STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Loving Sisters Adult Family Home LLC
Loving Sisters Adult Family Home
779 NW Firglade Dr
Bremerton, WA 98311

RE: Loving Sisters Adult Family Home # 754601

Dear Provider:

This document references Compliance Determination 44312 (Completion Date 07/24/2024).

The Department completed a full inspection of your Adult Family Home on 07/24/2024 and found that your home does not meet the Adult Family Home licensing requirements.

The department staff who did the inspection and provided consultation:

Emily Vincent, AFH Licensor

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The adult family home (AFH) had a plan for continuity of resident care, services, and AFH operations in the event the AFH Provider was unable to fulfill their duties in the home. The Provider had not documented the plan and placed a copy in their administrative records. The AFH Provider ensured their succession plan was documented and available for review before the completion of the licensing inspection.

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

The adult family home (AFH) did not ensure the registered nurse delegation (RND) requirements of WAC 246-840-910 through 246-840-970 were met for Resident 3, when their RN Delegator failed to document the dates of their visits, names of caregivers they delegated tasks to, and other required information related to nursing care implementation and evaluation every 90 days. Once the home's RN Delegator contracted with the department for reimbursement (in 10/2023), the RN Delegator documented all required RND information on the department's forms every 90 days, ensuring their documentation met the RND WAC requirements.

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The adult family home (AFH) did not ensure toxic substances were inaccessible to AFH residents as required when they stored liquid bleach in an unlocked bathroom vanity. Residents had not attempted to access the vanity and once they were made aware, the AFH Provider moved the bleach to a secured location.

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

The adult family home (AFH) did not ensure they installed an automatic smoke detector in the immediate vicinity of Bedroom A, Bedroom B, and Bedroom C. The AFH Provider ensured an automatic smoke detector was installed in the hallway outside of Bedroom A, Bedroom B, and Bedroom C before completion of the licensing inspection.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

WAC 388-112A-0613 When must continuing education be completed when public health emergency waivers are lifted, and what continuing education credit is granted to long-term care workers employed during the pandemic?

(5) The department recognizes that long-term care workers may not have completed training hours in excess of the 12 hours of CE granted in section (4) of this section due to the COVID-19 public health emergency. All long-term care workers shall have until December 31, 2022, or 120 days from the end of the COVID-19 training waivers established by gubernatorial proclamation, whichever is later, to complete any additional CE that may have become due while training waivers were in place in excess of the 12 hours of CE granted in subsection (4) of this section. If a worker's next birthday allows fewer than 120 days after the waivers are lifted to complete required CE for their current renewal cycle, the worker will have 120 days from the end of training waivers to complete the required CE.

The adult family home (AFH) did not ensure Provider B, Caregiver A, Caregiver B, and Caregiver C completed all required continuing education (CE) training due during the public health emergency waiver and CE due before their current credential renewal (birthday). Public health emergency rules waived CE requirements between 02/28/2020 and 08/31/2023. During the emergency waiver, caregivers were allowed to complete all required annual CE training by 08/31/2023, but Provider B, Caregiver A, Caregiver B, and Caregiver C did not. Provider B, Caregiver A, Caregiver B, and Caregiver C completed all required CE due during the emergency waiver and their current annual renewal period, before the completion of the licensing inspection.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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 (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

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