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Region3

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

Statement of Deficiencies	License #: 246401	Completion Date
Plan of Correction	VERONICA'S ADULT FAMILY HOME	February 10, 2016
Page 1 of 6	Licensee: VERONICA VIDALLON	

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.

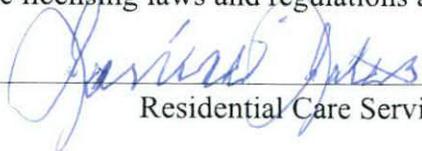
The department has completed data collection for the unannounced on-site full inspection of: 2/5/2016 and 2/8/2016

VERONICA'S ADULT FAMILY HOME  
1335 CHATHAM  
OLYMPIA, WA 98513

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

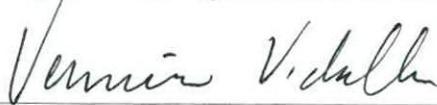
From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3, Unit D  
PO Box 45819  
Olympia, WA 98504-5819  
(360)664-8421

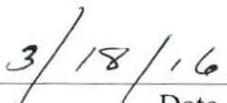
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
Residential Care Services

  
Date

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 388-76-10161 Background checks Who is required to have.**

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

**This requirement was not met as evidenced by:**

Based on interview and record review the provider failed to have a current name and date of birth background check for household member (Household Member #1). Failure to ensure background checks were current placed residents at risk for receiving care from caregivers whose background histories could not be verified.

**Findings include:**

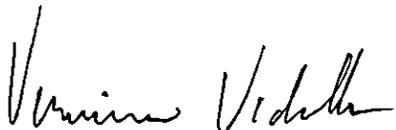
Record review indicated Household Member #1's name and date of birth background check expired on 11/21/15.

The provider said she resubmitted Household Member #1's background check for renewal and was waiting for it to return.

This is a repeated or uncorrected deficiency cited on 10/3/14.

**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, VERONICA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 2/25/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



\_\_\_\_\_  
Provider (or Representative)

3/11/2016  
\_\_\_\_\_  
Date

**WAC 388-76-10191 Liability insurance required. The adult family home must:**

- (1) Obtain liability insurance upon licensure and maintain the insurance as required in WAC 388-76-10192 and 388-76-10193 ; and
- (2) Have evidence of liability insurance coverage available if requested by the department.

**This requirement was not met as evidenced by:**

Based on interview and record review the provider failed to maintain her liability insurance as required. The lack of required liability insurance placed residents at risk should an incident occur that required the filing of an insurance claim to ensure continuance of their care and services

**Findings include:**

Record review indicated the provider's liability insurance policy expired in 11/2015.

The provider said she was sick at that time, required surgery and things got away from her. She

said she was in the process of getting her liability insurance back.

**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, VERONICA'S 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 cited deficiency. *Processing still, couldn't find any Insurance Company in WAsh that will insure AFH homes for the new amount state requires. In working w and insurance company int of state and was waiting for underwriters.*

*Veronica Vidallon*  
\_\_\_\_\_  
Provider (or Representative)

*3/18/2016*  
\_\_\_\_\_  
Date

**WAC 388-76-10350 Assessment Updates required. 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:**

- (4) At least every twelve months.

**This requirement was not met as evidenced by:**

Based on interview and record review the provider failed to ensure the assessment for 1 of 3 residents (Resident #3) was reviewed and updated at least every twelve months. Failure to ensure residents' assessments were annually reviewed and updated placed the resident at risk for not having his care needs currently identified and assessed.

**Findings include:**

Resident #3 was admitted to the home on [redacted] 11. His diagnoses included [redacted]. The most current assessment in Resident #3's record was dated 4/4/14.

The provider said she contacted the current case manager about Resident #3's 2015 assessment. The case manager told her the previous case manager completed the assessment on 2/18/15, however, she never received the new assessment. The provider said the current case manager was reassessing Resident #3 on 2/8/16 and she would ask her for the 2015 assessment.

**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, VERONICA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) FEB 12 2016.

