



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*PO Box 98907, Lakewood, WA 98496*

March 9, 2016

Anna M Welch  
COUNTRY LIVING AFH  
13901 81ST AVE E  
PUYALLUP, WA 98373

RE: COUNTRY LIVING AFH License #473100

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on March 4, 2016 for the deficiency or deficiencies cited in the report/s dated January 27, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Ibe Hatch, Licensors

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager  
Region 3, Unit A  
Residential Care Services



FEB 30 2016

STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION DSHS RCS Region 3  
 PO Box 98907, Lakewood, WA 98496

Statement of Deficiencies	License #: 473100	Completion Date
Plan of Correction	COUNTRY LIVING AFH	January 27, 2016
Page 1 of 2	Licensee: ANNA WELCH	

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:  
 1/22/2016  
 COUNTRY LIVING AFH  
 13901 81ST AVE E  
 PUYALLUP, WA 98373

The department staff that inspected the adult family home:  
 Ibe Hatch, RN, BSN, MAOM, Licensor

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit A  
 PO Box 98907  
 Lakewood, WA 98496  
 (253)983-3826

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
---	-------------------

02/11  
03/12/16

**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 interview and record review the adult family home failed to ensure one of four staff (C) completed tuberculosis (TB) testing as required. This failure placed five current residents at risk of exposure to an infectious organism.

Findings include:

All interview and record review occurred 01/22/16 unless noted otherwise.

Review of staff files included documentation Staff C was hired 9/6/12. Her file included documentation she had completed a one-step test on 3/29/09 and another on 9/14/12; however, did not include documentation she completed TB testing within three days of hire or that she completed two-step testing.

During a phone conversation on 1/27/16, the provider said she did not look closely at Staff C's TB documentation.

**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, COUNTRY LIVING AFH is or will be in compliance with this law and / or regulation on (Date) 2/11/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Anna M. Welch  
Provider (or Representative)

2/2/16  
Date

Staff C has started the 2 Step TB testing she started step 1 on 2/2/16 w/a reading scheduled on 2/4/16 and the 2nd testing is scheduled for 2/9/16 to be read 2/11/16. At that time I will fax the findings to Tbe for review. I have put in place a v list for new hires so that this will not happen again.