



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

September 8, 2016

RARITA GIGICA  
MADISON ADULT FAMILY HOME  
14222 15TH PL W  
LYNNWOOD, WA 98087

RE: MADISON ADULT FAMILY HOME License #751105

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 23, 2016 for the deficiency or deficiencies cited in the report/s dated June 23, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Patricia Johnson, Licensors  
Katie Flom, Long Term Care Surveyor

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

Sincerely,

A handwritten signature in cursive script that reads "Kay Randall".

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



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Statement of Deficiencies	License #: 751105	Completion Date
Plan of Correction	MADISON ADULT FAMILY HOME	June 23, 2016
Page 1 of 5	Licensee: RARITA GIGICA	

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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:  
6/21/2016

MADISON ADULT FAMILY HOME  
14222 15TH PL W  
LYNNWOOD, WA 98087

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

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

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ADSA/R...  
Smokey Point

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

7/7/16  
\_\_\_\_\_  
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)

7/20/16  
\_\_\_\_\_  
Date

**WAC 388-76-10161 Background checks Who is required to have.**

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

**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 B) had completed a national fingerprint background check. This failure placed residents at risk for receiving care from or having access to a person with a criminal history.

**Findings include:**

On 06/21/16, during the Adult Family Home's (Home's) annual inspection, administrative records were reviewed and revealed Staff B was hired 04/01/16. Employee records lacked documented evidence Staff B had completed a name and date of birth background check prior to or since being hired by the Home.

During an interview on 06/21/16 records were reviewed with the provider, whom indicated the Home had never received Staff B's results for a name and date of birth criminal background check. The provider further indicated Staff B had recently completed and submitted to the Background Check Central Unit an application for a name and date of birth criminal background check.

**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, MADISON ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7/25/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Rarita Gigica

Provider (or Representative)

7/25/2016

Date

**WAC 388-76-10250 Medical emergencies Contacting emergency medical services Required.**

(1) The adult family home must develop and implement policies and procedures which require immediate contact of the local emergency medical services when a resident has a medical emergency. This requirement applies:

(b) Whether or not:

(i) Any order exists directing medical care for the resident;

(ii) The resident has provided an advance directive for medical care; or

(iii) The resident has expressed any wishes involving medical care.

(3) The home must inform the resident of the requirements in this section.

(4) The home is not required to contact emergency medical services when a resident is receiving hospice care by a licensed hospice agency and the:

(a) Emergency relates to the expected hospice death; and

**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 the Home had policies and procedures which required immediate contact of the local emergency medical services when a resident had a medical emergency. This failure placed residents at the potential risk for a delayed response during a medical emergency.

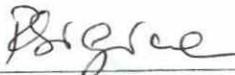
Findings include:

On 06/21/16 during the Adult Family Home's (Home's) annual inspection, a review of the administrative records revealed the home lacked a policy that required staff to immediately contact the local emergency medical services when a resident had a medical emergency regardless of an advanced directive or expressed wishes.

During a follow-up interview on 06/22/16, the provider indicated she was not aware of this requirement. The Washington Administrative Code was reviewed, a copy provided and the provider indicated a policy would be drafted 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, MADISON ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/25/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

7/20/2016

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 388-76-10285 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

(2) A second test done one to three weeks after the first test.

**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 caregiving staff (Staff B) had initiated tuberculosis skin testing within three days of

employment. Failure to complete a thorough screening process put residents at risk for potential exposure to an unidentified communicable disease.

**Findings include:**

On 06/21/16 during the Adult Family Home's (Home's) and administrative review was completed and revealed Staff B was hired 04/01/16. Employee records were reviewed and revealed Staff B had completed a single tuberculosis skin test 07/14/14 approximately two years prior to being hired by the Home, which was negative.

On 06/27/16 the Licensor received additional records from the provider which indicated Staff B had completed a single tuberculosis skin test 11/05/15, approximately 5 months prior to being hired by the Home, which was also read as negative.

The provider failed to submit evidence Staff B had completed a two-step tuberculosis skin test 1 to 3 weeks apart, within 3 days of being hired by the Home.

In an interview on 06/21/16, the provider indicated she believed Staff B had completed tuberculosis skin testing as required.

**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, MADISON ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7/25/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*Rarita Gigica*

Provider (or Representative)

7/25/16

Date

**WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

- (1) Resident; and
- (2) Adult family 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 1 of 2 sampled residents (Resident 1) negotiated care plan had been signed and dated by the resident or representative and the Adult Family Home provider. This failure put residents at the potential for unmet care needs and a lesser quality of life.

**Findings include:**

On 06/21/16 during the Adult Family Home's (Home's) annual inspection, resident records were reviewed. Resident 1 was admitted to the home [REDACTED] 15. Resident 1's record contained a copy

of a document identified as a negotiated care plan (NCP). The NCP was signed by the Home's registered nurse who completed the resident's assessment and developed the care plan. There was no documented evidence the care plan had been reviewed, agreed to and/or signed by the resident, resident's representative or the Home's provider.

Resident 1's care plan was reviewed with the provider whom identified the document had not been signed and indicated she would have the resident's representative review and sign the care plan 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, MADISON ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7/17/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Rarita Gigica  
Provider (or Representative)

7/20/16  
Date