STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

PIONEER ADULT FAMILY HOME LLC
PIONEER HOME
1805 Birch Ave
Richland, WA 99354

RE: PIONEER HOME License # 751825

Dear Provider:

This letter addresses Compliance Determination(s) 46838 (Completion Date 09/06/2024) and 44347 (Completion Date 08/19/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/06/2024 and found that you have corrected the violations listed in the Complaint, Full report dated 08/19/2024. Your home is back in compliance as of 09/05/2024 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 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit C
Residential Care Services

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PIONEER ADULT FAMILY HOME LLC
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1805 Birch Ave
Richland, WA 99354

RE: PIONEER HOME # 751825

Dear Provider:

This document references the following complaint numbers 139300.

The Department completed a full inspection of your Adult Family Home on 08/19/2024 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:

Michelle Closner, Field Manager
Residential Care Services

Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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

(5) Provide safe and functioning systems for:

(e) Plumbing;

On 07/17/2024, the handwashing sink in designated resident room A, did not have a faucet handle to turn the water on and off. The handwashing sink in designated resident room D, did not drain.

WAC 388-112A-1000 Which trainings require department approval of the curriculum and instructor?

(1) Except for facility orientation training under WAC 388-112A-0200 (1), the department must preapprove the curriculum, including delivery mode, and instructors for all training required under this chapter.

On 07/17/2024, Staff C, Caregiver, did not have a current certificate of safe food handling from an approved trainer.

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)572-7394.

Sincerely,
Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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
1200 Alder Street, Union Gap, WA 98903

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 07/17/2024 and 07/17/2024 of:
PIONEER HOME
1805 Birch Ave
Richland, WA 99354

This document references the following complaint numbers: 139300.

The following sample was selected for review during the unannounced on-site visit: 5 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner
Residential Care Services

08/20/2024
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.

Statement of Deficiencies	License # 751825	Compliance Determination # 44347
Plan of Correction	PIONEER HOME	Completion Date
Page 5 of 7	Licensee: PIONEER ADULT FAMILY HOME LLC	08/19/2024

Provider (or Representative) — Date: 8/21/24

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have 2 of 2 new staff (Staff C, D) completed tuberculosis screen testing when required. This failed practice placed the residents at risk to potential exposure to communicable disease.

Findings included...

Administrative record review on 07/17/2024 found:
Staff C, Caregiver, started work in the home on 04/25/2024. Their file included one TB test result dated 04/05/2024; a second test result was not completed.

Staff D, Caregiver, started work in the home on 06/02/2024. Their file included one TB test result dated 05/31/2024; a second test result was not completed within 1-3 weeks or previous test results were not provided.

On 08/20/2024 at 9:00 AM, Staff A, Provider, stated Staff C said they "thought (they) already had it." When they went to the clinic, there was a misunderstanding about the testing requirements per regulation.

This is a repeat deficiency from 06/15/2023.

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, PIONEER HOME is or will be in compliance with this law and / or regulation on (Date) Oct 1, 24.

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

Provider (or Representative) _____ Date _____

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Statement of Deficiencies	License #: 751825	Compliance Determination #44347
Plan of Correction	PIONEER HOME	Completion Date
Page 7 of 7	Licensee: PIONEER ADULT FAMILY HOME LLC	08/19/2024

D McCune
Provider (or Representative)

8/21/24
Date

Provider (or Representative) _____ Date _____