working on getting their food workers card updated. Staff B acknowledged that their food worker's card was expired.

In an interview, on 07/25/2024 at 1:56 PM, Staff B stated that Staff C did not have an updated food workers card. Staff B stated that Staff C was working on getting an updated food worker's card.

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, NORTH RIDGE HOUSE 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