STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

August 20, 2019
Facsimile and Certified Mail 7018 0360 0000 1578 7146

Robert Efford, Administrator
Aacres WA LLC (Spokane County)
P.O. Box 39660
Tacoma, WA 98496-0660

Provider Name: Aacres WA LLC (Spokane County)
Certification Number 2011-001

Subject: Notice of Provisional Certification, Continued Stop Placement, and Continued Reasonable Conditions

Dear Mr. Efford:

This is to notify you that Aacres WA LLC (Spokane County) ("Provider") is provisionally certified as a Certified Community Residential Services and Supports ("CCRSS") agency, ***effective immediately, August 20, 2019***. The provisional certification period is for 90 days from the effective date indicated above. This provisional certification action is separate from any other action(s), including other findings or certification actions taken by the Department of Social and Health Services (DSHS), the Department of Health, law enforcement, or any other governmental agency.

This letter also constitutes formal notice of a ***continued*** Stop Placement order, initially issued and effective on June 7, 2018, prohibiting all referrals to your Certified Community Residential Services and Support Program by the State of Washington, DSHS, pursuant to the Revised Code of Washington (RCW) 71A.12.300, Washington Administrative Code (WAC) 388-101-4175 and WAC 388-101-4205.

DSHS/Residential Care Services takes these actions based on serious non-compliance with the law and regulations, including Chapter 388-101 and 388-101D WAC. The non-compliance was identified during complaint investigations, certification evaluations, and follow-up visits conducted of Aacres WA LLC (Spokane County) in the last 24 months.

WAC 388-101-3020 Compliance. Review of the provider's record found that Aacres WA LLC (Spokane County) demonstrated serious and recurrent non-compliance with Chapter 388-101 and 388-101D WAC to include but not limited to, as follows:

- ***Statement of Deficiencies, August 15, 2019:***
  -The provider failed to develop clear policies and procedures for supporting clients with medications consistent with regulatory requirements and defining the difference between assistance and administration of medications which resulted in conflicting directions regarding medication assistance versus medication administration.

-The provider failed to ensure a Registered Nurse Delegator (RND) employed by the provider understood and followed regulatory requirements of Washington Administrative Code (WAC) 246-840 for a client when they failed to obtain consent to perform delegated tasks and for four clients by utilizing DSHS (Department of Social and Health Services) nurse delegation forms incorrectly and inaccurately which resulted in inaccurate, confusing, and unclear instructions and actions staff were expected to follow to provide care and services.

- ***Statement of Deficiencies, July 29, 2019:***
  -The provider failed to ensure staff reported allegations of abuse and neglect of two clients immediately to the Department as mandatorily required which resulted in the Department not being notified by the provider of alleged abuse of vulnerable adults and delayed investigation by the Department.

- ***Statement of Deficiencies, May 15, 2019:***
  -The provider failed to ensure requirements in the Positive Behavior Support Plan were met for a client which resulted in a lack of client monitoring for health and safety and staff not following the client's plan.

- ***Statement of Deficiencies, April 26, 2019 ($200 Civil Fines Imposed):***
  -The provider failed to ensure staff provided supervision as required for a community protection client who required operable door and window alarms with auditory supervision and periodic visual checks by staff when alone in their home. This failure resulted in the client leaving their home unsupported by staff and not being located for approximately nine hours.

- ***Statement of Deficiencies, February 6, 2019 ($500 Civil Fines and Reasonable Conditions Imposed):***
  -The provider failed to ensure two clients were provided a safe living environment which resulted in safety hazards at the clients' homes.
  -The provider failed to complete and document the process required when a client refused an annual dental examination which resulted in the client being uninformed of the risks posed by their refusal to have a dental exam.
  - The provider failed to ensure the Individual Instruction and Support Plan for a client was updated as the client's needs and preferences changed which resulted in the client's plan not being updated as required.
  -The provider failed to update Individual Financial Plans for four clients for whom they managed cash accounts, food benefits (EBT), and gift cards which resulted in the clients' IFPs being inaccurate.
  -The provider failed to reimburse mismanaged funds for a client which resulted in the client paying for charges which were the responsibility of the provider.
  -The provider failed to ensure requirements in the Positive Behavior Support Plan were met for two clients which resulted in one client's monitoring for health and

safety not being implemented as identified in their plan and a window alarm not functioning for another client.
-The provider failed to retain documentation of site approval for the home of one a Community Protection program client which resulted in lack of evidence the home had been approved for occupancy by this client in the community.

