



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

July 11, 2019

VIEWRIDGE EASTSIDE CORP
VIEWRIDGE EASTSIDE CORP
5406 158TH PL NE
REDMOND, WA 98052

RE: VIEWRIDGE EASTSIDE CORP License #751441

Dear Provider:

On July 3, 2019 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 May 8, 2019.

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:
Liza Masher, Licensor

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dahl Kim".

Dahl Kim, Field Manager
Region 2, Unit E
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: VIEWRIDGE EASTSIDE CORP (688703) **Intake ID(s):** 3647479

License/Cert. #: AF751441

Investigator: Masher, Liza

Region/Unit: RCS Region 2/Unit E

Investigation Date(s): 05/07/2019 through 05/08/2019

Complainant Contact Date(s):

Allegations:

The Named Resident stated that the Alleged Perpetrator (AP) held her face towards AP's face. Then AP stated "Don't you ever talk to me like that."

Investigation Methods:

Sample: The Named Resident and four other current residents.

Observations: Staff interacting and providing care to residents.

Interviews: Residents, staff, and resident's family member.

Record Reviews: Residents records.

Allegation Summary:

Observation on 05/07/19 from 10:26 AM to 05:28 PM showed that the Named Resident interacted with the AP positively and no signs of fear. Interview on 05/07/19 at 03:34 PM staff showed awareness about abuse and neglect and denied any knowledge about the Named Resident's allegation. In an interview on 05/08/19 at 04:33 PM, the Named Resident's Representative stated that he did not think the allegation occurred and that the staff was very good towards the Named Resident. Interview with the Named Resident and all other current residents on 05/07/19 at different times, they stated that they felt safe in the facility. No failed practice identified.

Unalleged Violation(s): **Yes** **No**

Refer to Statement of Deficiencies dated 05/08/19.

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

This document was prepared by Residential Care Services for the Locator website.



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

RECEIVED
 JUN 03 2019
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 751441	Completion Date
Plan of Correction	VIEWRIDGE EASTSIDE CORP	May 8, 2019
Page 1 of 2	Licensee: VIEWRIDGE EASTSIDE CORP	

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 complaint investigation and full inspection of: 5/7/2019

VIEWRIDGE EASTSIDE CORP
 5406 158TH PL NE
 REDMOND, WA 98052

This document references the following complaint number: 3647479

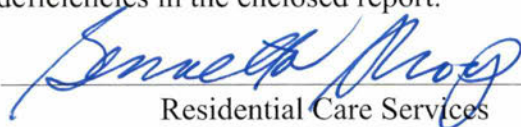
The department staff that inspected the adult family home:

Liza Masher, RN, BSN, Licenser

From:

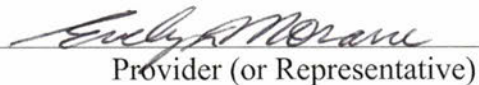
DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

As a result of the on-site complaint investigation and 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

05/20/2019
 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)

05/20/2019
 Date

This document was prepared by Residential Care Services for the Locator website.

RECEIVED
JUN 03 2019
DSHS/AL TSA/RCS

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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure one of two sampled staff (Staff B, Caregiver) had two-step tuberculosis (TB) skin testing. This failure placed the residents at risk of exposure to a communicable disease.

Findings included...

On 05/07/19 between 10:26 AM and 05:28 PM, Staff B interacted with and provided care to the residents in the AFH.

On 05/07/19 at about 04:16 PM, Staff A, Entity Representative, stated that they hired Staff B on 06/06/2018.

Review of Staff B's personnel records showed no two-step TB testing. Staff B had an x-ray with normal findings dated 12/06/16.

In an interview on 05/07/19 at 05:20 PM, Staff A stated that she had no answer why Staff B did not have a two-step TB testing.

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, VIEWRIDGE EASTSIDE CORP is or will be in compliance with this law and / or regulation on (Date) 5-13-2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Eudya Moraru
Provider (or Representative)

05-28-2019
Date