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 #: 480400 | Completion Date |
|---|---|---|
| Plan of Correction | QUEEN HILL AFH | February 23, 2016 |
| Page 1 of 7 | Licensee: Semida Moldovan | |

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: 2/23/2016

QUEEN HILL AFH
4613 240TH ST SE
BOTHELL, WA 98021

RECEIVED
MAR 22 2016
ADSA/RCS
Smokey Point

The department staff that inspected the adult family home:

Patty Johnson, RN, 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

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: 3/13/16

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.

Semida Moldovan — Provider (or Representative) — Date: 3/17/16

**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 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

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

Based on interview and record review, the provider failed to have a system in place to ensure all employees had background checks for 3 of 4 staff (provider, staff A and staff B). This failure placed the residents at risk of being in contact with a staff person with a negative background history.

Findings include:

In an interview on 2/23/16, the provider reported that she had not realized that her and staff B's Washington State name and date birth background checks had expired. She filled out a new form and faxed it during the inspection. She stated she had thought staff A had completed her fingerprint background check and had forgotten to remind her to provide her with a copy.

In an interview on 2/23/16, staff A reported she had not completed a fingerprint background check.

Record review on 2/23/16 revealed the Washington State name and date birth background checks for the provider and staff B had both expired 5/24/15, 9 months past the expected time. No evidence was found that a background authorization form for the provider or staff B were submitted to DSHS prior to this expiration date. There was a Washington State name and date birth background check for staff A with an expiration date of 2/26/17, but no evidence was found of a fingerprint background check being completed.

**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, QUEEN HILL AFH is or will be in compliance with this law and / or regulation on (Date) 3-20-16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Semida Moldovan — Provider (or Representative)

3-17-2016 — Date

**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 provider failed to have a system in place to ensure 1 of 4 staff (staff A) completed a tuberculosis test within three days of employment and a second step one to three weeks after. This failure placed the residents at risk of health issues related to potentially being exposed to tuberculosis.

Findings include:

Record review on 2/26/16 revealed a negative result for a one step tuberculosis test read on 2/5/16, 8 months past staff A's hire date. There was no evidence of a second tuberculosis test being done.

In an interview on 2/26/16, the provider reported she thought staff A needed a two step but was unsure since staff A was told she only needed a one step from the medical professional who gave staff A the test. Staff A reported she had not had a tuberculosis test before 2/5/16 and was told she only needed a one step.

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Semida Moldovan — Provider (or Representative)

3-17-2016 — Date

**WAC 388-76-10415 Food services. The adult family home must:**

(1) Ensure that the safe food handling training requirements of chapter 388-112 WAC are met; and

**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

(a) From January 1, 2012 through June 30, 2012, adult family home providers, entity representatives, resident managers, and long-term care workers whose birth date is within these dates and the required basic training was previously completed must complete ten hours of continuing education. If ten hours of continuing education were completed between January 1, 2012 through June 30, 2012 for any one listed above, regardless of birth date, then the continuing education requirements have been met for 2012.

(b) Effective July 1, 2012, certified home care aides must complete twelve hours of continuing education each year after obtaining certification as described in RCW 74.39A.341 .

(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.

(d) Continuing education must include one-half hour per year on safe food handling in adult family homes described in RCW 70.128.250 .

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

Based on interview and record review, the provider failed to have a system in place to ensure 1 of 4 staff (staff A) completed the required food safety handlers class. This failure placed the residents at risk for receiving care from a non-fully qualified caregiver.

Findings include:

In an interview on 2/23/16, the provider reported staff A did not take the required 0.5 hour food safety handling class.

Record review on 2/23/16 revealed no evidence that staff A had taken the required 0.5 hour food safety handling class.

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Semida Moldovan
Provider (or Representative)

3-17-2016
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 interview and record review, the provider failed to have a system in place to ensure 1 of 2 residents (Resident 2) was given written notice at least every 24 months of the services available, the cost of services, availability and related costs of items and activities, as well as the homes policies and rules. This failure placed the resident at risk of not being fully informed about the homes policies and rules, care, services, and activities available.

Findings include:

During an interview on 2/23/16, the provider reported she did not review or provide a notice of services to Resident 2 since 1/15/2011.

During record review on 2/23/16, the licensor found Resident 2's notice of services dated for 1/15/11. No further evidence that a written notice of services was provided to the resident since that date.

**Attestation Statement**

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Semida Moldovan
Provider (or Representative)

3-17-16
Date

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

(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.

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

Based on observation and interview, the provider failed to have a system in place to ensure the water temperature was at or below 120 degrees F. This failure placed the residents at risk for getting burned and a decreased quality of life.

Findings include:

During a tour of the home on 2/23/16, the thermometer read 128.2 degrees while running the water from the sink faucet in the bathroom that was near the homes front entrance. The thermometer read 124.4 degrees while running the water from the sink faucet in the bathroom that was near bedroom C.

In an interview on 2/23/16, staff C reported that he had been adjusting the hot water tanks thermostat to maintain the homes water temperature at 120 degrees or less. Staff C turned down the hot water tank thermostat during the inspection.

**Attestation Statement**

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Semida Moldovan
Provider (or Representative)

3-17-2016
Date

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

April 14, 2016

Semida Moldovan
QUEEN HILL AFH
4613 240TH ST SE
BOTHELL, WA 98021

RE: QUEEN HILL AFH License #480400

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 5, 2016 for the deficiency or deficiencies cited in the report/s dated February 23, 2016 and found no deficiencies.

The Department staff who did the inspection:
Patty Johnson, Licensor

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

Sincerely,

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