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

March 14, 2016

LAURELWOOD MANOR AFH LLC
LAURELWOOD MANOR AFH LLC
2207 S 291ST ST
FEDERAL WAY, WA 98003

RE: LAURELWOOD MANOR AFH LLC License #750872

Dear Provider:

On March 11, 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 February 2, 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:
Jocelyn Cruz, Licensor

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Delores Usea, Field Manager
Region 2, Unit G
Residential Care Services

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

Statement of Deficiencies	License #: 750872	Completion Date
Plan of Correction	LAURELWOOD MANOR AFH LLC	February 2, 2016
Page 1 of 2	Licensee: LAURELWOOD	

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: 2/1/2016

LAURELWOOD MANOR AFH LLC
2207 S 291ST ST
FEDERAL WAY, WA 98003

The department staff that inspected the adult family home:
Jocelyn Cruz, RN, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032-2388
(253)234-6007

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: 2/5/16

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: 03/04/2016

RECEIVED
MAR 08 2016
DSHS/ALTSA/RCS

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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure one of five AFH personnel (Caregiver B) completed one-step Tuberculosis (TB) testing within three days of hire as required. This failure placed all residents at risk for possible exposure to a communicable disease.

All observation, record review and interview occurred on 02/01/2016 unless otherwise noted.

Findings include:

Caregiver B was observed providing care to the residents in the home.

Review of the adult family home's personnel records revealed Caregiver B was hired to work in the home on 09/28/2015. She had negative two-step TB results completed on 07/17/2015 and 08/08/2015.

There was no record of a completed one-step TB test for Caregiver B within three days of hire as required.

In an interview with the Entity Representative, she stated she was not aware Caregiver B needed more TB testing than what she already completed.

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, LAURELWOOD MANOR AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/12/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) — Date: 03/04/2016

RECEIVED
MAR 08 2016
DSHS/ALTSA/RCS