



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

Statement of Deficiencies	License #: 583300	Completion Date
Plan of Correction	MOUNTAIN VIEW	February 3, 2016
Page 1 of 2	Licensee: MOUNTAIN VIEW	

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:
 1/29/2016

MOUNTAIN VIEW
 15922 66TH ST E
 SUMNER, WA 98390

The department staff that inspected the adult family home:
 Gary Fuentebella, Licensors

RECEIVED

FEB 09 2016

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

DSHS RCS Region 3

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

2/5/16

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)

2/7/16

Date

03/22/16
 04/03/16

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112 WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

According to WAC 246-980-050(2): A long-term care worker who has not been issued a home care aide certification within two hundred calendar days of the date of hire must stop providing care until the certification has been granted.

Based on observation, interview and record review the home failed to ensure 1 of 4 caregivers (Caregiver D) completed Home Care Aide (HCA) within two hundred (200) calendar days of her date of hire. The home also failed to ensure Caregiver A stopped providing care to residents in the home after HCA certification was not obtained within two hundred (200) days of hire. This failure placed all residents at risk for receiving care and services from an unqualified caregiver.

Findings include:

All observation, interview and record review occurred on 1/29/16 unless otherwise noted.

Review of personnel files revealed Caregiver D completed the 70 hour Long-Term Care Worker (LTCW) Basic training on 2/23/15 and was hired on the same date. Further review revealed no documentation to show Caregiver D had obtained HCA Certification within 200 days of her date of hire (approximately by September 2015).

During interview the Entity Representative (ER) said she thought Caregiver D only needed to have LTCW training and did not know she also needed to have HCA certification from the Department of Health (DOH). The ER stated Caregiver D currently worked in the AFH on the night shift.

Caregiver D was not working in the home at the time of the inspection.

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, MOUNTAIN VIEW is or will be in compliance with this law and / or regulation on (Date) 3/2/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Walter Lee
Provider (or Representative)

2/7/16
Date



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

March 23, 2016

MOUNTAIN VIEW ADULT CARE HOME, INC
MOUNTAIN VIEW
15922 -66th St. E
Sumner, WA 98390

RE: MOUNTAIN VIEW License #583300

Dear Provider:

On March 18, 2016 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 February 3, 2016.

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:
Gary Fuentesbella, Licenser

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Cramer".

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