In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency. *I never failed to get client 3 an assessment in 2015, It WAS done 2/18/15! case mgr did not send it to AFH, client 3 has had and still has a 30 DAY notice to leave AFH because of Drug / ALCOHOL abuse and NO one will listen NOR help to move client 3# I asked for assessment 2015 many times. Not Fair caregiver gets debruty for case on FAULT.*

*Veronica Vidallon*  
\_\_\_\_\_  
Provider (or Representative)

*3/18/16*  
\_\_\_\_\_  
Date

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

(4) At least every twelve months.

**This requirement was not met as evidenced by:**

Based on interview and record review the provider failed to ensure the negotiated care plan for 1 of 3 sampled residents (Resident #3) was reviewed and revised at least every twelve months. This failure placed the resident at risk for not having his care needs identified and met.

**Findings include:**

Resident #3 admitted to the adult family home [redacted] 1, had diagnoses including [redacted] [redacted] Review of Resident #3's record indicated his negotiated care plan had not been revised and/or reviewed since 4/4/14.

During interview the provider said she thought Resident #3 was moving from her home. He was looking at other adult family home then decided not to move. The provider said Resident #3's case manager told her there was no other placement for him.

**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, VERONICA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 2/10/2016.

In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency. *Negotiated care plan wasn't complete because client was moving and only half was done, but I understand it's my job to finish it. even if client was leaving or not. It was*

*Veronica Vidallon*

Provider (or Representative)

3/18/2016  
Date

*completed on 2/10/16 while witness was here. and case mgr was also here w/ assessment 2015 on*

**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 a former caregiver (Former Caregiver #1) hired after 1/7/12 completed a national fingerprint background check. Failure to ensure all caregivers hired after 1/7/12 completed national fingerprint background checks resulted in residents receiving care from a caregiver whose national background history was unknown.

**Findings include:**

Former Caregiver #1 was hired 6/2/13. Her record contained a name and date of birth background check; however, there was no fingerprint background check for Former Caregiver

#1.

The provider said she was not aware Former Caregiver #1 needed a fingerprint background check and she has since moved out of state.

**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, VERONICA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) N/A.

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

*I wasn't aware of the new rule Fingerprint, since this AFT doesn't get ALL your new rules by mail, AND why wasn't I made aware of this in my last 3 inspections? This caregiver has not worked in my home for 4 long time, and if I knew of this rule it would of been DONE*

*Veronica Vidallon* \_\_\_\_\_ Date 5/18/2014

Provider (or Representative)

Date

**WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year?**

(1) Adult family homes

(c) If exempt from certification as described in RCW 18.88B.041 , all long-term care workers must complete twelve hours of continuing education per year.

**This requirement was not met as evidenced by:**

Based on interview and record review the provider and co-provider failed to complete their required annual continuing education training. Failure to complete the required continuing educational requirements per year placed residents at risk for receiving care and services from staff that lacked current training.

**Findings include:**

Record review indicated both the provider and co-provider's last continuing education was completed 12/9/12.

The provider verified the 12/9/12 continuing education was the last continuing education both she and her co-provider completed. The provider said she was not able to find a continuing education resource that provided training for people other than their own staff until now.

This is a repeated or uncorrected deficiency cited on 10/3/14 under WAC 112-0205 (1) (c) (d).

**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, VERONICA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) now. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Veronica Vidallon

Provider (or Representative)

3/18/2014

Date

This is a big problem. Finding a place to give providers CEU's, EVERY single number your department has on your website DOES NOT give CEU's to any provider but there own! CALL them and take them off your website I finally found a pharmacy that offers C.EU's AND AM currently working on them for 2016/ since I am NO longer turn in CEU's for following years. Licensor told me that I could not turn in any. ONLY FOR 2016



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

April 14, 2016

Raul B Vidallon  
Veronica F Vidallon  
VERONICA'S ADULT FAMILY HOME  
1335 CHATHAM  
OLYMPIA, WA 98513

RE: VERONICA'S ADULT FAMILY HOME License #246401

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 14, 2016 for the deficiency or deficiencies cited in the report/s dated February 10, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Carol Smith, Licensors  
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