



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 #: 750957	Completion Date
Plan of Correction	AQUARIUS LOVING CARE	November 10, 2015
Page 1 of 4	Licensee: AQUARIUS LOVING	

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:  
 11/10/2015

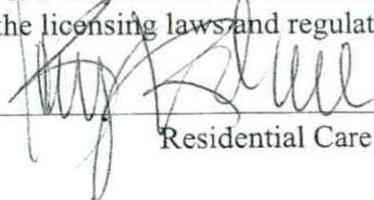
AQUARIUS LOVING CARE  
 17126 37TH AVE W  
 LYNNWOOD, WA 98037

RECEIVED  
 JAN 06 2016  
 ADSA/RCS  
 Smokey Point

The department staff that inspected the adult family home:  
 Shannon Smick, BS, M.Ed, Licensors

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit G  
 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

11/20/15  
 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)

1-1-2016  
 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 observation, interview and record review, the provider failed to ensure that each resident was notified in writing of the services provided at the adult family home. This placed 2 of 2 residents at risk for unmet services in the home.

**Findings include:**

During the full inspection on 11/10/15, the licenser reviewed Resident 1 & 2's records. Resident 1 admitted to the home on [redacted] 15 and Resident 2 admitted to the home on [redacted] 10. The provider stated she had only completed the admission agreement packet upon admission and had not updated them after two years had passed.

**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, AQUARIUS LOVING CARE is or will be in compliance with this law and / or regulation on (Date) 11-10-2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]  
Provider (or Representative)

1-1-2016  
Date

**WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year?**

- (1) Adult family homes
  - (a) From January 1, 2012 through June 30, 2012, adult family home providers, entity representatives, resident managers, and long-term care workers whose birth date is within these dates and the required basic training was previously completed must complete ten hours of continuing education. If ten hours of continuing education were completed between January 1, 2012 through June 30, 2012 for any one listed above, regardless of birth date, then the continuing education requirements have been met for 2012.

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

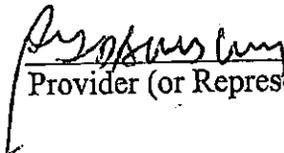
Based on record review and interview, the provider failed to have a system in place to ensure that she had completed 12 hours of continuing education training by her birthdate as required. This failure placed 2 of 2 residents at risk of receiving care from unqualified caregivers.

Findings include

The provider had completed 12 hours of continued education; however, two hours were not approved education. The provider would locate additional approved training 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, AQUARIUS LOVING CARE is or will be in compliance with this law and / or regulation on (Date) 11-10-2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

1-1-2016  
\_\_\_\_\_  
Date

**WAC 388-112-0260 What are the CPR and first-aid training requirements?**

- (1) Adult family homes
- (a) Adult family home applicants, providers, entity representatives, and resident managers must possess a valid CPR and first-aid card or certificate prior to obtaining a license, and must maintain a valid card or certificate.

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

Based on interview and record review, the provider failed to ensure she had a current cardiopulmonary resuscitation (CPR) and first aid training card. This placed 2 of 2 residents at risk of delay in emergency services.

Findings include:

On 11/10/15, staff records were reviewed with the provider. The provider stated, she had taken a CPR and first aid training class however it was not approved by the Department. She would locate a CPR and first aid training classes 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, AQUARIUS LOVING CARE is or will be in compliance with this law and / or regulation on (Date) 11-16-2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*[Signature]*  
Provider (or Representative)

1-1-2016  
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

February 1, 2016

AQUARIUS LOVING CARE LLC  
AQUARIUS LOVING CARE  
17126 37TH AVE W  
LYNNWOOD, WA 98037

RE: AQUARIUS LOVING CARE License #750957

Dear Provider:

On January 22, 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 November 10, 2015.

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:  
Shannon Smick, Licensor

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

A handwritten signature in black ink, appearing to read "Kay Randall".

Kay Randall, Field Manager  
Region 2, Unit B  
Residential Care Services