



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3611 River Road, Suite 200, Yakima, WA 98902

September 23, 2019

Charlene M Olsen  
Char's Family Home  
1128 Castlerock Ave  
Wenatchee, WA 98801

RE: Char's Family Home License #752727

Dear Provider:

On September 20, 2019 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated August 21, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:  
Jo Whitney, AFH Licenser

If you have any questions please, contact me at (509) 225-2823.

Sincerely,

Chana White, Field Manager  
Region 1, Unit C  
Residential Care Services



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3611 River Road, Suite 200, Yakima, WA 98902

RECEIVED  
SEP 04 2019  
BY: .....

Statement of Deficiencies	License #: 752727	Completion Date
Plan of Correction	Char's Family Home	August 21, 2019
Page 1 of 5	Licensee: Charlene M. Olsen	

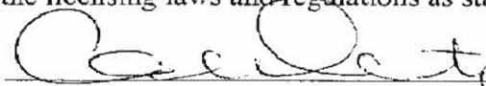
You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

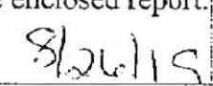
The department has completed data collection for the unannounced on-site full inspection of:  
8/14/2019  
Char's Family Home  
1128 Castlerock Ave  
Wenatchee, WA 98801

The department staff that inspected the adult family home:  
Jo Whitney, RN, BSN, AFH Licenser


From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 1, Unit C  
3611 River Road, Suite 200  
Yakima, WA 98902  
(509)225-2823

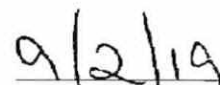
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
Residential Care Services

  
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.

  
Provider (or Representative)

  
Date

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

Statement of Deficiencies	License #: 752727	Completion Date
Plan of Correction	Char's Family Home	August 21, 2019
Page 2 of 5	Licensee: Charlene M. Olsen	

**WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:**

- (1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and
- (2) The results of the national fingerprint background check are pending.

**This requirement was not met as evidenced by:**

Based on record review and interview, the home failed to ensure one of one former staff (Staff G) working in the home as a caregiver for more than 120 days had a fingerprint based background check result available for review. This deficient practice placed the residents at risk of being cared for by unqualified staff. Findings included...

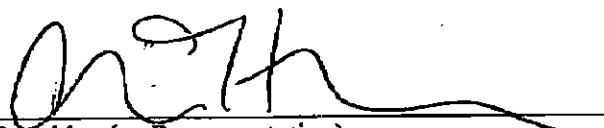
On 08/14/19, Staff A stated that Staff G no longer worked in the home. Her work schedule was irregular. Staff A stated after a period of absence from work her employment was terminated sometime in July 2019.

Staff G's file showed a hire date of 10/12/18. The file included an interim background check result dated 10/22/18. The file also included a piece of paper verifying Staff G had attended an appointment and submitted her fingerprints on 06/28/19. The file did not include a result based on the fingerprint submission.

The home did not ensure Staff A completed the process for submission of fingerprints or seek evidence of a previous fingerprint result within 120 days of hire in February 2019. Staff A stated she remembered Staff G was scheduled and rescheduled for the fingerprint submission two or three times. They did not track that Staff G completed the process when required.

**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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 9/2/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 Provider (or Representative)

9/2/19  
 Date

**WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:**

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and

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Statement of Deficiencies	License #: 752727	Completion Date
Plan of Correction	Char's Family Home	August 21, 2019
Page 3 of 5	Licensee: Charlene M. Olsen	

activities not covered by the home's per diem rate or applicable public benefit programs; and  
 (3) Rules of the home's operations.

**This requirement was not met as evidenced by:**

Based on record review and interview, the home failed to ensure one of one resident (Resident #1) or their representative had the opportunity to read and review the home's admission agreement covering notice of services, fees/charges and house rules at least every 24 months. This deficient practice placed the resident at potential risk for lack of understanding expectations and charges of the home. Findings included...

On 08/14/19, review of Resident #1's record showed the resident admitted into the home in 2015. The admission agreement/notice of services was signed and dated on 06/19/15.

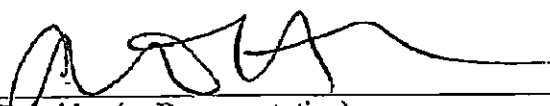
On 08/14/19, a collateral contact stated that they were informed of house rules and policies when the Resident #1 moved into the home.

On 08/21/19, Staff A stated that she was unaware the document needed review and signature.

This is a repeated deficiency from 05/18/18.

**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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 9/4/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 \_\_\_\_\_  
 Provider (or Representative)

9/4/19  
 \_\_\_\_\_  
 Date

**WAC 388-76-10810 Fire extinguishers.**

- (2) The home must ensure the fire extinguishers are:
  - (b) Inspected and serviced annually;

**This requirement was not met as evidenced by:**

Based on observation and record review, the home failed to ensure one of two fire extinguishers (lower level) in the home was serviced annually. This deficient practice potentially placed residents at risk in case of a fire in the home. Findings included...

