



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504-5819

July 7, 2016

Edgewater Adult Family Home, LLC
Edgewater Adult Family Home, LLC
7533 Traditions Ave NE
Lacey, WA 98516

RE: Edgewater Adult Family Home, LLC License #751264

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on July 6, 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:
Carol Smith, Licensor

If you have any questions please, contact me at (360) 664-8421.

Sincerely,

A handwritten signature in black ink, appearing to read "Janice Jiles".

Janice Jiles, Field Manager
Region 3, Unit D
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 45819, Olympia, WA 98504-5819

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JUN 30 2016

DSHS RCS
 Region3

Statement of Deficiencies	License #: 751264	Completion Date
Plan of Correction	Edgewater Adult Family Home, LLC	June 23, 2016
Page 1 of 3	Licensee: Edgewater Adult Family	

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.

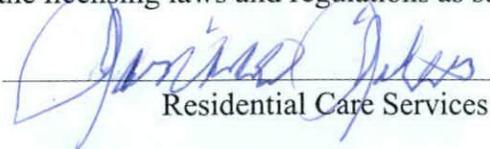
The department has completed data collection for the unannounced on-site full inspection of: 6/22/2016

Edgewater Adult Family Home, LLC
 7533 Traditions Ave NE
 Lacey, WA 98516

The department staff that inspected the adult family home:
 Carol Smith, Licensor

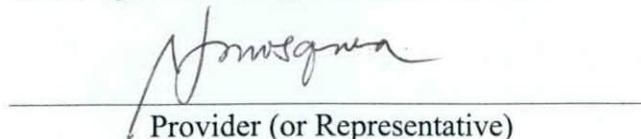
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit D
 PO Box 45819
 Olympia, WA 98504-5819
 (360)664-8421

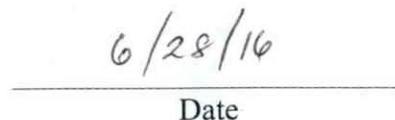
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 Residential Care Services


 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 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112 WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to ensure one live in caregiver received mental health training prior to admitting residents with specialized care needs. Failure to demonstrate this caregiver's (caregiver # 2) completion of mental health training placed 3 of 4 current residents (resident's # 2,3,4) at risk for being cared for by an unqualified caregiver.

Findings include:

Record review and interview were conducted on 6/22/2016, unless otherwise specified.

Resident # 1 has a diagnosis of [redacted] and [redacted]

Resident # 3 has a diagnosis of [redacted] and [redacted]

Resident # 4 has a diagnosis of [redacted] and [redacted]

When the provider was asked if caregiver # 2 had completed the mental health training, she was unsure but agreed to look into it. The provider reported this caregiver is planning to take the training as soon as possible. The provider will fax the certificate copy to DSHS 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, Edgewater Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 6/22/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Handwritten Signature]

Provider (or Representative)

6/28/16

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;

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to ensure 1 of 5 caregivers (caregiver

5) received the one step Tuberculosis screening within 3 days of employment. This failure placed 4 of 4 current residents (resident's # 1,2,3,4) at risk of the spread of a communicable disease.

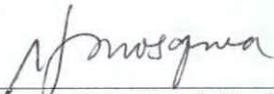
Findings include:

Record review and interview were conducted on 6/22/2016, unless otherwise specified.

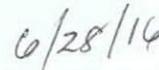
Caregiver # 5 was hired on 2/11/2016 and it was reported that he stopped working for this provider on 5/31/2016 and did not have any proof of TB testing. The provider stated that she thought he had gotten the TB testing completed while working at another AFH but she never obtained a copy of the testing results for her files. The provider further reported that this caregiver may be back up help at some time. The provider agreed to call the caregiver and request a copy of his results from the previous TB testing and have him perform a new TB test 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, Edgewater Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 6/22/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date

June 28, 2016

Janice Jiles, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 45819
Olympia, WA 98504-5819

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JUN 30 2016

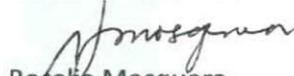
DSHS RCS
Region3

Re : Inspection Deficiencies Correction Plan

WAC 388-76-10146	Qualifications – Training and Home Care Aid Certification	Completed mental health training for caregiver #2 per the attached certification.
WAC 388-76-10265	Tuberculosis Testing Required	Caregiver#5 provided the previous copy of the tuberculosis test done and kept by the previous AFH employer. Copy per attached.

Please let me know if there is more we needed to do.

