



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

August 22, 2019

L'ARCHE NOAH SEALTH
ANGELINE HOUSE
PO BOX 22023
SEATTLE, WA 98122

RE: ANGELINE HOUSE License #158200

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 20, 2019 for the deficiency or deficiencies cited in the report/s dated June 25, 2019 and found no deficiencies.

The Department staff who did the inspection:
Sonia Coleman, Licensor

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Bahi Kim, Field Manager
Region 2, Unit E
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

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|---------------------------|-------------------------------|-----------------|
| Statement of Deficiencies | License #: 158200 | Completion Date |
| Plan of Correction | ANGELINE HOUSE | June 25, 2019 |
| Page 1 of 4 | Licensee: L'ARCHE NOAH SEALTH | AMENDED |

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:
 5/16/2019

ANGELINE HOUSE
 348 18TH AVE E
 SEATTLE, WA 98112

The department staff that inspected the adult family home:
 Sonia Coleman, RN, MN, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

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 ServicesDate

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

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

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 requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home failed to ensure two of two staff (B and C [caregiver]) received two step tuberculosis (TB) skin testing. This failure placed all residents at risk for exposure to TB, an infectious illness. Findings included...

At 9:20 AM on 05/16/19, Staff B stated that Staff C was a live-in caregiver.

Staff B was on duty from 8:40 AM until 4:00 PM on 05/16/19. At 8:50 AM on 05/16/19, Staff B assisted Resident #3 with their shower, gave the resident their medications at 9:45 AM and at 9:53 AM took the resident to the bathroom to brush their teeth. Staff C was not on duty.

Review of Staff B's employee record showed that the home hired Staff B on 08/20/16. Two negative TB test records dated 08/23/13 and 11/07/13, more than two months apart were found in Staff B's employee record. No other TB test record was found in the record.

Review of Staff C's employee record showed the AFH hired Staff C on 09/01/18. A negative TB test dated 08/10/18 was found in Staff C's employee record. No other TB test record was found in the record.

At 4:00 PM on 05/16/19, Staff A was asked about Staff B's and C's two step TB testing. Staff A stated that they did not know that when a TB test was placed then read forty eight hours later that was not a two step TB test. The department staff reviewed the regulation with Staff A.

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, ANGELINE HOUSE 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 cited deficiency.

Provider (or Representative)

Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

- (7) If needed, a plan to:
 - (c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to include in one of one resident (#1) negotiated care plan (NCP) how caregivers monitored the resident for signs and symptoms of seizure activity and what actions to take if the resident had a seizure. This failure placed the resident at risk for injures during a seizure. Findings included...

Review of Resident #2's assessment dated 08/08/18 showed that they was diagnosed with [REDACTED]. Review of the resident's May 2019 medication administration record showed that they were prescribed two medications to prevent seizure.

Resident #2's NCP dated 08/14/18 did not show that the home addressed how caregivers were to monitor the resident for signs and symptoms of seizure activity or what actions they were to take to protect the resident from injury in case the resident had a seizure.

At 4:00 PM on 05/16/19, Staff A (Entity Representative/Provider) and Staff B (caregiver) stated that the resident had never had a seizure since the admission to 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, ANGELINE HOUSE 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 cited deficiency.

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:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home failed to ensure two of two staff (B and C [caregivers]) were tested for tuberculosis within three days of employment. This failure placed all residents at risk for exposure to TB, an infectious illness. Findings included...

Staff B was on duty from 8:40 AM until 4:00 PM on 05/16/19. At 8:50 AM on 05/16/19, Staff B assisted Resident #3 with their shower. At 9:45 AM, Staff B gave the resident their medications and at 9:53 AM took the resident to the bathroom to brush their teeth. Staff C was not on duty on arrival at 8:40 AM on 05/16/19.

At 9:45 AM on 05/16/19, Staff B stated that Staff C worked the night shift.

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| Plan of Correction | ANGELINE HOUSE | June 25, 2019 |
| Page 4 of 4 | Licensee: L'ARCHE NOAH SEALTH | AMENDED |

Review of Staff B's employee record at 12:30 PM on 05/16/19 showed that the home hired Staff B on 08/20/16. Two negative TB test records dated 08/23/13 and 11/07/13, more than two months apart were found in Staff B's employee record. Staff B was not tested for TB within three days of employment.

Review of employee records showed that the home hired Staff C on 09/01/18. Review of Staff C's employee record showed a negative TB test result dated 08/10/18, over a month before hire. No other TB test record was found in Staff C's record.

At 4:00 PM on 05/16/19, Staff A (Entity Representative/Provider) was asked about testing Staff C for TB testing within three days of employment. Staff A stated that he could not find it.

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, ANGELINE HOUSE 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 cited deficiency.

 Provider (or Representative)

 Date

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

AMENDED
June 26, 2019
CERTIFIED MAIL

9489 0090 0027 6077 9345 03

L'ARCHE NOAH SEALTH
ANGELINE HOUSE
PO BOX 22023
SEATTLE, WA 98122

RE: ANGELINE HOUSE License #158200

Dear Provider:

The Department completed a full inspection of your Adult Family Home on June 25, 2019 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
 - Begin the process of correcting the deficiency or deficiencies immediately; and
 - Complete correction within 45 days, or sooner if directed by the Department; and
 - Sign and date the first page of the enclosed report; and
 - Return the first page with your plan; and
 - Have your plan approved by the Department.

Consultation:

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

WAC 388-76-10146 Qualifications Training and home care aide certification.

(6) The adult family home must ensure that all staff receive the orientation and training necessary to perform their job duties.

WAC 388-112A-0200 What is orientation training, who should complete it, and

when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

The adult family home failed to ensure all staff received orientation to the home and its special needs residents.

WAC 388-76-10475 Medication Log. The adult family home must:

- (2) Include in each medication log the:
(c) Dosage of the medication;

The adult family home failed to ensure Resident #1's medication administration record was kept up to date when there was a change in the dose of one of the resident's prescription.

WAC 388-76-10585 Resident rights Examination of inspection results.

- (1) The adult family home must place the following documents in a visible location in a common use area where they can be examined by residents, resident representatives, the department and anyone interested without having to ask for them.
(a) A copy of the most recent inspection report and related cover letter; and

The adult family home failed to post the most recent inspection report in a visible location where it could be inspected by residents, residents' representatives, the department staff and anyone wishing to review it without having to ask for it.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

You May:

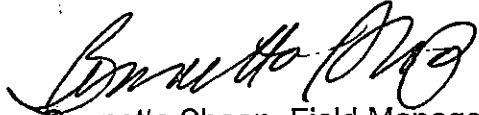
- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

L'ARCHE NOAH SEALTH
ANGELINE HOUSE License #158200
June 26, 2019
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If You Have Any Questions:

- Please contact me at (253) 234-6033.

Sincerely,



Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services

Enclosure