



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504-5819

May 17, 2016

Shirley V De Los Reyes
DE LOS REYES AFH
2595 25TH LP SE
LACEY, WA 98503

RE: DE LOS REYES AFH License #127101

Dear Provider:

On May 13, 2016 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated February 16, 2016.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Cheryl Everett, Licensors

If you have any questions please, contact me at (360) 664-8421.

Sincerely,

Janice Jiles, Field Manager
Region 3, Unit D
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 45819, Suite 220, Olympia, WA 98504-5819

RECEIVED

MAR 08 2016

DSHS RCS
 Region3

Statement of Deficiencies	License #: 127101	Completion Date
Plan of Correction	DE LOS REYES AFH	February 16, 2016
Page 1 of 3	Licensee: SHIRLEY DE LOS	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

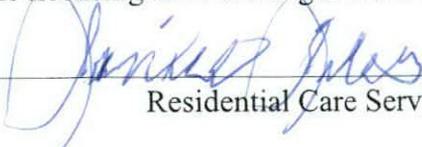
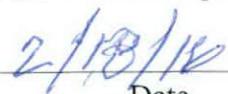
The department has completed data collection for the unannounced on-site full inspection of:
 2/16/2016

DE LOS REYES AFH
 2595 25TH LP SE
 LACEY, WA 98503

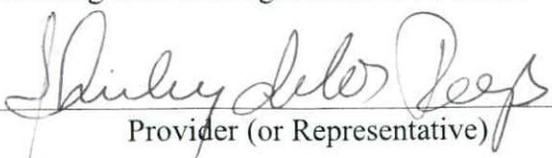
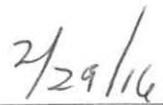
The department staff that inspected the adult family home:
 Cheryl Everett, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit D
 PO Box 45819
 Olympia, WA 98504-5819
 (360)664-8421

As a result of the on-site full inspection 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.

 Residential Care Services	 Date
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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
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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:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review and the provider failed to ensure 1 of 4 caregivers (Caregiver #4) met tuberculosis screening requirements within three days of employment. Failure to develop and implement a system to ensure caregivers met tuberculosis screening requirements placed residents at risk for communicable disease.

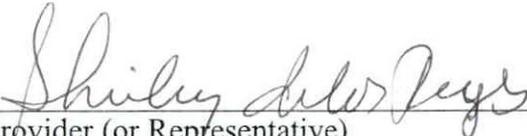
Findings include:

Caregiver #4 was hired on [REDACTED] Her record contained a positive tuberculosis test and a negative chest x-ray dated 6/24/99. Caregiver #4's record did not contain tuberculosis screening within three days of her employment.

The provider said she would have Caregiver #4 obtain a new chest x-ray.

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, DE LOS REYES AFH is or will be in compliance with this law and / or regulation on (Date) April 10, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

2/29/16

Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review the provider failed to ensure 1 of 4 caregivers (Caregiver #4) completed a national fingerprint background check. This failed practice placed residents at risk for receiving care from a caregiver whose background history was unknown.

Findings include:

Caregiver #4 was hired on [REDACTED] Her record contained a name and date of birth background check however there was no national fingerprint background check on her.

When questioned about Caregiver #4's fingerprint background check the provider showed the licenser the background check request form submitted for processing indicating the need for a fingerprint background check. The provider said she received no information from the

background check unit regarding scheduling Caregiver #4 for a fingerprint background check.

When asked if she had followed up with the background check unit on the request and need for a fingerprint check the provider said she had not but would do so.

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, DE LOS REYES AFH is or will be in compliance with this law and / or regulation on (Date) April 10, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date