STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

A Nurse Inspired Family Home, LLC
A Nurse Inspired Family Home
14024 E Cataldo Avenue
Spokane Valley, WA 99216

RE: A Nurse Inspired Family Home License # 755275

Dear Provider:

This letter addresses Compliance Determination(s) 18476 (Completion Date 01/18/2023) and 15957 (Completion Date 12/01/2022).

The Department completed a follow-up inspection of your Adult Family Home on 01/18/2023 and found that you have corrected the violations listed in the Complaint report dated 12/01/2022. Your home is back in compliance as of 12/25/2022 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 388-76-10225-1-a-ii

The Department staff who did the on-site verification:
Selena Clemons, NCI-Complaint Investigator
Kortne Reed, NCI Complaint Investigator
Kurt Routzahn, AFH/ALF Complaint Investigator

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: A Nurse Inspired Family Home
Provider Type: Adult Family Home
License/Cert.#: 755275
Intake ID: 57370
Compliance Determination #: 15957
Region/Unit #: RCS Region 1 / Unit E
Investigator: Selena Clemons
Investigation Date(s): 11/09/2022 through 12/01/2022
Complainant Contact Date(s):

Allegation(s):
1. A named resident was inappropriately touched and spoken to by a named caregiver.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 4 Closed records sample size: 0
Observations:	Resident condition, resident-staff interactions, staff availability, & general environment
Interviews:	Residents, caregivers, provider, & 6 persons not associated with the home
Record Reviews:	Resident assessments, resident care plans, accident/incident log, staff background checks, & home policies/procedures

Investigation Summary:
1. The named resident was interviewed and stated they were inappropriately touched and spoken to by a named caregiver at a date and time they did not recall. The named resident stated they reported the allegation to another named caregiver who reported the allegation to the provider. The resident stated they did not want to receive care from the named staff member any longer. The resident reported they were not injured, felt safe in the home, and stated they were no longer receiving care from the named caregiver. Three additional residents were interviewed and expressed no concerns regarding their treatment by the named staff member or other staff members in the home. Two resident responsible parties were interviewed and reported no concerns regarding the named caregiver or the treatment of residents in the home. Staff background checks were interviewed and showed no findings. The named caregiver was interviewed, reported they did not touch or speak to the named resident inappropriately, and reported that they were no longer caring for the named resident. The named caregiver was observed to interact respectfully and appropriately with other residents during the investigation. Residents in the home presented as appropriately dressed and groomed and appeared at ease around the named caregiver and other staff members in the home. The provider was interviewed, was aware of the allegations, interviewed the resident, and removed the named caregiver from caring for

the named resident. The provider became aware of the allegation on 10/28/22, documented the allegation in the home's accident/incident log, and did not report the allegation to the Department reporting hotline until 11/08/2022. A citation was issued for WAC 388-76-10225(1)(a)(ii); see Statement of Deficiencies Dated 12/01/2022.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: A Nurse Inspired Family Home
License/Cert.#: 755275
Compliance Determination #: 15957
Investigator: Selena Clemons
Provider Type: Adult Family Home
Intake ID: 57356
Region/Unit #: RCS Region 1 / Unit E
Investigation Date(s): 11/09/2022 through 12/01/2022
Complainant Contact Date(s): 11/09/2022, 12/12/2022

Allegation(s):
1. A named resident was inappropriately touched and spoken to by a named caregiver.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 4 Closed records sample size: 0
Observations:	Resident condition, resident-staff interactions, staff availability, & general environment
Interviews:	Residents, caregivers, provider, & 6 persons not associated with the home
Record Reviews:	Resident assessments, resident care plans, accident/incident log, staff background checks, & home policies/procedures

