



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3906-172nd St NE, Suite #100, Arlington, WA 98223

August 4, 2016

HALO HILL HOMES INC  
HALO HILL HOMES INC  
4923 211TH ST SE  
BOTHELL, WA 98021

RE: HALO HILL HOMES INC License #278701

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on July 20, 2016 for the deficiency or deficiencies cited in the report/s dated November 30, 2015 and March 23, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Jolene Smith, Adult Family Home Licensors

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Kay Randall, Field Manager  
Region 2, Unit B  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 278701	Completion Date
Plan of Correction	HALO HILL HOMES INC	November 30, 2015
Page 1 of 14	Licensee: HALO HILL HOMES	

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:  
 11/10/2015

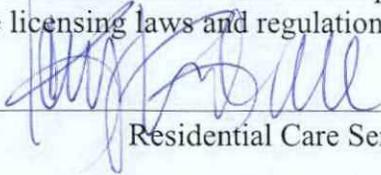
HALO HILL HOMES INC  
 807 201ST PL SE  
 BOTHELL, WA 98012

The department staff that inspected the adult family home:  
 Jolene Smith, RN/BSN, Adult Family Home Licensor

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit B  
 3906-172nd St NE, Suite #100  
 Arlington, WA 98223  
 (360)651-6872

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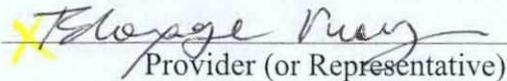
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
 Residential Care Services

12/8/15

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)

12/17/2015  
 Date

**WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:**

- (1) Be eighteen years of age or older;
- (2) Have a clear understanding of the caregiver job responsibilities and knowledge of each resident's negotiated care plan to provide care specific to the needs of each resident;
- (3) Have basic communication skills to:
  - (a) Be able to communicate or make provisions to communicate with the resident in his or her primary language;
  - (b) Understand and speak English well enough to:
    - (i) Respond appropriately to emergency situations; and
    - (ii) Read, understand and implement resident negotiated care plans.
- (4) Completion of the training requirements that were in effect on the date they were hired including requirements described in chapter 388-112 WAC;
- (5) Have no disqualifying criminal convictions or pending criminal charges under chapter 388-113 WAC;
- (6) Have none of the negative actions listed in WAC 388-76-10180 ;
- (7) Have a current valid first-aid and cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112 WAC; and
- (8) Have tuberculosis screening to establish tuberculosis status per this chapter.

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

Based on record review and interview the provider failed to develop and implement a system to ensure 1 of 3 sampled staff (Caregiver A) had established and maintained the minimum qualifications for providing care and services as required. This failure placed residents at risk for unmet care needs.

**Findings include:**

On 11/10/15 during the home's annual inspection, administrative records were reviewed and revealed that the home was licensed to provide care and services to residents with Dementia, Developmental Disabilities and Mental Health issues. At the time of the inspection, the home currently housed five residents, each of which were identified, by interview and record review, to have some form of mental health and/or developmental disability.

A review of employee records revealed that Caregiver A had not obtained certification as a home care aide within one hundred and fifty days of hire as required. Additionally, the provider was unable to provide documented evidence that Caregiver A had successfully completed cardiopulmonary resuscitation (CPR) and first aid training or had tuberculosis skin testing within three days of being hired, also as required.

In an interview on 11/10/15, the provider indicated he thought CPR and First Aid was included in the Basic Training Caregiver A had completed in November 2014.

Additionally, Caregiver A indicated that he had been working with the Department of Health in an attempt to secure his certification.

**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, HALO HILL HOMES INC is or will be in compliance with this law and / or regulation on (Date) 12/17/15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

B. Blagoje Vuojan  
Provider (or Representative)

12/17/2015  
Date

**WAC 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.**

- (1) The adult family home must not allow individuals specified in WAC 388-76-10161 (3) to have unsupervised access to residents until the home receives results of the Washington state name and date of birth background check from the department.
- (2) If the background check results show that an individual specified in WAC 388-76-10161 has a criminal conviction or pending charge for a crime that is not automatically disqualifying under chapter 388-113 WAC, then the adult family home must:
  - (a) Determine whether or not the person has the character, competence and suitability to have unsupervised access to residents; and
  - (b) Document in writing the basis for making the decision.
  - (c) Nothing in this section should be interpreted as requiring the employment of any person against the better judgment of the adult family home.

