



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

House of Hope Adult Family Home LLC
House of Hope Adult Family Home
5803 N Drumheller St
Spokane, WA 99205

RE: House of Hope Adult Family Home License # 755335

Dear Provider:

This letter addresses Compliance Determination(s) 25847 (Completion Date 06/26/2023) and 24219 (Completion Date 05/25/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/26/2023 and found that you have corrected the violations listed in the Full report dated 05/25/2023. Your home is back in compliance as of 06/15/2023 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 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10175-1, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:

Emily Crook, Long Term Care Surveyor/AFH

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



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 #: 755335	Compliance Determination # 24219
Plan of Correction	House of Hope Adult Family Home	Completion Date
Page 1 of 4	Licensee: House of Hope Adult Family Home LLC	05/25/2023

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 the unannounced on-site full inspection on 05/19/2023 and 05/19/2023 of:

House of Hope Adult Family Home
5803 N Drumheller St
Spokane, WA 99205

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

The department staff that inspected the Adult Family Home:

Emily Crook, Long Term Care Surveyor/AFH

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

06/09/2023

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.

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

Statement of Deficiencies	License #: 755335	Compliance Determination # 24219
Plan of Correction	House of Hope Adult Family Home	Completion Date
Page 2 of 4	Licensee: House of Hope Adult Family Home LLC	05/25/2023

RECEIVED

JUN 20 2023

Provider (or Representative)

Date DSHS AL TSA RCS
SPOKANE VALLEY WA

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;
- (8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observations, record review and interview, the Adult Family Home (AFH) failed to ensure that first-aid and CPR (cardiopulmonary resuscitation) was completed for 2 of 3 staff (Staff A & B). This failure placed residents at risk for not receiving first-aid if an injury occurs.

Findings included...

On 05/19/2023, review of employee records showed Staff A, Provider, and Staff B, Caregiver, first-aid and CPR certification expired in March 2023.

During an interview on 05/19/2023 at 10:41 AM Staff A stated they did not realize their first-aid and CPR certifications were expired and would sign up for the training as soon as possible. Staff A stated they usually review the employee records to ensure everything is up to date and must have overlooked that Staff B's certification had also expired.

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, House of Hope Adult Family Home is or will be in compliance with this law and / or regulation on

(Date) 6/15/23

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

Ephraim Njonye
Provider (or Representative)

6/15/23
Date

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

Statement of Deficiencies	License #: 755335	Compliance Determination # 24219
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WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one business day after conditional employment;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth background check was completed for 1 of 1 former staff (Staff D). This failure placed residents at risk for receiving care from an unqualified staff member.

Findings included...

One 05/19/2023 employee record review showed Staff D, Former Caregiver, was hired on 10/17/2022 and completed orientation to the home on 10/30/2022. There was no Washington name and date of birth background check on file for Staff D.

Staff A, Provider, stated during an interview on 05/25/2023 at 9:10 AM, when staff are initially hired, they have the new staff complete a background check within the first day of hire. Staff A stated a background check authorization form had been started for Staff D but was not completed and submitted to the department.

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, House of Hope Adult Family Home is or will be in compliance with this law and / or regulation on	
(Date) <u>6/15/23</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u><i>Ephraim Jones</i></u> Provider (or Representative)	<u>6/15/23</u> 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 document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 755335	Compliance Determination # 24219
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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a two-step tuberculosis test (TB test) was completed for 2 of 2 staff (Staff A & C). This failure placed residents at risk for exposure to a contagious air borne respiratory illness.

Findings included...

Review of Staff A, Provider's, employee file showed they had taken possession of the Adult Family Home on 01/03/2022. They completed step one of their TB test on 11/10/2020. There were no other TB test results to review for Staff A.


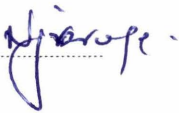
Review of Staff C, Caregiver's, employee file showed they were hired on 05/02/2022. There were no TB test results to review in the file for Staff C.

Staff A stated during an interview on 05/25/2023 at 9:10 AM, when new staff are hired they are required to complete a background check and get a TB test. Staff A stated that Staff C knew the requirement to have a TB test completed before returning to work. Staff A stated they relied on Staff C to get the TB test done and they did not get the TB test documentation from Staff C before they started to work in the home. Staff A stated they were unaware they needed a second TB test.

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, House of Hope Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/23

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



6/15/23
 Provider (or Representative) Date



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

House of Hope Adult Family Home LLC
House of Hope Adult Family Home
5803 N Drumheller St
Spokane, WA 99205

RE: House of Hope Adult Family Home # 755335

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/25/2023 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 many 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 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

House of Hope Adult Family Home # 755335

05/25/2023

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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.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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:

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

The Provider was unable to locate and provide a copy of their final fingerprint to the licensor during the inspection. The Provider had a final fingerprint on 05/22/2023, and a copy was provided to the department.

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)323-7321.

Sincerely,

Tamara Tredo

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

Enclosure

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

**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>

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

House of Hope Adult Family Home # 755335

05/25/2023

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