



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

RECEIVED
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Statement of Deficiencies	License #: 751102	Completion Date
Plan of Correction	SARON ADULT FAMILY HOME	March 11, 2016
Page 1 of 4	Licensee: TESHOME HAILE	

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.

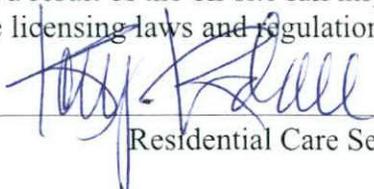
The department has completed data collection for the unannounced on-site full inspection of:
3/8/2016

SARON ADULT FAMILY HOME
2117 127TH PL SW
EVERETT, WA 98204

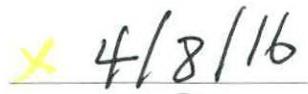
The department staff that inspected the adult family home:
Jolene Smith, RN/BSN, Adult Family Home Licensor

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
4/4/16 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)
 Date

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;

WAC 388-76-10275 Tuberculosis No testing. The adult family home is not required to have a person tested for tuberculosis if the person has:

(1) A documented history of a previous positive skin test, with ten or more millimeters induration;

(2) A documented history of a previous positive blood test; or

(3) Documented evidence of:

(a) Adequate therapy for active disease; or

(b) Completion of treatment for latent tuberculosis infection preventive therapy.

This requirement was not met as evidenced by:

Based on record review and interview the Provider failed to develop and implement a system to ensure 1 of 3 staff (Staff A) had completed tuberculosis skin testing within three days of hire or provided documented evidence of a prior positive skin test or documented evidence of a prior positive blood test with appropriate follow-up completed. Failure to complete a thorough screening process put residents at risk for potential exposure to an unidentified communicable disease.

Findings include:

On 09/08/15 during the Adult Family Home's (Home's) annual inspection, employee records were reviewed and revealed Staff A was hired on 02/04/16. There was no documented evidence Staff A had completed skin testing to evaluate for tuberculosis prior to or since his employment at the Home.

When asked, the Provider indicated upon hire, Staff A had submitted a copy of a chest x-ray and he (the Provider) had not inquired further about skin testing. There was no documentation to indicate Staff A had ever completed a skin test or blood test for tuberculosis screening.

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, SARON ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/9/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Teshome Haile
Provider (or Representative)

04/8/16
Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;

This requirement was not met as evidenced by:

Based on record review and interview the Provider failed to develop and implement a system to ensure 2 of 2 sampled residents (Resident 1 and Resident 2) had been noticed both orally and in writing, in a language the resident understood about the Home's policy on accepting Medicaid payments. This failure put resident at risk for not being fully informed of his/her rights.

Findings include:

During the Adult Family Home's (Home's) annual inspection, 03/08/16, resident records were reviewed and revealed Resident 1 was admitted to the home [REDACTED] 2016 and Resident 2 was admitted [REDACTED] 2015. There was no documented evidence Resident 1, Resident 2 or either resident's designated representative had been informed of the Home's policy on accepting medicaid payments.

During an interview on 03/08/16, the Provider indicated he was not aware of this requirement but placed copies of the Home's policy in each of the resident's record and would be signed 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, SARON ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) X 3/9/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Teshome Haile
Provider (or Representative)

X 04/08/16
Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on record review and interview the Provider failed to develop and implement a system to ensure 1 of 2 staff (Staff A) had completed a National fingerprint background check (fingerprint check). This failure placed residents at risk for receiving care from a person with a criminal

history.

Findings include:

On 03/08/16, during the Adult Family Home's (Home's) annual inspection, employee records were reviewed. Records indicated Staff A was hired 02/04/16. There was no documented evidence Staff A had completed/submitted a National Fingerprint background application.

During an interview on 03/08/16, the Provider indicated Staff A had worked a couple weeks then left and was currently out of state.

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, SARON ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) X 3/9/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Teshome Haile
Provider (or Representative)

X 4/8/16
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 26, 2016

MEDANIT MENGISTU
TESHOME A HAILE
SARON ADULT FAMILY HOME
2117 127TH PL SW
EVERETT, WA 98204

RE: SARON ADULT FAMILY HOME License #751102

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 22, 2016 for the deficiency or deficiencies cited in the report/s dated March 11, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jolene Smith, Adult Family Home Licensors

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

Sincerely,

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