The main level was the adult family home occupied by six residents. The lower level was the provider's residence and not a resident area. On 08/14/19 at approximately 11:30 AM, the fire extinguisher located on each level of the home was observed.

The extinguisher on the main level located in the kitchen area was serviced in October 2018 according to a tag attached to the extinguisher.

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Statement of Deficiencies	License #: 752727	Completion Date
Plan of Correction	Char's Family Home	August 21, 2019
Page 4 of 5	Licensee: Charlene M. Olsen	

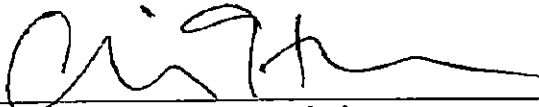
The extinguisher on the lower level of the home in the laundry room had a tag showing it was last serviced in May 2018 over 12 months ago.

On 08/20/19, Staff A stated that the extinguishers were usually serviced together on the same day. She stated the lower level must have been inaccessible and they could not get to the extinguisher so it was missed.

On 08/21/19, Staff A provided a receipt showing extinguishers were serviced on each level of the home on 08/21/19.

**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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 9/2/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 \_\_\_\_\_  
 Provider (or Representative)

9/2/19  
 \_\_\_\_\_  
 Date

**WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:**

- (1) Emergency evacuation drills occur during random staffing shifts at least every two months; and

**This requirement was not met as evidenced by:**

Based on observation, record review and interview, the home failed to ensure staff and residents participated in an evacuation drill at least every two months. This deficient practice placed six of six residents (Resident #1, #2, #3, #4, #5, #6) and staff at potential risk of being unprepared during an emergency. Findings included ....

Record review on 08/14/19 showed the evacuation drills occurred on random dates in the odd months of the calendar year (January, March, May, July, September and November).

The drill logs recorded the last drill was done 05/20/19 over two months ago.

Six residents lived in the home with one staff member on duty. Five of the residents required assistance to transfer/move into their wheelchair (two were assessed to need a mechanical lift) and one needed hands-on guidance to reach a destination.

On 08/20/19, Staff B stated the home practiced two types of drills. A physical drill, moving the residents to the safe meeting area outside of the home within five minutes or a verbal review discussing how residents would be moved and in what sequence. Not all residents wanted or tolerated participation in the drills.

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Statement of Deficiencies	License #: 752727	Completion Date
Plan of Correction	Char's Family Home	August 21, 2019
Page 5 of 5	Licensee: Charlene M. Olsen	

On 08/20/19, Staff A stated that a reminder to do a drill was on the appointment calendar. It was noted a drill was due in July 2019, but it was missed. Staff A recalled changes in the adult family home occupancy may have influenced the failure to see and do the drill.

**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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 9/4/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 \_\_\_\_\_  
 Provider (or Representative)

9/4/19  
 \_\_\_\_\_  
 Date

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STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3611 River Road, Suite 200, Yakima, WA 98902

August 26, 2019

**CERTIFIED MAIL**

7019 1120 0000 7311 8463

Charlene M Olsen  
Char's Family Home  
1128 Castlerock Ave  
Wenatchee, WA 98801

RE: Char's Family Home License #752727

Dear Provider:

The Department completed a full inspection of your Adult Family Home on August 21, 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.

On 08/14/19, the home's Disclosure of Charges was not provided to all residents

admitted into the home. Residents receiving Medicaid benefits were excluded.

**WAC 388-76-10740 Lighting. The adult family home must provide:**

(2) Emergency lighting, such as working flashlights for staff and residents that are readily accessible.

On 08/14/19, Staff A was asked about emergency lighting for the home; she needed to search for flashlights and two of the three flashlights found did not work. Staff A found batteries to exchange in one light and thought additional batteries would be stored in the garage but did not know where to look.

**WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home in:**

- (1) A visible location in the home; and
- (2) Common areas normally used by residents, staff and visitors.

On 08/14/19, the floor plan of the adult family home was found tacked at the top of a bulletin board in the kitchen. Room designation and markings on the floor plan were faded so the viewer was unable to discern the evacuation route from the home. Staff A stated that the posting "was faded;" residents and visitors entering the kitchen "can't see it."

**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.



Charlene M Olsen  
Char's Family Home License #752727  
August 26, 2019  
Page 3

**If You Have Any Questions:**

- Please contact me at (509) 225-2823.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chana White', written in a cursive style.

Chana White, Field Manager  
Region 1, Unit C  
Residential Care Services

Enclosure

9/4/19

Char's family Home  
1128 Castlerock Ave.  
Wenatchee, WA 98801



Our Home will be checking back on fingerprint results frequently after hire to ensure that a results back to us within the 120 days, If has been deleted to our list located in kitchen.

Both residents that needed review on admissions have done so and has also been added to our list of dates that will be reviewed by Charlene or Alicia.

The lower fire extinguisher was not upstairs at the time of service so on 8/19 I had both serviced as well as had Oxarc make note in account that the home has 2 that always need serviced at the same time.

Fire drill has been conducted and will have upcoming dates written on calendar in kitchen.

*Alicia*

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