



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

August 7, 2019

Jeanette Dewitt  
ECHORIDGE WOODS  
PO Box 487  
LA CENTER, WA 98629

RE: ECHORIDGE WOODS License #286000

Dear Provider:

On August 2, 2019 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 June 18, 2019.

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:  
Jenifer Jones, Complaint Investigator

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

Karyl Ramsey, Field Manager  
Region 3, Unit E  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

Statement of Deficiencies	License #: 286000	Completion Date
Plan of Correction	ECHORIDGE WOODS	June 18, 2019
Page 1 of 3	Licensee: JEANETTE DEWITT	

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:  
 6/13/2019

ECHORIDGE WOODS  
 35400 NE 82ND AVE  
 LA CENTER, WA 98629

The department staff that inspected the adult family home:  
 Jenifer Jones, RN, Complaint Investigator

RECEIVED  
 JUL 15 2019  
 DSHS RCS  
 REGION 3

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit E  
 800 NE 136th Avenue, Suite#220  
 Vancouver, WA 98684  
 (360)397-9549

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.

*C. Burinsky for Karyl Ramsey*  
 Residential Care Services

06/26/2019  
 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.

*Jeanette Dewitt*  
 Provider (or Representative)

7-9-19  
 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 complete a national fingerprint background check on 2 of 6 staff members (Staff A & C). This failure placed 5 of 5 residents at risk of potential harm from staff who were not fully screened for a criminal background.

**Findings included**

On 6/13/2019, file review showed Staff A was hired on 10/10/2015 as a CNA-caregiver and Staff Staff C was hired on 1/7/2018 as a CNA-caregiver. There was no available documentation of a fingerprint background check for both staff members. Staff A stated she was not aware she needed a fingerprint check and stated she would get it as soon as possible.

**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, ECHORIDGE WOODS is or will be in compliance with this law and / or regulation on (Date) 7-1-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

7-9-19  
Date

**WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

- (a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;
- (b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

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

Based on interview and record review, the Provider failed to ensure a Washington state name and date of birth background check was repeated every 2 years for staff members (Staff A & D). This failure placed 6 of 6 residents at risk of potential harm from staff who were not thoroughly screened.  
This document was prepared by Residential Care Services from the locator website.

Statement of Deficiencies

License #: 286000

Completion Date

Plan of Correction

ECHORIDGE WOODS

June 18, 2019

Page 3 of 3

Licensee: JEANETTE DEWITT

On 6/13/2019, record review showed Staff A was hired on 10/10/2015 as a Caregiver and Staff D was hired on 6/25/2016 as a Caregiver. Staff A's Washington state name and date of birth background check expired on 8/3/2017 and Staff D's expired on 9/7/2018. Staff A stated she was not aware her background check had expired and stated she would get it right away. Staff D was not available for interview. The Provider stated she was not aware the background checks had expired and would have them completed as soon as possible.

#### 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, ECHORIDGE WOODS is or will be in compliance with this law and / or regulation on (Date) 7-1-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

7-9-19  
\_\_\_\_\_  
Date