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

Based on record review and interview the provider failed to develop and implement a system to ensure 1 of 3 staff (Caregiver A) with a history of a criminal conviction charge, was further assessed, determined that the charge was not automatically disqualifying and documented in writing, that the person had the character, competence and suitability (CC&S) to have unsupervised access to residents. This failure put residents at risk to have access to person(s) with a criminal history and therefore at a greater risk for potential abuse and exploitation.

**Findings include:**

On 11/10/15 during the home's annual inspection, an Administrative record review was completed. The records indicated Caregiver A had completed a National Fingerprint check (Fingerprint check) on 05/30/14 that identified a history of criminal convictions. However, there was no evidence that the provider had completed a CC&S review to determine whether or not Caregiver A could have unsupervised access to minors or vulnerable adults.

In interview on 11/10/15, the provider indicated that he was not familiar with the required CC&S review process and was uncertain if it had been completed for Caregiver A.

A Character, Competence and Suitability Determination for Unsupervised Access to Minors and Vulnerable Adults form was provided and the provider completed for Caregiver A.

**Attestation Statement**

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Elisavete Vuojanen  
Provider (or Representative)

12/17/2015  
Date

**WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:**

- (1) Does not compromise any resident rights, preferences or medical needs;
- (2) Has a suitable temperament, is clean and healthy, and otherwise poses no significant health or safety risks to any resident, staff, or visitors; and
- (3) Has proof of up-to-date rabies vaccinations.

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

Based on observation, interview and record review the provider failed to develop and implement a system to ensure 2 of 2 pet(s) (Pet 1 and Pet 2) living in the home were vaccinated for rabies. This failure placed residents at risk for exposure to a potentially fatal viral infection.

**Findings include:**

Upon entrance to the home for the annual inspection on 11/10/15, two dogs were observed in the upper living area of the home. The dogs remained in the home throughout the inspection. The dogs were described by Caregiver A as " part of the family ".

However, during a review of administrative records, neither the provider or Caregiver A were able to locate documented evidence that either Pet 1 or Pet 2 had current rabies vaccination. The Provider acknowledged that both dogs would need immunization would need to be updated.

**Attestation Statement**

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[Signature]  
Provider (or Representative)

12/17/2015  
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:**

- (1) A list of the care and services to be provided;
- (2) Identification of who will provide the care and services;
- (3) When and how the care and services will be provided;
- (4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;
- (5) The resident's activities preferences and how the preferences will be met;
- (6) Other preferences and choices about issues important to the resident, including, but not limited to:
  - (a) Food;
  - (b) Daily routine;
  - (c) Grooming; and
  - (d) How the home will accommodate the preferences and choices.
- (7) If needed, a plan to:
  - (a) Follow in case of a foreseeable crisis due to a resident's assessed needs;
  - (b) Reduce tension, agitation and problem behaviors;
  - (c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;
  - (d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;
- (8) Identification of any communication barriers the resident may have and how the home will use behaviors and nonverbal gestures to communicate with the resident;
- (9) A statement of the ability for resident to be left unattended for a specific length of time; and
- (10) A hospice care plan if the resident is receiving services for hospice care delivered by a licensed hospice agency.

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

Based on record review and interview the provider failed to develop and implement policies and procedures to ensure 2 of 2 sampled residents (Resident 3 and Resident 4) negotiated care plans (NCP) were updated to reflect information documented in current assessments. This failure placed residents at risk for unmet care needs.

## Findings include:

Resident 3 was admitted to the home in [REDACTED] with the medically debilitating diagnoses to include [REDACTED] and a history of [REDACTED]

A 06/10/15 assessment indicated the resident had not had [REDACTED] in the past year, but completed periodic blood work to monitor/ensure therapeutic levels of medications. The assessment further indicated that Resident 3 received [REDACTED] which necessitated monthly [REDACTED] checks.