Investigation Summary:
1. The named resident was interviewed and stated they were inappropriately touched and spoken to by a named caregiver at a date and time they did not recall. The named resident stated they reported the allegation to another named caregiver who reported the allegation to the provider. The resident stated they did not want to receive care from the named staff member any longer. The resident reported they were not injured, felt safe in the home, and stated they were no longer receiving care from the named caregiver. Three additional residents were interviewed and expressed no concerns regarding their treatment by the named staff member or other staff members in the home. Two resident responsible parties were interviewed and reported no concerns regarding the named caregiver or the treatment of residents in the home. Staff background checks were interviewed and showed no findings. The named caregiver was interviewed, reported they did not touch or speak to the named resident inappropriately, and reported that they were no longer caring for the named resident. The named caregiver was observed to interact respectfully and appropriately with other residents during the investigation. Residents in the home presented as appropriately dressed and groomed and appeared at ease around the named caregiver and other staff members in the home. The provider was interviewed, was aware of the allegations, interviewed the resident, and removed the named caregiver from caring for

the named resident. The provider became aware of the allegation on 10/28/22, documented the allegation in the home's accident/incident log, and did not report the allegation to the Department reporting hotline until 11/08/2022. A citation was issued for WAC 388-76-10225(1)(a)(ii); see Statement of Deficiencies Dated 12/01/2022.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: A Nurse Inspired Family Home
Provider Type: Adult Family Home
License/Cert.#: 755275
Intake ID: 57487
Compliance Determination #: 15957
Region/Unit #: RCS Region 1 / Unit E
Investigator: Selena Clemons
Investigation Date(s): 11/09/2022 through 12/01/2022
Complainant Contact Date(s): 11/15/2022, 12/12/2022

Allegation(s):

1. A named resident was inappropriately touched and spoken to by a named caregiver, and the provider did not report the allegation to the Department reporting hotline.
2. A named caregiver was disrespectful and handled a named resident roughly during care.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 4 Closed records sample size: 0
Observations:	Resident condition, resident-staff interactions, staff availability, & general environment
Interviews:	Residents, caregivers, provider, & 6 persons not associated with the home
Record Reviews:	Resident assessments, resident care plans, accident/incident log, staff background checks, & home policies/procedures

Investigation Summary:

1. The named resident was interviewed and stated they were inappropriately touched and spoken to by a named caregiver at a date and time they did not recall. The named resident stated they reported the allegation to another named caregiver who reported the allegation to the provider. The resident stated they did not want to receive care from the named staff member any longer. The resident reported they were not injured, felt safe in the home, and stated they were no longer receiving care from the named caregiver. Three additional residents were interviewed and expressed no concerns regarding their treatment by the named staff member or other staff members in the home. Two resident responsible parties were interviewed and reported no concerns regarding the named caregiver or the treatment of residents in the home. Staff background checks were interviewed and showed no findings. The named caregiver was interviewed, reported they did not touch or speak to the named resident inappropriately, and reported that they were no longer caring for the named resident. The named caregiver was observed to interact respectfully and appropriately with other residents during the investigation. Residents in the home presented as appropriately

dressed and groomed and appeared at ease around the named caregiver and other staff members in the home. The provider was interviewed, was aware of the allegations, interviewed the resident, and removed the named caregiver from caring for the named resident. The provider became aware of the allegation on 10/28/22, documented the allegation in the home's accident/incident log, and did not report the allegation to the Department reporting hotline until 11/08/2022. A citation was issued for WAC 388-76-10225(1)(a)(ii); see Statement of Deficiencies Dated 12/01/2022.

2. The named resident was interviewed, did not articulate the specifics of how the named caregiver was disrespectful, and reported no concerns regarding care from the named caregiver. The named resident was appropriately dressed and groomed during the investigation. Three additional residents were interviewed and expressed no concerns regarding their treatment by the named staff member or other staff members in the home. Two resident responsible parties were interviewed and reported no concerns regarding the named caregiver or the treatment of residents in the home. Staff background checks were reviewed and showed no findings. The named caregiver was observed to interact respectfully and appropriately with other residents during the investigation. Residents in the home presented as appropriately dressed and groomed and appeared at ease around the named caregiver and other staff members in the home.

