



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

June 7, 2016

HORIZON VIEW INVESTMENTS LLC
PERKINS SENIOR CARE SERVICES
PO BOX 65029
SHORELINE, WA 98155

RE: PERKINS SENIOR CARE SERVICES License #750658

Dear Provider:

On June 6, 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 May 6, 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:
Brenda Mooney, Licensor

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bennetta Shoop".

Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services



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Statement of Deficiencies	License #: 750658	Completion Date
Plan of Correction	PERKINS SENIOR CARE SERVICES	May 6, 2016
Page 1 of 2	Licensee: HORIZON 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:
5/3/2016

PERKINS SENIOR CARE SERVICES
1808 NE PERKINS WAY
SHORELINE, WA 98155

The department staff that inspected the adult family home:
Brenda Mooney, M.A., Licensor

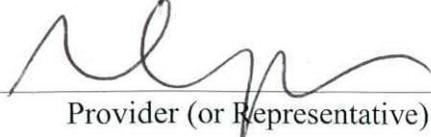
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032-2388
(253)234-6033

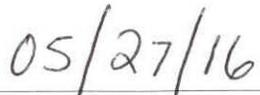
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


Residential Care Services


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)


Date

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DSHS/ADSA/RCS

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 home did not ensure that 1 of 3 caregivers had a current and complete criminal history background inquiry. Failure to ensure that a caregiver had a completed background inquiry had the potential to expose 3 of 3 residents to harm.

Findings include:

On 5/3/16, a review of staff qualifications revealed that Caregiver C, had an orientation to the home dated 9/8/15 and a criminal history background inquiry which did not have a national fingerprint check and which expired on 12/6/15.

On 5/9/16, a fax from the home was reviewed which showed an orientation for Caregiver C with a different hire date (i.e. 2/8/16) and a returned preliminary background inquiry from the processing unit dated 8/12/15. The returned form from the background inquiry processing unit stated that the inquiry had not been processed because the wrong form had been used.

There was no further documentation of any additional efforts to complete an inquiry on Caregiver C included with the fax. A complete and current background inquiry is required for all caregivers.

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, PERKINS SENIOR CARE SERVICES is or will be in compliance with this law and / or regulation on (Date) 5/27/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

05/27/16

Date

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