



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

May 25, 2016

Leo D Quesada
DIAMOND AFH
18570 ASHWORTH AVE N
SHORELINE, WA 98133

RE: DIAMOND AFH License #750670

Dear Provider:

On May 23, 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 April 1, 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,

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



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Statement of Deficiencies	License #: 750670	Completion Date
Plan of Correction	DIAMOND AFH	April 1, 2016
Page 1 of 3	Licensee: LEO QUESADA	

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:
3/31/2016

DIAMOND AFH
18570 ASHWORTH AVE N
SHORELINE, WA 98133

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

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DSHS/ADSARCS

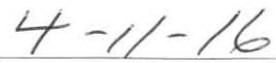
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


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

WAC 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the home did not ensure that 1 of 6 residents (Resident #2) had an assessment completed in a timely manner. Failure to ensure that a current assessment was completed had the potential to enable current needs to go unidentified.

Findings include:

On 3/31/16, a review of resident records revealed that Resident #2 had an assessment dated 9/17/14. Resident #2's assessment was due for a review on 9/17/15 and was 6 months overdue.

The Provider said he was not aware that a privately paid assessor needed to complete an assessment for Resident #2. The Provider further explained that he only had state paid residents whose assessments were completed by a state social worker prior to Resident #2.

The Provider admitted Resident #2 as a state paid resident on [redacted] but this resident had become ineligible when a settlement from a prior car accident came through in 2015.

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, DIAMOND AFH is or will be in compliance with this law and / or regulation on (Date) 4-3-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4-11-16

Date

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DSHS/ADS/ARCS

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 interview and record review, the home did not ensure that 1 of 6 residents (Resident #2) had a negotiated care plan completed in a timely manner. Failure to ensure that a current negotiated care plan was completed had the potential to enable current needs to go unaddressed.

Findings include:

On 3/31/16, a review of resident records revealed that Resident #2 had a care plan dated 1/21/15.

Resident #2's care plan was due for a review on 1/21/16 and was 2 months overdue.

The Provider said he was not aware that a care plan was needed for a privately paid resident. The Provider further explained that he only had state paid residents whose care plans were completed following the assessment completed by a state social worker.

The Provider admitted Resident #2 as a state paid resident on [REDACTED] but this resident had become ineligible when a settlement from a prior car accident came through in 2015.

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, DIAMOND AFH is or will be in compliance with this law and / or regulation on (Date) 4-3-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Leo Quesada
Provider (or Representative)

4-11-16
Date

RECEIVED
APR 13 2016
DSHS/ADSARCS