



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

Kayioni, Denise
Be Loved Adult Family Home
3517 S Cook St
Spokane, WA 99223

RE: Be Loved Adult Family Home License # 756269

Dear Provider:

This letter addresses Compliance Determination(s) 49693 (Completion Date 11/18/2024) and 46673 (Completion Date 09/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/18/2024 and found that you have corrected the violations listed in the Full report dated 09/16/2024. Your home is back in compliance as of 10/31/2024 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 388-76-10265-1-a, WAC 388-76-10285-2, WAC 388-76-10650-2-b, WAC 388-76-10650-2-a, WAC 388-76-10430-2-c

The Department staff who did the on-site verification:
Valorie Bradley, AFH/ALF Licensors

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, 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 #: 756269	Compliance Determination # 46673
Plan of Correction	Be Loved Adult Family Home	Completion Date
Page 1 of 6	Licensee: Kayoni, Denise	09/16/2024

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 09/04/2024 and 09/04/2024 of:

Be Loved Adult Family Home
 3517 S Cook St
 Spokane, WA 99223

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licenser

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.

Selena Clemons

09/16/2024

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

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(a) Provider;

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was obtained within three days of beginning employment for 1 of 3 staff (Staff A). This failure placed residents at risk for respiratory illness.

Findings included...

Review of Department licensing records showed the AFH was licensed 04/18/2023.

On 09/04/2024 review of staff records showed Staff A, Provider, obtained a TB blood test on 06/10/2024 (419 days after beginning employment).

In an interview on 09/04/2024 at 11:54 AM, Staff A stated they did not know they needed to obtain a TB test within three days of beginning to work in the home.

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, Be Loved Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
..... Provider (or Representative) 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:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a second tuberculosis (TB) skin test was obtained one to three weeks after the first test for 2 of 3 staff (Staff B and Staff C). This failure placed residents at risk for respiratory illness.

Findings included...

On 09/04/2024 review of staff records showed Staff B, Caregiver, was hired on 05/02/2024. Documentation showed Staff B obtained a one-step TB skin test on 04/29/2024. There was no documentation to show Staff B obtained a second TB skin test.

On 09/04/2024 review of staff records showed Staff C, Caregiver, was hired on 05/10/2024. Documentation showed Staff C obtained a one-step TB skin test on 05/06/2024. There was no documentation to show Staff C obtained a second TB skin test.

In an interview on 09/04/2024 at 11:55 AM Staff A, Provider, stated they did not know why Staff B and Staff C did not obtain a second TB skin 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, Be Loved Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
_____	_____
Provider (or Representative)	Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home

must:

- (a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;
- (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure [REDACTED] used by 1 of 3 residents (Resident 2) had a safety assessment completed and were addressed in a risk and benefit disclosure. These failures placed the resident at risk for entrapment and injury.

Findings included....

Observation on 09/04/2024 at 8:17 AM showed Resident 2's bed had [REDACTED].

Observation on 09/04/2024 at 8:21 AM showed Resident 2 use the [REDACTED] for support as Staff B, Caregiver, helped Resident 3 sit up in bed.

Review of Resident 2's records showed there was no documentation to show completion of a safety assessment or risk and benefit disclosure related to the [REDACTED].

In an interview on 09/04/2024 at 11:58 AM Staff A, Provider, stated they did not know the AFH was required to obtain a safety assessment and provide a disclosure about the risks and benefits to the resident prior to [REDACTED] usage.

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, Be Loved Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.

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

Provider (or Representative)

Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure medication logs were kept current for 1 of 3 current residents (Resident 3). This failure placed residents at risk for medications errors.

Findings included...

On 09/04/2024 review of negotiated care plan dated 03/20/2024 showed Resident 3 required medication assistance.

On 09/04/2024 review of Resident 3's medication supply showed Senna (a bowel medication), 8.6 milligrams (mg), take two at bedtime as needed for constipation. Additional review of Resident 3's medication supply showed MiraLAX (a bowel medication), 17 mg, dissolve in four to eight ounces of water, take every morning for constipation.

On 09/04/2024 review of Resident 3's medication log dated September 2024 showed Senna and MiraLAX were not listed as current medications.

In an interview on 09/04/2024 at 10:54 AM Staff A, Provider stated Resident 3's Senna was discontinued, and Staff A had forgotten to remove it from the supply. Staff A stated the MiraLAX was on Resident 3's August 2024 medication log and they did not know why it was not included in the September 2024 log. Staff A stated that Resident 3 had not received the MiraLAX as prescribed.

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, Be Loved Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Statement of Deficiencies

License #: 756269

Compliance Determination # 46673

Plan of Correction

Be Loved Adult Family Home

Completion Date

Page 6 of 6

Licensee: Kayioní, Denise

09/16/2024

Provider (or Representative)	Date
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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

Kayioni, Denise
Be Loved Adult Family Home
3517 S Cook St
Spokane, WA 99223

RE: Be Loved Adult Family Home # 756269

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/16/2024 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:

Selena Clemons, 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.

Consultation(s):

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

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

Review of resident records showed an assessment was not updated every twelve months for one living resident in the home. There was no negative outcome to the resident.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language the resident understands;
- (3) Be provided to all prospective residents, before admission to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and kept in the resident record after signature.

Review of resident records showed there was no Medicaid disclosure policy for two residents living in the home. The Provider stated they did not know the home's Medicaid disclosure policy must be on a separate document that is signed and dated by residents. There was no negative outcome to the residents.

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)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, 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:

Selena Clemons, 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