



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

May 25, 2016

BETA NURSING & MEDICAL EQUIPMENT SERVICES INC  
BETA ADULT FAMILY HOME  
6721 44TH AVE E  
TACOMA, WA 98443

RE: BETA ADULT FAMILY HOME License #750425

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 24, 2016 for the deficiency or deficiencies cited in the report/s dated April 1, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Jane Chantler, Complaint Investigator

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Cramer".

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



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

RECEIVED  
 APR 21 2016  
 DSHS RCS Region 3

Statement of Deficiencies	License #: 750425	Completion Date
Plan of Correction	BETA ADULT FAMILY HOME	April 1, 2016
Page 1 of 4	Licensee: BETA NURSING &	

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:  
 3/30/2016

BETA ADULT FAMILY HOME  
 6721 44TH AVE E  
 TACOMA, WA 98443

The department staff that inspected the adult family home:  
 Jane Chantler, RN, BSN, Complaint Investigator

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

4/7/16

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)

4/13/16

Date

05/13  
 05/01

**WAC 388-76-10161 Background checks Who is required to have.**

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

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

Based on interview and record review the adult family home failed to ensure two of three caregivers (Staff C D), whose records were reviewed, had the appropriate background checks completed. This failure placed residents at risk of being cared for by someone with a disqualifying crime. Findings include:

Interviews and record review occurred on 3/30/16.

Record review for Staff C revealed she was hired on 2/3/16. Staff C had results for a Washington state name and birth date background check but no results from a national fingerprint check.

In an interview with the Provider she acknowledged that a national fingerprint check had not been completed for Staff C but stated that a fingerprint appointment would be scheduled right away.

Record review for Staff D revealed that she was hired on 4/25/15. The Provider said Staff D was only employed a very short time, and never worked alone. Staff D had a letter from the department dated 5/15/2015 that her background check "could not be completed as the current first name could not be read."

In an interview the Provider stated Staff D's background authorization form was re-submitted to the background unit. The Provider could not find any results for the Washington state name and birth date background check for Staff D. Because Staff D could not complete her training credentials the Provider acknowledged a national fingerprint check was not requested for Staff D.

**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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5/13/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Lokay  
Provider (or Representative)

4/13/16  
Date

**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 ;

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

Based on interview and record review the adult family home failed to ensure two of three staff members (Staff A, B) had a valid background check every two years. This failure placed residents at risk of being cared for by someone with a disqualifying crime. Findings include:

Review of Staff A's (Provider) personnel file revealed a Washington state name and date of birth background check that expired on 3/9/16.

Review of Staff B's personnel file revealed a Washington state name and date of birth background check that expired on 4/10/15.

In an interview with Staff A (Provider) on 3/30/16, she acknowledged that she had not submitted authorization forms every two years for updated background checks for herself and Staff B.

**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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5/13/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Lokay  
Provider (or Representative)

4/13/16  
Date

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

(4) At least every twelve months.

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

Based on observation, interviews and record review the adult family home failed to ensure that one of two resident's negotiated care plan (#1) was reviewed and revised at least every twelve months. This failure caused a potential for unmet care needs for Resident #1. Findings include:

All observations, interviews and record review occurred on 3/30/16.

Observation of Resident #1 revealed an alert and oriented resident walking with a

Resident #1 was friendly and able to answer questions appropriately.

Record review revealed that Resident #1 was admitted to the facility on [redacted] with diagnoses to include [redacted] among others. Record review revealed a negotiated care plan (ncp) dated 12/27/15; three months after the annual ncp revision was due.

In an interview with the Provider, she stated Resident#1's ncp had not been revised because Resident #1 was applying for state assistance and the Provider was waiting until a state assessment had been completed. A state CARES assessment had been completed on 2/29/16.

#### 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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5/13/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Falcey  
Provider (or Representative)

4/13/16  
Date