



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

April 28, 2016

Marcela Cusmir
Samuel Cusmir
A+ MERIDIAN VILLA ESTATES AFH
23420 124TH AVE SE
KENT, WA 98031

RE: A+ MERIDIAN VILLA ESTATES AFH License #751244

Dear Provider:

On April 27, 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 19, 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:
Dorothy Talbot, 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



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Statement of Deficiencies	License #: 751244	Completion Date
Plan of Correction	A+ MERIDIAN VILLA ESTATES AFH	January 19, 2016
Page 1 of 5	Licensee: MARCELA &	

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.

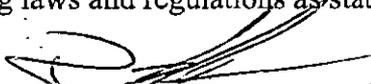
The department has completed data collection for the unannounced on-site full inspection of: 12/28/2015

A+ MERIDIAN VILLA ESTATES AFH
 23420 124TH AVE SE
 KENT, WA 98031

The department staff that inspected the adult family home:
 Dorothy Talbot; MN, Licensors

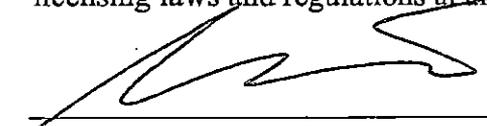
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6007

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

1/19/16
 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)

1/23/16
 Date

RECEIVED
 FEB 01 2016
 DSHS/REGISTRATION

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

- (1) Submits the Washington state name and date of birth background check no later than one business day after conditional employment;
- (2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;
- (3) Does not allow the individual to have unsupervised access to any resident;
- (4) Ensures direct supervision, as defined in WAC 388-76-10000 , of the individual; and

This requirement was not met as evidenced by:

Based on interview and record review the adult family home failed to ensure one of five staff (Staff E) had a Washington State name and date of birth back ground check completed prior to allowing unsupervised access. This failure placed four of four residents (Resident #1,2,3,4) at risk of exposure to a person who criminal history was unknown.

Findings include:

All interview and record review occurred on 12/28/15 unless otherwise noted.

During full inspection the Provider gave the names of care giving staff that worked in the home. The Provider owned two adult family home and stated she rotated staff between the two homes.

Review of staff personnel and training records revealed Staff E was hired on 11/11/15. The Washington State Name and Date of birth result was documented as completed on 3/19/15.

Record review did not reveal a disclosure statement from Staff E that indicated she did not have any disqualifying crimes prior to 3/19/15.

The Provider said, "I'm not sure what happened there." The Provider said staff worked alone in the home.

On 1/19/16, a family member said she observed caregivers working alone in the home.

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, A+ MERIDIAN VILLA ESTATES AFH is or will be in compliance with this law and / or regulation on (Date) 12/28/15 addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

1/23/16

 Date

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 DSHS/ADSARCS

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

- (1) Uses nationally recognized infection control standards;
- (2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

This requirement was not met as evidenced by:

Based on observation and record review, the adult family home failed to ensure one of five staff (Staff A) practiced frequent hand washing and other means of limiting the spread of infection and cross contamination. This failure placed four of four residents (Resident #1,#2,#3,#4) at risk of food borne illness.

Findings include:

All observation, interview and record review occurred on 12/28/15 unless otherwise noted.

Record review of Center for Disease Control (CDC) on hand washing documented and recommended:

- " •Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage "

Staff A was observed quickly rinsing her hands under running water. She put on a pair of gloves to make ready-to-eat sandwiches. Staff A took out jars of relish, mayonnaise, and mustard from the refrigerator. Staff A opened the cabinets and utensil drawers with the same gloved hand. Staff A then touched bread with the same gloved hand to assemble the sandwiches. There was no contact barrier when touching the bread. The sandwiches were served to three residents.

Staff A was observed to open a garbage bin with the gloved hand. Staff A never changed or washed her hands during the meal preparation.

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DHS/ADSARCS

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Provider (or Representative)

1/23/16

Date

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 observation, interview and record review the adult family home failed to ensure a two-step Tuberculosis (TB) skin test was performed for four of five staff (Staff A, B, C and D). This failure placed four of four residents (Resident #1,#2,#3 and #4) at risk of exposure to a communicable disease.

Findings include:

All observation, interview and record review occurred on 12/28/16 unless otherwise noted.

On entrance interview, the Provider, who owned two homes, said she rotated staff between the two homes.

On the day of visit, Staff A was observed working alone with four residents in the home. Staff A said she was the live-in caregiver.

Staff training and personnel records were reviewed during inspection:

Staff A was hired on 11/10/15. There was no documentation that showed completion of a two-step TB test or that Staff A had a positive reaction to the tuberculin injection. Staff A had a chest Xray on 6/14/11. Without having a skin test for TB, the latent TB would not be detected.

Staff B was hired on 11/28/15. Staff B did not have a two-step TB test. There was no TB test result for Staff B in the home.

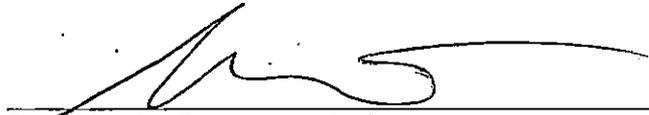
Staff C was hired on 5/13/15. There was a one-step TB test documented as performed on 1/2/15. A second-step TB test was not in the home.

Staff D had documentation that she was hired on 11/14/15 but there was no documentation to prove two-step TB test was completed.

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DSHS/ADSA/RCS

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Provider (or Representative)

1/23/16

Date

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