



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

October 22, 2019

Danielle L Man
Enoh Man
WHITE SWAN ADULT CARE HOME
10006 SE ST HELENS AVE
VANCOUVER, WA 98664

RE: WHITE SWAN ADULT CARE HOME License #601400

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on October 18, 2019 for the deficiency or deficiencies cited in the report/s dated August 19, 2019 and found no deficiencies.

The Department staff who did the inspection:
Sarah Bjork, Licensor

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

A handwritten signature in blue ink that reads "Karyl Ramsey for:".

Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

Statement of Deficiencies	License #: 601400	Completion Date
Plan of Correction	WHITE SWAN ADULT CARE HOME	August 19, 2019
Page 1 of 4	Licensee: DANIELLE & ENOH MAN	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of:
 8/9/2019

WHITE SWAN ADULT CARE HOME
 10006 SE ST HELENS AVE
 VANCOUVER, WA 98664

The department staff that inspected the adult family home:
 Sarah Bjork, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit E
 800 NE 136th Avenue, Suite#220
 Vancouver, WA 98684
 (360)397-9549

As a result of the on-site full inspection 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.

C. Burensky for Hargl Ramsey
 Residential Care Services

08/22/2019
 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.

Danielle L. Man
 Provider (or Representative)

9-3-19
 Date

This document was prepared by Residential Care Services for the Locator website.

✓ 10/03/19

3. **WAC 388-76-10191 Liability insurance required. The adult family home must:**

- (1) Obtain liability insurance upon licensure and maintain the insurance as required in WAC 388-76-10192 and 388-76-10193 ; and
- (2) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to maintain liability insurance. This failure placed the adult family home business and any future residents at risk for loss in the event of an emergency or disaster.

Findings included...

During a full inspection on 08/09/2019, the provider stated (at 10:55 am) she had not had residents for nearly two years and had let a lot of things lapse, including the home's liability insurance policy. Administrative records were reviewed at 11:40 pm and the home's liability insurance policy showed an expiration date of 01/21/19. The provider stated they would renew all the expired policies 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, WHITE SWAN ADULT CARE HOME is or will be in compliance with this law and / or regulation on (Date) 10/9/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Danielle L. Man

Provider (or Representative)

9-3-19

Date

*Discussed
MPO
10/31/19
SB*

4. **WAC 388-112A-0720 What are the CPR and first-aid training requirements?**

- (1) Adult family homes.
 - (a) Adult family home applicants, providers, entity representatives, and resident managers must have and maintain a valid CPR and first-aid card or certificate before they obtain a license.
 - (c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:
 - (i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or
 - (ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

This requirement was not met as evidenced by:

Based on interview and record review, two of two sampled staff (the provider and a caregiver, Staff A) failed to have valid cardiopulmonary resuscitation (CPR) and first aid certification. This failure placed all future residents at risk for not receiving adequate care in the event of an emergency situation.

This document was prepared by Residential Care Services for the Local Health website.

(for all)

Findings included...

During a full inspection on 08/09/19, the provider stated (at 10:55 am) she had not had residents for nearly two years and had let a lot of things lapse, including CPR and first aid certification for herself and Staff A (coprovider/spouse). Record review took place at 11:40 pm and the provider and Staff A's CPR and first aid cards showed an expiration date of 10/08/18. The provider stated she would schedule training as soon as possible.

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, WHITE SWAN ADULT CARE HOME is or will be in compliance with this law and / or regulation on (Date) 10/9/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Danielle L. Man

Provider (or Representative)

9-3-19

Date

(5) **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 .

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to maintain valid Washington state criminal background checks for herself and one caregiver (Staff A, the provider's spouse). This failure placed all future residents at risk for being cared for by persons with unknown and potentially disqualifying recent history.

Findings included...

During a full inspection on 08/09/2019, the provider stated (at 10:55 am) she had not had residents for nearly two years and had let a lot of things lapse, including her and her spouse's (Staff A) criminal background checks. Records were reviewed at 11:40 am and showed the provider's Washington state background check expired 10/24/18 and Staff A's expired 10/25/18. The provider stated she would begin the process to renew the background checks promptly.

