



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

January 7, 2020

FEDERAL WAY ADULT FAMILY HOMES LLC  
FEDERAL WAY AFH  
31616 13TH AVE SW  
FEDERAL WAY, WA 98023

RE: FEDERAL WAY AFH License #350300

Dear Provider:

On January 6, 2020 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 November 19, 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:  
Julie Miranda, Nursing Consultant Institutional/AFH Licensors

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Elena Atanasova, Field Manager  
Region 2, Unit G  
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

Statement of Deficiencies	License #: 350300	Completion Date
Plan of Correction	FEDERAL WAY AFH	November 19, 2019
Page 1 of 5	Licensee: FEDERAL WAY ADULT FAMILY HOMES LLC	

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:  
 11/7/2019

FEDERAL WAY AFH  
 31616 13TH AVENUE SW  
 FEDERAL WAY, WA 98023

The department staff that inspected the adult family home:

Julie Miranda, BSN, RN, Nursing Consultant Institutional/AFH Licensors

From:


DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit G  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6007

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

11/26/2019  
 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.

  
 Provider (or Representative)

11-29-2019  
 Date

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

**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:

(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 adult family home (AFH) failed to ensure three of three sampled staff (Staff A, AFH Representative, Staff B, Resident Manager and C, Caregiver) had valid and current background checks as required. This placed six of six residents (Resident #1, #2, #3, #4, #5 and #6) at risk for potential abuse and neglect.

**Findings included...**

**STAFF A**

On 11/07/19 at 11:45 AM during review of records, Staff A's current background check record was not available at the home. Staff A provided the document "Background Check Authorization" application dated 03/27/19 but the final background check result letter was not available.

On 11/07/9 at 12:00 PM during interview, Staff A stated, "BCCU [Background Check Unit] never mailed the result letter, I did not follow up, we could not retrieve the results from the computer."

On 11/19/19 at 07:58 AM, a verification letter was received from the background check department and showed, "[Staff A]'s last background check was completed on 09/02/16.

**STAFF B**

On 11/07/19 at 11:45 AM during review of records, Staff B, Resident Manager's background check record showed it expired on 04/10/19. Staff A provided the document "Background Check Authorization" application dated 03/27/2019 but the final background check result letter was not available.

On 11/07/9 at 12:00 PM during interview, Staff A stated, "BCCU never mailed the result letter, I did not follow up, we could not retrieve the results from the computer."

On 11/19/19 at 07:58 AM, the Licensor received a verification letter from the background check department and showed, "[Staff B]'s last background check was completed on 04/10/17.

**STAFF C**

On 11/07/19 at 11:45 AM during review of records, the AFH hired Staff C, Caregiver on 04/15/14. Staff C's background check record showed it expired on 03/27/19. Staff A provided the document "Background Check Authorization" application dated 03/27/2019 but the final background check result letter was not available.


On 11/07/19 12:00 PM during interview, Staff A stated, "I don't have copies of the background

check result for Staff C, the background check department has not mailed the copies yet since 3/27/19."

On 11/19/19 at 07:58 AM, the Licensor received a verification letter from the background check department and showed, "[Staff C]'s last background check was completed on 04/03/17.

#### 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, FEDERAL WAY AFH is or will be in compliance with this law and / or regulation on (Date) 11-23-2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

11-29-2019  
\_\_\_\_\_  
Date

**WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:**

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations.

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

Based on interview and record review, the adult family home (AFH) failed to ensure the Notice of Services (Resident Admission Agreement) was reviewed with the resident and or representative every twenty-four months on two of two sampled residents (Resident #2 and #4). This placed Resident #2 and #4 and or their representatives at risk for being unaware of house rules, rights, services, and costs.

Findings included...

#### RESIDENT #2

On 11/07/19 at 02:30 PM during review of Resident #2's records showed, the AFH admitted Resident #2 on [REDACTED] 09. On review of Resident #2's Notice of Services (Resident Admission Agreement) document showed the last review was dated 05/01/15. Staff A, AFH Representative was unable to provide documents if the review was completed every twenty-four months.

On 11/07/19 at 02:45 PM during interview, Staff A stated, "What is there is there, that's the last date it was done."

#### RESIDENT #4

On 11/07/19 at 12:20 PM during review of Resident #4's records showed, the AFH admitted

Resident #4 on [REDACTED] 17. On review of Resident #4's Notice of Services (Resident Admission Agreement) document showed the last review was dated 06/29/17. Staff A was unable to provide documents if the review was completed every twenty-four months.

On 11/07/19 at 12:30 PM during interview, Staff A stated, "What is there is there, that's the last date it was done."

#### 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, FEDERAL WAY AFH is or will be in compliance with this law and / or regulation on (Date) 11-7-2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 Provider (or Representative)

11-29-2019  
 Date

#### WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(3) Follow the recommendation of the person's health care provider.

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

Based on interview and record review, the adult family home (AFH) failed to ensure a health care provider was seen for recommendations after a positive tuberculosis (TB) skin test result for one of three sampled staff (Staff C, Caregiver). This placed six of six residents (Resident #1, #2, #3, #4, #5 and #6) at risk for exposure and contracting the communicable disease.

#### Findings included...

#### POSITIVE TB TEST RESULT

##### STAFF C

On 11/07/19 at 12:10 PM during review of records, the AFH hired Staff C, Caregiver on 04/15/14. Staff C completed a chest x-ray dated 01/03/14 due to a positive PPD (test for TB). The x-ray result had written recommendation stated, "To determine whether prophylactic treatment of inactive disease is indicated, follow up with primary care provider."

On 11/14/19 at 02:30 PM during a telephone interview, Staff A, AFH Representative stated, "I don't know if [Staff C] went to his primary physician for an evaluation after his positive TB result."

On 11/14/19 at 04:30 PM during a telephone interview, Staff C stated, "I did not follow up with a primary care provider after my positive TB result and my chest x ray for an evaluation."



Statement of Deficiencies

License #: 350300

Completion Date

Plan of Correction

FEDERAL WAY AFH

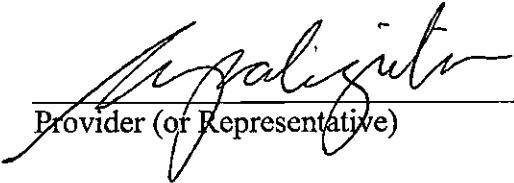
November 19, 2019

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Licensee: FEDERAL WAY ADULT FAMILY HOMES LLC

**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, FEDERAL WAY AFH is or will be in compliance with this law and / or regulation on (Date) 11-20-2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

11-29-2019  
\_\_\_\_\_  
Date