



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 #: 750996	Completion Date
Plan of Correction	MAPLE ROAD ADULT FAMILY HOME LLC	February 29, 2016
Page 1 of 3	Licensee: MAPLE ROAD ADULT	

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:
 2/11/2016

MAPLE ROAD ADULT FAMILY HOME LLC
 3920 MAPLE ROAD
 LYNNWOOD, WA 98037

RECEIVED

MAR 31 2016

The department staff that inspected the adult family home:
 Patricia Johnson, BA, Licensor

AL TSA/RCS ARLINGTON

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

3/13/16

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)

03-28-16

Date

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

- (1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or
- (2) A documented negative result from one skin or blood test in the previous twelve months.

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to have a system in place to ensure that 1 of 2 sampled staff (Caregiver C) had a tuberculin (TB) skin test within 3 days of hire as required. This failure placed the residents at risk of possible exposure to a communicable disease.

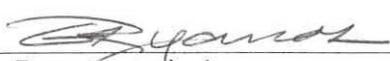
Findings include:

Record review on 2/11/16 revealed Caregiver C was hired on 10/26/14 and had documentation of two step TB testing with negative readings (0mm) on 11/07/13 and 11/18/13. Caregiver C did not have a TB skin test within 3 days of hire.

When interviewed on 2/11/16, the provider, who was a registered nurse, said that she completed a TB screening questionnaire with Caregiver C on 10/26/14 and thought it was sufficient since the caregiver had a negative two step TB test in the past.

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, MAPLE ROAD ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 2-28-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

03-28-16
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

- (1) In locked storage;
- (3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the provider failed to have a system in place to ensure all

medications were kept in locked storage at all times. This failure placed the residents at risk of harm from having access to medications not prescribed for them.

Findings include:

During a tour of the home on 2/11/16, the licensor observed a box of [redacted] insulin that was prescribed to Resident [redacted] on top of the locked box of medications in the refrigerator in the kitchen. The insulin was not in the locked box.

When interviewed, the provider said the box of [redacted] would not fit in the lock box, so the caregiver placed it on top of it. The provider said none of the residents got into the refrigerator.

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, MAPLE ROAD ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 2-28-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

03-28-16
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

April 14, 2016

MAPLE ROAD ADULT FAMILY HOME LLC
MAPLE ROAD ADULT FAMILY HOME LLC
3920 MAPLE ROAD
LYNNWOOD, WA 98037

RE: MAPLE ROAD ADULT FAMILY HOME LLC License #750996

Dear Provider:

On April 5, 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 January 14, 2015 and February 29, 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:
Patricia Johnson, 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