



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

March 2, 2020

Akanele A Imo  
DIVINE ADULT FAMILY HOME  
17015 SPANAWAY LANE  
SPANAWAY, WA 98387

RE: DIVINE ADULT FAMILY HOME License #725900

Dear Provider:

On February 28, 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 January 30, 2020.

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:  
Ibe Hatch, Licensor

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

Sincerely,

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



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**PO Box 98907, Lakewood, WA 98496**

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FEB 12 2020

DSHS RCS Region 3

Statement of Deficiencies	License #: 725900	Completion Date
Plan of Correction	DIVINE ADULT FAMILY HOME	January 30, 2020
Page 1 of 2	Licensee: AKANELE IMO	

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:  
 1/30/2020

DIVINE ADULT FAMILY HOME  
 17015 SPANAWAY LANE  
 SPANAWAY, WA 98387

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

2/3/2020

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)

02/06/20

Date

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

**WAC 388-76-10265 Tuberculosis Testing Required.**

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(e) Staff; and

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

DSHS RCS Region 3

Based on interview and record review the adult family home failed to ensure one of two recently hired caregivers (Staff A) completed tuberculosis (TB) testing within three days of hire. This failure placed three of three current residents at risk of exposure to an infectious organism.

**Findings included...**

Review of Staff A's employee file showed she was hired 12/17/19. Her file included documentation she completed a two-step TB test 09/20/19; however, there was no documentation she completed a TB test within three days of hire.

*01/30/20 Correct date.*  
On 01/20/20, at 1:30 PM, the provider stated she thought the two-step was sufficient.

**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, DIVINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 02/02/20 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*Akanele A Imo*  
Provider (or Representative)

02/06/20  
Date