Additionally, the assessment indicated that Resident 3 previously could remain at home for a couple hours or leave home for short periods on [REDACTED] own, but [REDACTED] caregiver felt that this was no longer in the resident's best interest.

Resident 3's NCP failed to identify that the resident had either [REDACTED] or [REDACTED] disorder. The NCP further failed to identify that the resident received routine [REDACTED] to include such information as frequency, scheduling, transportation and follow-up as necessary.

Additionally, the NCP failed to identify that Resident 3 should not be left alone.

Resident 4 was admitted to the home in [REDACTED] with the medically debilitating diagnosis to include [REDACTED] and [REDACTED]

A 12/16/14 assessment indicated that despite medication management, Resident 4 continued to experience periodic [REDACTED]

[REDACTED] The assessment further indicated that Resident 4 was seen by a [REDACTED] annually and completed [REDACTED] bi-annually to monitor and ensure therapeutic levels.

Additionally, the 12/16/14 assessment identified that Resident 4 could not be left alone.

Resident 4's NCP failed to identify the resident required/completed routine [REDACTED] to include the frequency, scheduling of the [REDACTED] transportation and/or follow-up as necessary.

Additionally, Resident 4's NCP failed to identify that the resident could not be left alone.

In an interview on 11/10/15, Caregiver A (the provider's designated representative) indicated that he was not aware of these requirements.

**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, HALO HILL HOMES INC is or will be in compliance with this law and / or regulation on (Date) 01/20/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Blaire Ruess  
Provider (or Representative)

12/17/2015  
Date

**WAC 388-76-10430 Medication system.**

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
  - (a) Assessment indicates the amount of medication assistance needed by the resident;
  - (b) Negotiated care plan identifies the medication service that will be provided to the resident;
  - (c) Medication log is kept current as required in WAC 388-76-10475 ;
  - (d) Receives medications as required.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

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

Based on observation, record review and interview the provider failed to develop and implement a system to ensure 2 of 2 sampled residents (Resident 3 and Resident 4) who required medication assistance, had their needs met in accordance with all pharmacy rules and laws. This failure put resident(s) at risk for potential medication error(s), omission(s) and administration by unqualified staff.

**Findings include:**

During the home's annual inspection on 11/10/15 Resident records were reviewed and revealed that Resident 3 had been admitted to the home in [REDACTED] with the debilitating diagnoses to include [REDACTED] and a history of [REDACTED]

A review of Resident 3's record lacked evidence of a current list of prescribed and over the counter medications as required.

Resident 3's November 2015 medication log identified two different entries for [REDACTED]. The medication log read; [REDACTED] 5 mg (milligram) tab (tablet). Take 1 tablet by mouth every evening on Sun, Mon, Wed, Fri and Take 1/2 tablet (2.5 mg) on Tues, Thurs, and Sat...". Additionally there was a second entry for [REDACTED] that read; [REDACTED]

██████████ 4 mg tab (tablet) Take 1 tablet by mouth every day...". Both the ██████████ 5 mg tablet and the ██████████ 4 mg tablet had been initiated daily 11/01/15 - 11/109/15, indicating that both medications had been administered daily. Additionally, a review of medication logs from October 2015 and September 2015 documented that both ██████████ 5 mg (alternating with 2.5 mg) and ██████████ 4 mg had been administered daily.

A review of Resident 3's medication supplies managed by the home revealed, ██████████ 4 mg tablets. The packaging on the ██████████ 4 mg tablets indicated the medication was to be administered daily at 5:00 PM.

In an interview on 11/10/15, Caregiver A (the provider's designated representative) was unable to recall whether or not he had received and/or administered ██████████ 5 mg tablets (alternating with 2.5 mg tablets), ██████████ 4 mg tablets or both to resident 3 during September 2015, October 2015 or November 2015.

On 11/10/15 the home's supplying pharmacy was contacted and clarified that Resident 3's ██████████ order had been changed on 08/26/15 to ██████████ 4 mg, daily. The pharmacy further confirmed that only the ██████████ 4 mg tablets had been sent to the home since the order was changed 08/26/15.