- ***Statement of Deficiencies, January 9, 2019 ($600 Civil Fines Imposed):***
  -The provider failed to ensure a client's bedroom and living area was located in an area of the home accommodating their mobility needs and allowing for safe evacuation in an emergency. This failure resulted in the client not having the ability to evacuate in case of an emergency.
  -The provider failed to ensure two clients received their psychotropic medications as ordered which resulted in one client experiencing reported signs and symptoms of withdrawal and both clients missing medications with incomplete and incorrect documentation.
  -The provider failed to ensure staff reported an allegation of neglect of one client immediately to the Department as mandatorily required which resulted in the Department not being notified of potential neglect of a vulnerable adult.

- ***Statement of Deficiencies, October 17, 2018:***
  -The provider failed to ensure an adequate plan was in place for two clients to be able to evacuate the home safely in the event of an emergency which resulted in two clients' homes having inadequate staffing to meet the health and safety needs of the clients in the event of an emergency evacuation.

- ***Statement of Deficiencies, August 29, 2018:***
  -The provider failed to ensure staff assisted a client with medications as identified by physician orders which resulted in the client not receiving medications as prescribed.

- ***Statement of Deficiencies, July 31, 2018:***
  - The provider failed to coordinate with other staff and a guardian to implement the Individual Instruction and Support Plan for a client which resulted in multiple staff being unaware of the client's financial situation, not communicating the client's needs to the guardian, and not providing support to purchase a dental device the client needed but was not covered by the client's insurance.
  -The provider failed to review the Individual Financial Plan (IFP) for a client every twelve months which resulted in the client lacking a current financial plan agreed to by them and their legal representative.

- ***Statement of Deficiencies, July 23, 2018:***
  -The provider failed to document demonstration of a client's progress towards goals identified in the individual instruction and support plan which resulted in lack of evidence to support client goals and progression.

- ***Statement of Deficiencies, July 2, 2018:***
  -The provider failed to ensure a safe and healthy home environment was maintained for a client which resulted in the client's home environment remaining untreated for bedbugs, having a strong odor of urine, and the lawn overgrown and unkempt.

- ***Statement of Deficiencies, June 13, 2018:***
  -The provider failed to ensure a client received their prescribed psychotropic medication and failed to obtain a prescription for a medication the client was administered. This failure resulted in the client experiencing signs and symptoms requiring treatment and hospitalization related to medication withdrawal and receiving a medication without a prescription.

- ***Statement of Deficiencies, June 4, 2018:***
  -The provider failed to ensure a client's medications were administered which resulted in the client not receiving pre-seizure medications on approximately two occasions.

- ***Statement of Deficiencies, June 1, 2018 ($2,400 Civil Fines and Stop Placement Imposed):***
  -The provider failed to ensure three clients and their housemates were treated with dignity and respect related to the condition of their homes and failed to protect the rights of a client with respect to the imposition of restrictive procedures without necessary plan development and approval.
  -The provider failed to support two clients with medical needs which resulted in inadequate and incomplete instructions to staff to address constipation for one client and the care of an oxygen machine for another client.
  -The provider failed to document medication administration for three clients which resulted in incomplete medication records.
  -The provider failed to ensure staff implemented interventions identified in a client's Positive Behavior Support Plan which resulted in the client having access to kitchen knives that were documented to be stored in a secure location.

- ***Statement of Deficiencies, May 21, 2018:***
  -The provider failed to ensure staff immediately reported to the Department for an allegation of neglect of a client as mandatorily required which resulted in an unreported allegation of neglect of a vulnerable adult.

- ***Statement of Deficiencies, April 25, 2018:***
  -The provider failed to review and revise the individual instruction and support plan (IISP) for a client at least semi-annually which resulted in staff not having current instructions to support the client.