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, WHITE SWAN ADULT CARE HOME is or will be in compliance with this law and / or regulation on (Date) 10/9/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Danielle L. Man

9-3-19

Provider (or Representative)

Date

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the provider failed to ensure two dogs in the home were up to date on their rabies vaccinations. This failure placed all future residents and visitors to the home at risk for exposure to rabies.

Findings included...

Two small dogs were observed upon entry to the home (at 10:55 am) for a full inspection on 08/09/19. The provider stated (10:55 am) that she had not had any residents in the home since approximately November 2017. Records were reviewed at 11:40 am and the dogs rabies vaccination records showed an expiration date of 04/23/19. The provider stated she would ensure the dogs' rabies vaccinations were renewed prior to admitting any 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, WHITE SWAN ADULT CARE HOME is or will be in compliance with this law and / or regulation on (Date) 10/9/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Danielle L. Man

9-3-19

Provider (or Representative)

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

August 22, 2019

CERTIFIED MAIL

7017 2400 0000 6041 9230

Danielle L Man
Enoh Man
WHITE SWAN ADULT CARE HOME
10006 SE ST HELENS AVE
VANCOUVER, WA 98664

RE: WHITE SWAN ADULT CARE HOME License #601400

Dear Provider:

The Department completed a full inspection of your Adult Family Home on August 19, 2019 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
 - Begin the process of correcting the deficiency or deficiencies immediately; and
 - Complete correction within 45 days, or sooner if directed by the Department; and
 - Sign and date the first page of the enclosed report; and
 - Return the first page with your plan; and
 - Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.

- (1) The adult family home must complete the department's disclosure of charges form and provide a copy to each resident admitted to the home.
- (2) If the adult family home requires an admission fee, deposit, prepaid charges, or any

other fees or charges, by or on behalf of a person seeking admission, the home must give the resident full disclosure in writing in a language the resident understands prior to its receipt of any funds.

(3) The disclosure must include:

(a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;

(b) The home's advance notice or transfer requirements; and

(c) The amount of the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges that the home will refund to the resident if the resident leaves the home.

(4) The home must ensure that the resident and home sign and date an acknowledgement in writing stating that the resident has received a disclosure required under subsection (2) of this section. The home must retain a copy of the disclosure and acknowledgement.

(5) If the home does not provide the disclosures in subsection (3) to the resident, the home must not keep the resident's security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges.

(6) If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:

(a) Must refund any deposit or charges paid by the resident less the home's per diem rate for the days the resident actually resided, reserved, or retained a bed in the home regardless of any minimum stay policy or discharge notice requirements;

(b) May keep an additional amount to cover its reasonable and actual expenses incurred as a result of a private-pay resident's move, not to exceed five days per diem charges, unless the resident has given advance notice in compliance with the home's admission agreement; and

(c) Must not require the resident to obtain a refund from a placement agency or person.

(7) The adult family home must not retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW 70.129.150 .

(8) The adult family home must provide the resident with any and all refunds due to him or her within thirty days from the resident's date of discharge from the home.

(9) Nothing in this section applies to provisions in contracts negotiated between a home and a certified health plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

(10) The home must ensure that any resident admission agreement is consistent with the requirements of this section, chapters 70.128 , 70.129, and 74.34 RCW, and other applicable state and federal laws.

The provider had a blank Disclosure of Charges form. The provider stated she would complete the form prior to admitting any residents.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure the fire extinguishers are:

Danielle L Man
Enoh Man
WHITE SWAN ADULT CARE HOME License #601400
August 22, 2019
Page 3

(b) Inspected and serviced annually;

The home's fire extinguisher was last serviced 04/2018. No residents had been in the home since approximately November 2017.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

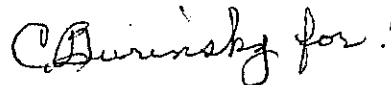
You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an 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.

If You Have Any Questions:

- Please contact me at (360) 397-9549.

Sincerely,



Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services

Enclosure

This document was prepared by Residential Care Services for the Locator website.