STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

RECEIVED
MAY 02 2016
ADSA/RCS
Smokey Point

Statement of Deficiencies	License #: 751495	Completion Date
Plan of Correction	A BETHEL ADULT FAMILY HOME	March 10, 2016
Page 1 of 3	Licensee: BERHANE DESSIE	

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: 3/10/2016

A BETHEL ADULT FAMILY HOME
5727 209TH PL SW
LYNNWOOD, WA 98036

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

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: 4/4/16

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: 4/28/16

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:
(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;
(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to have a system in place to ensure the annual food handlers safety training for 1 of 1 staff (provider) was completed. This failure placed the residents at risk for receiving care from a non-fully qualified caregiver.

Findings include:

All interviews and record reviews occurred on 3/10/16.

Record review for the provider revealed a food safety handlers card with an expiration date of 10/24/15.

In an interview, the provider reported he had forgotten to take the food safety handlers class before it expired.

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 BETHEL ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) X 3/10/2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X [signature]
Provider (or Representative)

X 4/28/16
Date

WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year?

(1) Adult family homes
(d) Continuing education must include one-half hour per year on safe food handling in adult family homes described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to have a system in place to ensure the Washington State name and date of birth background check for 1 of 4 employees, caregiver 4, (cg4), was current. This failure placed the residents at risk of being in contact with a staff

person with a negative background history.

Findings include:

All interviews and record reviews occurred on 3/10/16.

During an interview the provider reported he did not realize his Washington State name and date of birth background check for cg4 had expired.

Record review for cg4 revealed a Washington State name and date of birth background check with an expiration date of 2/21/16. No evidence was found that a background authorization form was submitted to DSHS prior to this expiration date.

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 BETHEL ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/10/2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Provider (or Representative)

X 4/28/16
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

May 18, 2016

BERHANE K DESSIE
A BETHEL ADULT FAMILY HOME
5727 209TH PL SW
LYNNWOOD, WA 98036

RE: A BETHEL ADULT FAMILY HOME License #751495

Dear Provider:

On May 10, 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 March 10, 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:
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