- ***Statement of Deficiencies, March 1, 2018:***
  -The provider failed to ensure a community protection client was supervised in the community as required by their Person Centered Service Plan and Individual Instruction and Support Plan which resulted in the client having no staff present and supervising them during a hospital stay.

- ***Statement of Deficiencies, January 11, 2018:***
  -The provider failed to ensure two clients were free from financial exploitation which resulted in a transient individual residing in the home with the clients, not contributing to rental or utility expenses, and placing the clients at further risk of financial exploitation.
  -The provider failed to ensure a client's cash account and Electronic Benefits Transfer (EBT, food assistance program) was reconciled and verified which resulted in the client having possession of their EBT card and had allowed another individual access and use of the EBT card.

- ***Statement of Deficiencies, January 9, 2018:***
  -The provider failed to ensure supervision by staff at all times for a client which resulted in elopement into the community, lack of supervision, and lack of diabetes management and monitoring for more than 15 hours.

- ***Statement of Deficiencies, December 26, 2017:***
  -The provider failed to document medication administration for two clients which resulted in incomplete medication records.

- ***Statement of Deficiencies, December 14, 2017:***
  -The provider failed to ensure a client's plans incorporated the required security and supervision for staff to follow as required for standards of community protection which resulted in a plan being developed and implemented that allowed staff to cease supervision when the client became assaultive and ejected staff from their home.

- ***Statement of Deficiencies, December 13, 2017:***
  -The provider failed to ensure staff reported an allegation of mental abuse of a client by a staff immediately to the Department and protected clients from the staff member (alleged perpetrator) who continued to have access to the client.

- ***Statement of Deficiencies, November 3, 2017:***
  -The provider failed to ensure two clients' individual instruction and support plans were updated to reflect the clients' current support and instruction needs semi-annually as mandatorily required which resulted in a lack of current, client specific instructions for staff to follow to meet the clients' needs.

- ***Statement of Deficiencies, October 27, 2017:***
  -The provider failed to ensure staff provided the assessed supervision involving medication administration and access to items identified in a client's plan that could be used as a means for self-harm. This failure resulted in staff providing the client with the keys to their medication cabinet where restricted items were also secured giving the client access to the secured items.

- ***Statement of Deficiencies, October 19, 2017:***
  -The provider failed to ensure staff requested entry and permission prior to entering into a client's home while the client was away which resulted in staff entering into the client's residence, moved some of the client's belongings without consent, and caused the client to have increased mental health distress.

- ***Statement of Deficiencies, October 19, 2017:***
  -The provider failed to ensure an incident of client-to-client abuse was reported to the Department for two clients as mandatorily required which resulted in allegations of abuse of a vulnerable adult going unreported.
  -The provider failed to ensure supervision by staff at all times as required for two clients which resulted in injury to one client due to a fall and lack of diabetes monitoring for another client when elopement without staff supervision occurred.

- ***Statement of Deficiencies, October 5, 2017:***
  - The provider failed to update a client's Individual Financial Plan (IFP) to address income from employment and changes in access to spending money and failed to develop and implement another client's IFP to reflect cash kept in the home and used by staff to purchase groceries.
  -The provider failed to document cash received, cash withdrawn, and a list of where the money was spent for a client which resulted in the client's cash accounts not being tracked as required.
  -The provider failed to ensure staff assisted a client with prescribed medications which resulted in the client not receiving the medications as prescribed.
  -The provider failed to keep six clients' records confidential which resulted in unauthorized persons having access to the clients' confidential information.

- ***Statement of Deficiencies, August 25, 2017:***
  -The provider failed to establish adequate precautions to protect a client from physical assault by their housemate which resulted in the client being physically assaulted by their housemate on a recurring basis.
  -The provider failed to administer medication to a client for 28 days the client needed for treatment and control of psychotic symptoms related to their chronic mental illness which resulted in the client experiencing severe exacerbation of their psychotic symptoms and necessitating an involuntary admission to a psychiatric hospital for stabilization.

