



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

OVER THE RAINBOW AFH LLC
OVER THE RAINBOW AFH LLC
16325 N PARK AVE N
SHORELINE, WA 98133

RE: OVER THE RAINBOW AFH LLC License # 752724

Dear Provider:

This letter addresses Compliance Determination(s) 41730 (Completion Date 05/23/2024) and 39105 (Completion Date 04/01/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/23/2024 and found that you have corrected the violations listed in the Full report dated 04/01/2024. Your home is back in compliance as of 05/16/2024 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 388-112A-0610-1-a-i, WAC 388-112A-0610-1-a-iii, WAC 388-112A-0610-1-a-iv, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10198-2-a, WAC 388-76-10015-1

The Department staff who did the off-site verification:

Olga Petrov, NCI

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

Sincerely,

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



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Statement of Deficiencies	License #: 752724	Compliance Determination # 39105
Plan of Correction	OVER THE RAINBOW AFH LLC	Completion Date
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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 03/26/2024 and 03/26/2024 of:
OVER THE RAINBOW AFH LLC
16325 N PARK AVE N
SHORELINE, WA 98133

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Petrov, NCI
Tekeste Demissie, Complaint Investigator

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.

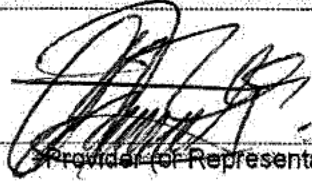
Renee Bourque
Residential Care Services

04/04/2024
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.

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Provider (or Representative)

04/10/2024

Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 3 of 3 current caregivers (Staff A, Provider, Staff B, and Staff C) had continuing education (CE) hours for 2023. These failures resulted in Staff A, B, and C not being current in their trainings.

Findings included,

In interview, on 3/26/2024 at 10:15 AM, Staff A stated that that they and Staff B were the main caregivers in the home, and Staff C was a part-time caregiver.

Observation, on 03/26/2024 at 9:55 AM, showed Caregiver B answered the door. Staff A and B were on duty and provided care for the residents in the home.

Staff A

Review of Staff A's record showed their birthday was on August 10. There was no documentation of Staff A's continuing education hours from 08/10/2022-08/010/2023 found in the home.

Staff B

Review of Staff B's record showed they was hired 03/07/2018. Staff B's birthday was on

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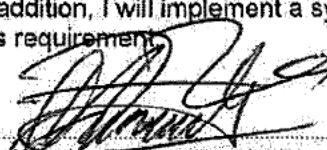
April 8. There was no documentation of Staff B's continuing education hours from 04/08/2022-04/08/2023 found in the home.

Staff C

Review of Staff C's record showed they was hired 09/29/2014. Staff C's birthday was on April 24. There was no documentation of Staff C's continuing education hours from 04/24/2022-04/24/2023 found in the home.

In an interview, on 03/26/2024 at 12:57 PM, Staff A stated that they reorganize their records. Staff A stated that they would send their caregivers' CE training to the department.

In an interview, on 03/27/2024 at 1:57 PM, Staff A stated that they (Staff A, B and C) had not completed their CE trainings.

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, OVER THE RAINBOW AFH LLC is or will be in compliance with this law and / or regulation on	
(Date): <u>5/16/2024</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
	<u>4/10/2024</u>
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 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a valid Washington state name and date of birth background check was obtained for 2 of 3 caregivers (Staff B and Staff C). In addition, no new background authorization form was submitted to the background check unit for Staff B and C. This placed 4 of 4 residents (Resident 1, 2, 3, and 4) at risk of harm from a caregiver with an unknown criminal

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background.

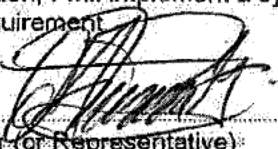
Findings included,

In interview, on 3/26/2024 at 10:15 AM, Staff A, Provider, stated that Staff B was a full-time caregiver and Staff C was a part-time caregiver. Staff A stated that there were 3 residents (Resident 1, 2 and 3) in the home and Resident 4 was hospitalized.

Observation, on 03/26/2024 at 9:55 AM, showed Staff B answered the door. Staff A and B were on duty and provided care for the residents in the home.

Review of staff records revealed Staff B's background check expired on 12/01/2023, and Staff C's background check expired on 12/01/2023. There was no new background authorization form found for Staff B and/or C.

In an interview, on 03/26/2024 at 12:05 PM, when asked why the home had not renewed Staff B and C's background check, Staff A stated that they "do not have an answer for it."

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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:

- (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;

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(3) Tuberculosis testing results.

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 3 current caregivers (Staff A, Provider, Staff B, Staff C, Caregiver) had a complete set of staff records readily available to review. This failure delayed the Department from determining if Staff A, B and C were qualified to care for 4 of 4 residents (Resident 1, 2, 3 and 4).

Findings included,

In interview, on 3/26/2024 at 10:15 AM, Staff A stated that they and Staff B were the main caregivers in the home and Staff C was a part-time caregiver. Staff A stated that there were 3 residents (Resident 1, 2 and 3) in the home and Resident 4 was hospitalized.

Observation, on 03/26/2024 at 9:55 AM, showed Caregiver B answered the door. Staff A and B were on duty and provided care for the residents in the home.

Staff A

Review of Staff A's record showed a single tuberculosis (TB) testing result dated 7/15/2021. No other TB test result(s) was found in the home. Staff A's record did not include nurse delegation with focus on diabetes training certificate.

Staff B and C

Review of Staff B and C's record showed background check results both dated 12/01/2023. No final fingerprint (FP) result for Staff B and Staff C were found in the home. In an interview, on 03/26/2024 at 12:57 PM, Staff A stated that they reorganize their records. Staff A stated that they would send their TB testing result and their caregivers' FP results to the department.

In an interview, on 03/27/2024 at 1:57 PM, Staff A stated that they (Staff A) needed more time to request their TB testing result(s) from their doctor's office. Staff A stated that they could not locate Staff B and C's fingerprint records.


Staff A, B and C.

Record review of the AFH records had not shown a COVID-19 (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) AFH disaster plan, infection prevention policy, and had not included a record of the AFH facility's site-specific respirator training before their (AFH Staff) first use of the respirator, and then annually.

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In an interview, on 03/26/2024 at 12:57 PM, Staff A stated that they would send their caregivers' (Staff A, B and C) testing results, their caregivers' medical clearances results, and their respiratory protection program to the department.

In an email communication, on 04/01/2024, Staff A stated that they were out of the country and their caregivers in the home could not locate the fit testing results for all of the caregivers (Staff A, B and C).

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<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 _____ Provider (or Representative)	<u>4/10/2024</u> _____ Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to have a medical test site waiver license (MTSW) for performing COVID-19 (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) testing for 4 of 4 residents (Resident 1,2,3, and 4). This failure placed Residents 1,2,3, and 4 at risk for error in test result readings by unqualified caregivers.

Findings included...

Record review of AFH COVID protocol had not included a MTSW.

In interview, on 3/26/2024 at 10:15 AM, Staff A, Provider, stated that there were 3 residents (Resident 1,2 and 3) in the home and Resident 4 was hospitalized. Staff A stated that they had tested their residents (Resident 1,2,3, and 4) and their staff (Staff A, B, and C) for COVID 19 when they had cold symptoms. Staff A stated that they (Staff A) were not aware of the need of obtaining a MTSW license for conducting Covid 19 testing.


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 (Date) 5/16/2024.

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



 Provider (or Representative)

4/10/2024

 Date