



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 #: 751439	Completion Date
Plan of Correction	THE MUSTARD SEED ADULT FAMILY HOME LLC	January 22, 2016
Page 1 of 3	Licensee: THE MUSTARD SEED	

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: 1/15/2016 and 1/20/2016

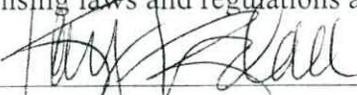
THE MUSTARD SEED ADULT FAMILY HOME LLC
 8906 172ND ST SE
 SNOHOMISH, WA 98296

The department staff that inspected the adult family home:
 Patty Johnson, RN, 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

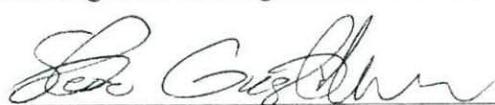
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 ADSA/RCS
 Smokey Point

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

2/16/16
 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)

2/22/16
 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:

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

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to ensure that 1 of 5 employees (CG1) had tuberculosis testing within three days of employment. This failure placed the residents at risk for health and safety issues.

Findings include:

Record review on 1/20/16 revealed CG1's hire date was 8/24/15. Documentation of CG1's tuberculosis testing showed negative results from a 1 step tuberculosis test read on 4/4/12, 40 previous months to her date of hire and no documentation of a 2 step test.

In an interview on 1/20/16, CG1 stated she had not received a 2 step tuberculosis test within the previous 12 months of her date of hire or within the first 3 days of her employment. She also stated she had only received a 1 step tuberculosis test in the past with negative results, so she didn't realize a 2 step was needed.

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 2/10/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

2/22/16

Date

WAC 388-76-10475 Medication Log. The adult family home must:

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (4) Ensure that the changed or new medication is received from the pharmacy.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the provider failed to ensure medications ordered by the physician for 1 of 2 resident's (Resident 3) were available in the event the medications were needed and/or the physician was contacted to ensure each resident had a

current medication list. This failure placed the residents at risk for unmet needs.

Findings include:

During observation of resident medications and record review on 1/20/16:

Resident 3's January 2016 medication log listed 4 medications to be given as needed. Her assessment dated 12/4/15, stated the resident required medication assistance and listed the 4 medications to be given "as needed". The medications were unavailable in the home.

In an interview on 1/20/16, the provider stated Residents 3 did not need the medications, so he did not have them available. The provider stated he had not contacted the resident's doctor to ensure Resident 3 had a current medication list.

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 2/26/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

2/26/16

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

March 29, 2016

THE MUSTARD SEED ADULT FAMILY HOME LLC
THE MUSTARD SEED ADULT FAMILY HOME LLC
8906 172ND ST SE
SNOHOMISH, WA 98296

RE: THE MUSTARD SEED ADULT FAMILY HOME LLC License #751439

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on March 18, 2016 for the deficiency or deficiencies cited in the report/s dated January 22, 2016 and found no deficiencies.

The Department staff who did the inspection:
Patty Johnson, Licensor

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

Sincerely,

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