Additionally, the provider failed to develop and implement a system to ensure 1 of 2 sampled residents (Resident 4) prescribed "as needed" medications were appropriately delegated for administration. This failure potentially put caregivers at risk for making nursing judgment(s) beyond their scope of training.

Resident 4 was admitted to the home in ██████████ and had the medically debilitating diagnoses to include ██████████ and ██████████

A review of Resident 4's record lacked evidence of a current list of over the counter and prescribed medications as required.

Resident 4's November 2015 medication log identified entries for two as needed medications, ██████████ every four hours as needed for ██████████. Additionally, a second entry was for ██████████ apply carefully to the affected area as needed for pain. Resident 4's record lacked corresponding written orders for either the ██████████ or the ██████████

Additionally, there was no documented evidence that a Registered Nurse Delegator had assessed Resident 4 and/or completed the process of delegation for staff to determine when or how to appropriately administer either the ██████████ or the ██████████ as needed.

In an interview on 11/10/15, the Resident Manager indicated that the home had never had a Nurse Delegator. Additionally, the Resident manager indicated that Resident 4 only used the ██████████ had a cold or the flu and stated ██████████ had last used it "...three or four months ago...". Neither ██████████ nor ██████████ were identified in Resident 4's supply of medication managed by the home. N

Neither the Resident Manager nor Caregiver A were aware of the requirement for a current list of medications to be maintained in the resident's record.

**Attestation Statement**

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Blagoye Rougan  
Provider (or Representative)

12/17/2015  
Date

**WAC 388-76-10480 Medication organizers. The adult family home must ensure:**

- (1) A licensed nurse, pharmacist, the resident or the resident's family member fills a resident's medication organizer;
- (2) Prescribed and over-the-counter medications placed in a medication organizer come from the original container labeled for the resident by the pharmacist or pharmacy service;
- (3) Each resident and anyone giving care to a resident can readily identify medications in the medication organizer;
- (4) Medication organizer labels clearly show the following:
  - (a) The name of the resident;
  - (b) A list of all prescribed and over-the-counter medications;
  - (c) The dosage of each medication;
  - (d) The frequency which the medications are given.
- (5) The person filling the medication organizer updates the labels on the medication organizer when the practitioner changes a medication.

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

Based on observation, record review and interview the provider failed to develop and implement policies and procedures to ensure 1 of 2 sampled resident's (Resident 1) prescribed medication was appropriately "re-packaged" according to all laws and rules relating to medications. This failure placed residents at risk for not receiving medications as prescribed.

**Findings include:**

On 11/16/15 during an observed medication administration, Resident 1 was provided [redacted] routine AM medications, which [redacted] immediately ingested. Additionally, Resident 1 was provided [redacted] mid-day medication (a single tablet) which the resident removed from the bubble pack and immediately placed, unwrapped, into [redacted] pants pocket. When asked, Resident 1 indicated that it (the tablet) was the medication that [redacted] needed to take at lunchtime. Resident 1 was unable to identify the name of the medication.

In an interview, Caregiver A (the provider's designated representative) indicated for the past 1 1/2 years, (since he had been in the home) Resident 1 had always taken [redacted] medication to work with [redacted]. Caregiver A further indicated that he was not aware that this was not an acceptable practice. Options, to include a medication organizer or having the home's supplying pharmacy

provide the mid-day medication in individual packets, (aka "salad packets") were discussed as alternatives.

### Attestation Statement

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X Blayne Murr  
Provider (or Representative)

X 12/17/2015  
Date

### WAC 388-76-10750 Safety and maintenance. The adult family home must:

- (1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;
- (2) Ensure that there is existing outdoor space that is safe and usable for residents;
- (3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;
- (4) Provide safe and functioning systems for:
  - (a) Heating;
  - (b) Cooling, which may include air circulating fans;
  - (c) Hot and cold water;
  - (d) Electricity;
  - (e) Plumbing;
  - (f) Garbage disposal;
  - (g) Sewage;
  - (h) Cooking;
  - (i) Laundry;
  - (j) Artificial and natural light;
  - (k) Ventilation; and
  - (l) Any other feature of the home.
- (5) Ensure water temperature does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:
  - (a) Tubs;
  - (b) Showers; and
  - (c) Sinks.
- (6) Provide storage for toxic substances, poisons, and other hazardous materials that is only accessible to residents under direct supervision, unless the resident is assessed for and the negotiated care plan indicates it is safe for the resident to use the materials unsupervised;
- (7) Provide rapid access for all staff to any bedroom, toilet room, shower room, closet, other room occupied by each resident;
- (8) Keep all firearms locked and accessible only to authorized persons; and
- (9) Keep the home free from:

**Attestation Statement**

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Bleppe Naur  
Provider (or Representative)

12/17/2015  
Date

**WAC 388-76-10840 Emergency food supply. The adult family home must have an on-site emergency food supply that can be stored with other food in the home and that:**

- (1) Will last for a minimum of seventy-two hours for each resident and each household member;
- (2) Meets the dietary needs of each resident, including any specific dietary restrictions any resident may have; and
- (3) Is sufficient, safe, sanitary, and uncontaminated.

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

Based on observation and interview, the provider failed to develop, and implement a system for maintaining a sufficient emergency food supply that met the dietary needs of each resident and would last a minimum of 72 hours (three days) for each resident and each household member. This failure put residents at risk for unmet dietary needs in an emergent situation.

**Findings include:**

On 11/10/15, during the homes annual inspection, the home housed five residents, seven household members and one visiting guest. As part of the inspection process, the Licensor requested to review the home's emergency food supplies. Caregiver A (the provider's designated representative) referred to the home's current kitchen supplies, to include a bowl of fresh fruit, a bag of dried beans and items in a second freezer located on the lower level of the home. The home did not maintain additional emergency food supplies.

During an interview, Caregiver A (the provder's designated representative) indicated the home strove to provide a fresh/healthy diet; therefore did not maintain a lot of "processed" food items and could be quite resourceful as needed. Increased food supplies, sufficient enough to meet the dietary needs/restrictions of the residents and to sustain a minimum of 12 people for 72 hours was reviewed.

**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, HALO HILL HOMES INC is or will be in compliance with this law and / or regulation on (Date) 11/20/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Blesse Perry  
Provider (or Representative)

12/17/2015  
Date

**WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:**

- (1) Will last for a minimum of seventy-two hours for each resident and each household member;
- (2) Is at least three gallons for each resident and each household member;
- (3) Is stored in well sealed food grade or glass containers;
- (4) Is chlorinated or commercially bottled;
- (5) Is replaced every six months unless the commercial water bottle is labeled for a longer expiration date; and
- (6) Is stored in a cool, dry location away from direct sunlight.

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

Based on observation and interview, the provider failed to develop, and implement a system for maintaining an on-site emergency supply of drinking water that will last for a minimum of 72 hours and consists of a minimum of three gallons for each resident and household member. This failure put residents at a potential risk for unmet hydration needs in an emergent situation during a power failure or natural disaster.

**Findings include:**

On 11/10/15, during the homes annual inspection, the home had five residents, two routine staff, and six non-care-giving household members. The home was required to maintain a minimum of 39 gallons of emergency water, however had only 22.5 gallons stored in the lower level of the home.

The provider indicated they would need to fill four of the five (five gallon) containers they had on the shelf. Expiration dates of non-commercially prepared bottles were reviewed.

**Attestation Statement**

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X Eloffe Runz  
Provider (or Representative)

X 12/17/2015  
Date

**WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:**

- (1) Emergency evacuation drills occur at least every two months; and
- (2) All residents take part in at least one emergency evacuation drill each calendar year involving full evacuation from the home to a safe location.

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

Based on record review and interview, the provider failed to develop and implement a system to ensure emergency evacuation drills occurred at least every two months as required.

**Findings include:**

On 11/10/15 during the home's annual inspection, administrative records were reviewed and revealed that since the home's last inspection 04/23/14, emergency evacuations were conducted 12/6/14, 02/10/15, 04/10/15 and 08/12/15.

In an interview on 11/10/15, Caregiver A (the provider's designated representative) acknowledged that the home had "fallen a bit behind".

**Attestation Statement**

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X Eloffe Runz  
Provider (or Representative)

X 12/17/2015  
Date