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) 27343 (Completion Date 07/31/2023) and 25190 (Completion Date 06/15/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/31/2023 and found that you have corrected the violations listed in the Follow up report dated 06/15/2023. Your home is back in compliance as of 07/30/2023 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 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285

The Department staff who did the on-site verification:
Sarah Clark, Community Complaint Investigator

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 751825	Compliance Determination # 25190
Plan of Correction	PIONEER HOME	Completion Date
Page 1 of 3	Licensee: PIONEER ADULT FAMILY HOME LLC	06/15/2023

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 06/12/2023 and 06/12/2023 of:

PIONEER HOME
1805 Birch Ave
Richland, WA 99354

This document references the following SOD dated: 06/15/2023

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

The department staff that inspected the Adult Family Home:

Sarah Clark, Community Complaint Investigator

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

06/22/2023
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.

Statement of Deficiencies	License #: 751825	Compliance Determination # 25196
Plan of Correction	PIONEER HOME	Completion Date
Page 2 of 3	Licensee: PIONEER ADULT FAMILY HOME LLC	06/15/2023

D McCune
Provider (or Representative)

6/25/23
Date

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 interviews and record review the Adult Family Home (AFH) failed to ensure staff received a the second-step Tuberculosis (TB) skin test within 1-3 weeks after the 1st TB test was done of one of three Staff (Staff B). This failure placed all residents in the AFH at risk for an exposure to a communicable disease.

Findings included...

Record review of Staff B. Caregiver, employee's chart showed they received their 1st step TB test on 05/18/2023. The record did not show a second step TB test.

On 06/15/2023 at 04:28 PM Staff A, Owner, stated that Staff B did have their 1st TB test done on 05/18/2023 and the 2nd was not scheduled until 6/22/2023 which would be 5 weeks after the 1st test.

This is an uncorrected deficiency previously cited on 5/12/2023.

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) ~~Aug 1~~ July 30, 23

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

Provider (or Representative) D McCune Date 6/25/23

Residential Care Services
Investigation Summary Report

Provider/Facility: PIONEER HOME
Provider Type: Adult Family Home
License/Cert.#: 751825
Compliance Determination #: 22371
Intake ID: 77925
Investigator: Felicia Cantu
Region/Unit #: RCS Region 1 / Unit C
Investigation Date(s): 04/12/2023 through 04/24/2023
Complainant Contact Date(s): 04/11/2023

Allegation(s):

1) A named staff member removed mirrors off the wall out of anger
2) A named staff member yells at staff and is rude
3) Unqualified care giver in the home

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 5 Closed records sample size:
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Home environment
Interviews:	Identified resident Identified staff Residents Facility staff Others not associated with the facility
Record Reviews:	Incident investigation Resident roster House policies Employee records Resident records(care plans, assessments, chart notes)

Investigation Summary:

1)Record review and interviews showed that the mirror was falling off the wall, and another named resident removed it from the wall. 2) Interviews and record review showed that the facility staff responded immediately, made all notifications, and suspended the named staff member pending investigation. The investigation showed that there was a disagreement regarding a cat that visited the facility, the cat did not have required vaccinations, technical assistance was provided . The investigation also showed that verbal abuse was ruled out. Observation showed that the named resident and other residents in the home appeared safe, and not harmed. 3) Record review and

interview and showed that the named staff members was still working on obtaining required certifications within allowed 120days of hire. Required CPR card had not been obtained. Consultation with technical assistance provided on requirements for 388-76-10135(7). The named staff member did not have required two step skin testing within hire date. Failed practice identified 388-76-10285.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 751825	Compliance Determination # 22371
Plan of Correction	PIONEER HOME	Completion Date
Page 1 of 3	Licensee: PIONEER ADULT FAMILY HOME LLC	04/24/2023

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 complaint investigation on 04/12/2023 and 04/12/2023 of:

PIONEER HOME
1805 Birch Ave
Richland, WA 99354

This document references the following complaint number(s): 77925, 77923

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 investigated the Adult Family Home:

Felicia Cantu, Community Complaint Investigator

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 R. Closner
Residential Care Services

04/26/2023
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.

Statement of Deficiencies | License #: 751825 | Compliance Determination # 22371
Plan of Correction | PIONEER HOME | Completion Date
Page 2 of 3 | Licensee: PIONEER ADULT FAMILY HOME LLC | 04/24/2023

RECEIVED
MAY 12 2023
BY:

Provider (or Representative) DMcCune Date 5/1/23

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 interviews and record review the Adult Family Home (AFH) failed to ensure staff received an initial Tuberculosis (TB) skin test within three days of employment for one staff member (Staff B), therefore did not have a second TB skin test done. This failure placed all residents in the AFH at risk for an exposure to a communicable disease.

Findings included...

Record review of Staff B's employee chart showed the hire date was 02/19/2023. There was no documentation of initial skin test done within three days of hire date.

On 04/17/2023 at 04:28 PM Staff A, Owner, stated that Staff B still had not found a place to get a TB skin test done.

On 04/17/2023 at 4:29 PM Staff B, Caregiver, stated that they did not have their initial TB skin test done within three days of hire.

Attestation Statement

Statement of Deficiencies	License #: 751825	Compliance Determination # 22371
Plan of Correction	PIONEER HOME	Completion Date
Page 3 of 3	Licensee: PIONEER ADULT FAMILY HOME LLC	04/24/2023

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) 6/1/23.

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

D McCune — Provider (or Representative).

5/1/23 — Date

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 # 751825

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 04/24/2023 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - 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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

The Adult Family Home failed to ensure that facility staff obtained required cardiopulmonary resuscitation certification upon hire date.

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 R. 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