These serious deficiencies have jeopardized clients' health, safety and welfare and they support the issuance of a 90 day provisional certification.

Stop Placement:

The stop placement order prohibiting all admissions to your Certified Community Residential Services and Support Program was **effective immediately** upon facsimile delivery to you on ***June 17, 2018,*** and will continue based on continued non-compliance with Chapter 388-101 and 388-101D WAC. The effective date of the stop placement will not be postponed pending an administrative hearing or informal dispute resolution review.

During the Stop Placement, you may not admit ***any*** referrals (new, pending, and previously accepted) to your Certified Community Residential Services and Support Program. You may not allow clients who are absent from the home due to receiving inpatient services at treatment facilities such as hospitals and nursing homes to return without prior Department approval. This restriction does not extend to clients who are absent from the home only because they are receiving outpatient care. You may request approval for a client to return to the home by contacting Nicole Vreeland, Field Manager, at (360) 725-3218 or Nicole.Vreeland@dshs.wa.gov.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the Department on a case-by-case basis. The Department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting referrals.

The stop placement continues to be currently in effect as of August 20, 2019 and will remain in effect until lifted with formal notification from the Department. Failure to comply with conditions may lead to further enforcement action and remedies.

Reasonable Conditions:

Reasonable conditions were imposed and was **effective immediately** upon facsimile delivery to you on ***February 21, 2019*** and will continue based on a complaint follow-up visit in which the Department was unable to verify the reasonable conditions have been met. Based on the findings of the complaint follow-up visit, the Department has identified violations of:

WAC 388-101-3020
The provider failed to ensure all reasonable conditions were met and completed by the provider's identified date and timeline.

WAC 388-101D-0170
The provider failed to ensure clients were provided safe and healthy environments.

The complete results of this complaint follow-up visit and verification of reasonable conditions being met will be sent to you separately.

The reasonable conditions imposed will remain in effect until lifted by formal DSHS notice.

Informal Dispute Resolution
If you disagree with the Department's find of a violation, or the certification action, you may request an informal dispute resolution pursuant to WAC 388-101-4240. To do so, you must make a written request to the Department for an informal dispute resolution meeting within ten working days of receipt of this written notice of the findings and certification action.

Administrative Review
You may request an administrative review of a certification action within twenty-eight days of receipt of this written notice of certification action, pursuant to WAC 388-101-4250. You must make the request in writing and:

- Sign the request;
- Identify the challenged decision and the date it was made;
- State specifically the issues and regulations involved and the grounds for the disagreement and;
- Include with the request copies of any supporting documentation to your position.

To request an Administrative Review, please send your written request to:

Candace Goehring, Director, Residential Care Services
Aging and Long Term Support Administration
P.O. Box 45600
Olympia, WA 98504-5600

Appeal Rights
You may also request an administrative hearing to contest the certification action, pursuant to WAC 388-101-4260, Chapter 71A.12 Revised Code of Washington (RCW) and according to the provisions of Chapter 34.05 RCW and Chapter 388-02 (Washington Administration Code). You must file a hearing request with the Office of Administrative Hearings at the mailing address below. You must make the hearing request within twenty-eight days of receipt of this written notice. Please address any hearing request to:

Office of Administrative Hearings
P.O. Box 42489
Olympia, WA 98504-2489

Please note this provisional certification is effective immediately on August 20, 2019 and will continue pending any Informal Dispute Resolution, Administrative Review and/or administrative hearing. Please do not hesitate to call me at (360) 725-2401 if you have questions or concerns.

Sincerely,

Candace Goehring

Candace Goehring, Director
Residential Care Services

cc: Bill Moss, ALTSA Assistant Secretary
Loida Baniqued, RCS Office Chief
Nicole Vreeland, RCS Field Manager
Michael Bradley, Assistant Attorney General
Brooke Boutwell, Assistant Attorney General
Stacie Siebrecht, Disability Rights of Washington
Betty Schwieterman, DD Ombuds
Evelyn Perez, DDA Assistant Secretary
Lorna Morris, DDA Regional Administrator
RCS Central Files