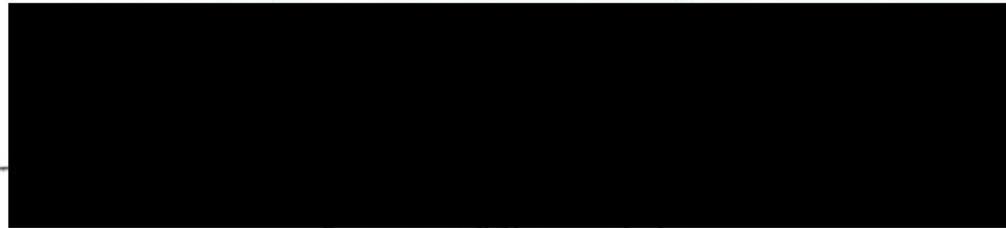
Respectfully yours,


Rosalite Mosquera
Provider-Owner Edgewater AFH



ADSA Aging & Disability
Services Administration

THIS CERTIFICATE IS PRESENTED TO



for successfully completing

4 hours of DSHS approved

Long Term Worker Mental Health Specialty Training

Sue Ellen Cooper MA, LMHS

Signature of DSHS approved instructor
for this course and for the Training
Program listed below

June 22, 2016

Date

This section must be filled out by the instructor (see back for more information):

This worker successfully passed the DSHS: (check one)

- Test and took the course, OR
 Challenge test and did not take the course (no training hours
can be applied towards continuing education credits).

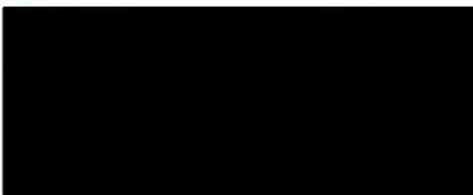
Training Program Name: Sue Ellen & Associates

Training Program Number: 0044

COPY

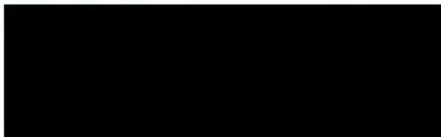
DIAGNOSTIC IMAGING REPORT

PATIENT:
DOB:
UNIT #:
DATE:
PHYSICIAN:



LOC: D.IMIS

Thurston Co. Public Health Dept.
412 Lilly Rd NE
Olympia WA 98506-5132



EXAMS:

000335283 CHEST 1 (ONE) VIEW

CLINICAL HISTORY: Positive PPD without symptoms.

CHEST: A single upright PA view of the chest shows symmetrical pulmonary expansion without infiltrate, mass, effusion, cavity or calcification. There appear to be some postinflammatory changes in the left upper lung zone. The heart shows borderline prominence with calcification in the aortic arch. The pulmonary vasculature shows normal distribution of flow. Degenerative changes are seen in the thoracic spine.

IMPRESSION:

1. *Atherosclerotic cardiovascular changes without evidence of acute cardiovascular process.*
2. *Mild postinflammatory change in the left upper lung zone without evidence of active pulmonary process, infiltrate, or cavity.*

#314875

** Electronically Signed by [REDACTED] **
** on 10/24/2003 at 1134 **
Reported and signed by: [REDACTED]

CC:



TECHNOLOGIST: [REDACTED]
TRANSCRIBED DATE/TIME: 10/24/2003 (1116)
TRANSCRIPTIONIST: [REDACTED]
ELECTRONIC SIGNATURE DATE/TIME: 10/24/2003 (1134)

PAGE 1





Public Health & Social Services Department

VACCINE ADMINISTRATION RECORD

COPY

Thurston Co. Public Health Dept.
412 Lilly Rd NE
Olympia WA 98506-5132

Vaccine	Route	Date Given	Dosage	Manufacturer & Lot Number	Site*	Person Administering Vaccine	Comments
Hepatitis B - 1	IM						
Hepatitis B - 2	IM						
Hepatitis B - 3	IM						
DT DtaP - 1	IM						
DT DtaP - 2	IM						
DT DtaP - 3	IM						
DT DtaP - 4	IM						
DT DtaP - 5	IM						
Td	IM						
Td	IM						
Hib - 1	IM						
Hib - 2	IM						
Hib - 3	IM						
Hib - 4	IM						
Polio - 1	SQ IM						
Polio - 2	SQ IM						
Polio - 3	SQ IM						
Polio - 4	SQ IM						
PCV7 - 1	IM						
PCV7 - 2	IM						
PCV7 - 3	IM						
PCV7 - 4	IM						
MMR - 1	SQ						
MMR - 2	SQ						
Varicella - 1	SQ						
Varicella - 2	SQ						
Hepatitis A - 1	IM						
Hepatitis A - 2	IM						
Pneumococcal Poly	IM						
Influenza	IM						
Influenza	IM						
Meningococcal	SQ						
Rabies - 1	IM						
Rabies - 2	IM						
Rabies - 3	IM						
Rabies - 4	IM						
Ig	IM						
Typhoid	IM						
Typhoid	IM						
Yellow Fever	SC						
Yellow Fever	SC						

TB Skin Test	Route	Date Given	Dosage	Manufacturer & Lot Number	Site*	Given By	Date Read	Read By	Result
1 PPP	ID	10/20/03	0.1cc	PPD-RT23	WA	SY	10/22/03	[Signature]	16mm
2	ID		0.1cc						

Client #: [Redacted]
Name: [Redacted]
Site: [Redacted] Enc: [Redacted]
DOB: [Redacted]

IDENT #: [Redacted]