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
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Licensee: A Nurse Inspired Family Home, LLC
A Nurse Inspired Family Home
14024 E Cataldo Avenue
Spokane Valley, WA 99216

RE: A Nurse Inspired Family Home License # 755275

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 12/01/2022 and found that your home does not meet the Adult Family Home licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• 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.

You May:
• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

• 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.

If You Have Any Questions:
• Please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
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:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 755275	Compliance Determination # 15957
Plan of Correction	A Nurse Inspired Family Home	Completion Date
Page 1 of 3	Licensee: A Nurse Inspired Family Home, LLC	12/01/2022

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 11/09/2022 and 11/09/2022 of:

A Nurse Inspired Family Home
14024 E Cataldo Avenue
Spokane Valley, WA 99216

This document references the following complaint number(s): 57370, 57356, 57487

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Selena Clemons, NCI-Complaint Investigator

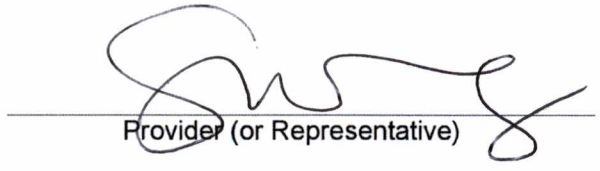
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo
Residential Care Services

12/14/2022
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)

12/25/2022

Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(ii) To the department by calling the complaint toll-free hotline number; and

This requirement was not met as evidenced by:

Based on interview and record review, the provider Adult Family Home (AFH) failed to report an allegation of abuse to the Department hotline number for 1 of 6 sampled residents (Resident 1). This failure placed residents at risk for abuse and neglect.

Findings included...

Records reviewed showed that the AFH had an undated policy stating all staff members must report suspected abuse to the Department hotline. The home's accident/incident log was reviewed and showed an entry written by Staff A, Provider, on 10/28/2022 at 8:01 PM. The log entry reflected that Resident 1 had informed Staff B, Caregiver, that they had been touched inappropriately on their breast by Staff C, Caregiver, at an unknown date and time.

Department records were reviewed and showed the Provider contacted the Department reporting hotline on 11/08/2022 at 12:59 PM, eleven days after they became aware of the allegation.

On 11/09/2022 at 2:45 PM, Resident 1 was interviewed and stated they had informed Staff B they had been touched on their breast and spoken to inappropriately by Staff C several days prior.

On 11/09/2022 at 2:35 PM, the Provider was interviewed, and reported they became aware of Resident 1's allegation on 10/27/2022 at approximately 8:00 PM. The Provider stated when they became aware, they instructed Staff B to interview Resident 1 with Staff C present. The Provider stated Resident 1 said they were joking and did not want to discuss the matter further. The Provider reported they discussed the allegations the following week on 11/04/2022 at 1:00 PM with Collateral Contact 1 (CC1), Resident Representative, and together made the decision to not report the allegation to the Department reporting hotline. The Provider reported that on 11/07/2022 they were contacted by CC1 who informed them that they would be reporting the allegation to the Department and

encouraged the Provider to do the same.

On 11/09/2022 at 3:20 PM Staff B was interviewed, stated Resident 1 disclosed an allegation of abuse to them on 10/27/2022 at approximately 8:00 PM, and stated they informed the Provider immediately. Staff B stated that the Provider instructed them to investigate the matter. Staff B reported they questioned Resident 1 further and updated the Provider with the information. When asked what actions they would take if they witnessed or became aware of allegations of abuse, neglect, or exploitation, Staff B stated they would notify the Provider.

On 11/09/2022 at 3:30 PM Staff C stated they would notify the Provider or Staff B if they witnessed or were aware of allegations of abuse, neglect, or exploitation.

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, A Nurse Inspired Family Home is or will be in compliance with this law and / or regulation on (Date) 12/25/2022

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

Provider (or Representative) — Date: 12/25/2022