



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 #: 726900	Completion Date
Plan of Correction	BEST CARE	January 28, 2016
Page 1 of 4	Licensee: YAVUUKHULAN	

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:
 1/28/2016

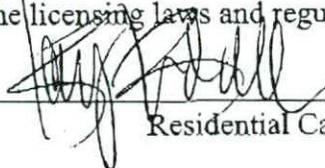
BEST CARE
 15564 8TH AVE NE
 SHORELINE, WA 98155

RECEIVED
 MAR 09 2016
 ADULTS
 Shockey Point

The department staff that inspected the adult family home:
 Megan Wylie, BSN, 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

2/16/16
 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)

02/20/16
 Date

(1) 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:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to ensure 1 of 2 caregivers (Caregiver B) completed TB testing within 3 days of hire. This placed all 6 residents at risk of being cared for by staff who could transmit a communicable disease. Findings include:

The provider and the licensor reviewed the staff records together on 1/28/16. Caregiver B was hired on 12/1/13. Caregiver B was unable to provide documentation of completing a TB test within 3 days of hire as required. The provider stated that she was not aware the caregiver required a 2 step TB test on hire. Caregiver be agreed to have a TB test done as soon as possible.

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, BEST CARE is or will be in compliance with this law and / or regulation on (Date) January 28, 16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Chyanukhulan

Provider (or Representative)

02/20/16

Date

(2) 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

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 2 of 6 residents (Residents 2 and 4) received a new notice of services (admission agreement) at least every 24 months after admission. This failure placed residents at risk of not understanding care and services provided by the home and any associated charges. Findings include:

Resident 2:

Resident 2 moved into the home on [REDACTED] 12. Documentation showed Resident 2 received the notice of services at that time. The Resident or residents family had not been provided with the notices of services every 24 months as required.

Resident 4:

Resident 4 moved into the home on [REDACTED] 3. Resident 4 received a notice of services at that time. The resident was not provided with a notice of services every 24 months as required.

The provider was unaware of this requirement and stated she would provide the residents or the resident's representatives a copy of the notice of services.

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, BEST CARE is or will be in compliance with this law and / or regulation on (Date) January 28, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

YavuuKhulan
Provider (or Representative)

02/20/16
Date

(3) WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:

(2) All residents take part in at least one emergency evacuation drill each calendar year involving full evacuation from the home to a safe location.

This requirement was not met as evidenced by:

Based on observation, interview and record review the provider failed to perform a full emergency evacuation annually. This placed 6 of 6 residents at risk for not being evacuated to a safe location in the event of a fire in the required 5 minutes.

Findings include:

The home provided care and services to 6 residents. 2 residents required the use of a walker for ambulation and 2 residents required wheel chairs. One of the residents who required a wheel chair [REDACTED] and wheel chair [REDACTED] on staff for [REDACTED] evacuation needs.

Review of the home's emergency evacuation records showed two types of drill to be performed. Emergency Evacuation (Every 2 months) and Full Evacuation (Annually). Emergency Evacuation drills were done every 2 months but there had not been a Full Evacuation in the past 12 months.

The Provider stated the weather has hindered her ability to do a full evacuation. On 2/1/16, after the full inspection, the provider completed a full evacuation that took 6 minutes.

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, BEST CARE is or will be in compliance with this law and / or regulation on (Date) January 28, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Yavuuhiulan

Provider (or Representative)

02/20/16

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

March 29, 2016

Yavuukhulan Chimidtseren
BEST CARE
15564 8TH AVE NE
SHORELINE, WA 98155

RE: BEST CARE License #726900

Dear Provider:

On March 28, 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 January 28, 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:
Megan Wylie, 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