



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 #: 74000	Completion Date
Plan of Correction	LA CASA DE ESPERANZA	January 22, 2016
Page 1 of 4	Licensee: ARTURO DELGADILLO	

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:
 1/20/2016

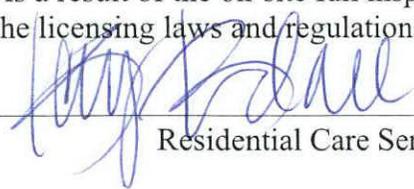
LA CASA DE ESPERANZA
 1637 GRANDVIEW PL
 FERNDALE, WA 98248

RECEIVED
 FEB 16 2016
 ADSA/PCS
 Smokey 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

1/21/16
 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)

2-10-16
 Date

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

- (a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and
- (b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on interview and record review the provider failed to establish the character, competence and suitability for 2 of 2 caregivers (Caregiver B, H) who had negative actions return on the background and fingerprint checks. This failure placed all residents at risk for abuse, neglect and exploitation.

Findings include:

Caregiver B was hired on 12/11/14. A Washington State name and date of birth background check, completed on 1/9/15, and a National Fingerprint check, completed on 3/5/15, were reviewed by the provider. Both reported convictions that were non-disqualifying actions. The provider did not complete a Character, Competence and Suitability review as required.

Caregiver H was hired on 5/1/15. A Washington State name and date of birth background check, completed on 5/15/15, and a National Fingerprint check, completed on 7/1/15, were reviewed by the provider. Both reported convictions that were non-disqualifying actions. The provider did not complete a Character, Competence and Suitability review as required.

The provider was not aware of this requirement and began completing them immediately.

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, LA CASA DE ESPERANZA 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.

Arturo Delgadillo
Provider (or Representative)

X 2-10-16
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 on interview and record review, the provider failed to have a system in place to ensure 4 of 4 residents (Residents 1, 2, 3 and 4) received a new notice of services that included the required elements at least every 24 months after admission. This failure placed residents at risk of not knowing the rules or understanding care and services provided by the home.

Findings include:

Resident 1 was admitted to the home on [redacted] 90 with [redacted]. The resident's representative signed a document that discussed resident's rights on 2/13/08. Prior to that the admission agreement was signed on admission.

Resident 2 was admitted to the home on [redacted] 98 with multiple diagnoses including a [redacted]. The resident's representative signed a document that discussed resident's rights on 2/13/08. Prior to that the admission agreement was signed on admission.

Resident 3 was admitted to the home on [redacted] 95 with [redacted] and the [redacted] to [redacted]. The resident's representative signed a document that discussed resident's rights on 2/13/08. Prior to that the admission agreement was signed on admission.

Resident 4 was admitted to the home on [redacted] 90 with [redacted]. The resident's representative signed a document that discussed resident's rights on 2/13/08. Prior to that the admission agreement was signed on admission.

The provider was not aware of the requirement that states the resident or resident's representative must be provided with a notice in writing that explains the resident's rights and the services provided by the home including charges associated with the services. The provider stated she would notify the families and provide them with this information 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, LA CASA DE ESPERANZA is or will be in compliance with this law and / or regulation on (Date) X 3-1-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Arturo Delgadillo
Provider (or Representative)

X 2-10-16
Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to ensure a National Fingerprint Check was current for 1 of 3 caregivers (Caregiver E) hired in 2015. This placed 4 of 4 residents at risk for abuse.

Findings include:

A full licensing inspection was conducted on 1/20/16 , the provider and licensor reviewed the staff fingerprint checks together. The provider was not aware that a fingerprint check had not been completed for Caregiver E. The provider stated she would have this 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, LA CASA DE ESPERANZA is or will be in compliance with this law and / or regulation on (Date) 3-1-16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Elsie A. Delgadillo
Provider (or Representative)

2-10-16
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

Arturo G Delgadillo
Elsie A Delgadillo
LA CASA DE ESPERANZA
1637 GRANDVIEW PL
FERNDALE, WA 98248

RE: LA CASA DE ESPERANZA License #74000

Dear Provider:

On March 17, 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 22, 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