



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

January 5, 2016

Ana Petrisor  
ANAS ADULT FAMILY HOME  
16160 SE 42ND ST  
BELLEVUE, WA 98006

RE: ANAS ADULT FAMILY HOME License #751523

Dear Provider:

On January 4, 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 November 5, 2015.

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:  
Susan Aromi, Licensor

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

Sincerely,

Bennetta Shoop, Field Manager  
Region 2, Unit E  
Residential Care Services



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Statement of Deficiencies	License #: 751523	Completion Date
Plan of Correction	ANAS ADULT FAMILY HOME	November 5, 2015
Page 1 of 2	Licensee: Ana Petrisor	

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:  
 10/29/2015

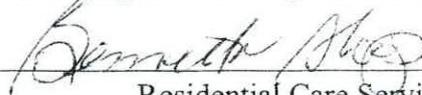
ANAS ADULT FAMILY HOME  
 24322 SE 30TH ST  
 SAMMAMISH, WA 98075

The department staff that inspected the adult family home:  
 Susan Aromi, BSN, RN, Licensor

From:

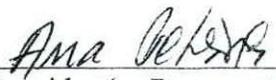
DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit E  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6033

As a result of the on-site 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

11/24/2015  
 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)

11/30/2015  
 Date

RECEIVED  
 DEC - 7 2015  
 DSHS/ADSA/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 observations, interviews and record reviews, the adult family home (AFH) failed to ensure 1 of 2 sampled caregivers (Caregiver B) had two-step tuberculosis (TB) skin testing, with the initial skin test done within three days of employment and a second test done one to three weeks after the first test. This placed the residents at risk of possible exposure to communicable disease.

**Findings include:**

Observations, interviews and record reviews occurred on 10/29/2015.

Observed Caregiver B providing care to the homes two residents throughout the inspection.

Review of Caregiver B's records revealed a hire date of 01/12/2015. She had a negative TB test dated 01/22/2015, (more than a week after employment). There was a record of a negative TB test dated 05/28/2015 (more than four months after the first test).

Caregiver B said she did her first TB test about a week after she started working at the AFH. She said she did not remember the date of her second TB test, but it was not within three weeks from the first TB testing date.

The Provider said Caregiver B's initial TB test was not done within three days of her employment because Caregiver B planned to go to another state and not come back. The Provider also stated she was not aware the second test needed to be done so close to the first test.

**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, ANAS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/30/2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Ana Petrisor  
Provider (or Representative)

11/30/2015  
Date

The first TB test was done on ~~December~~ November 30th and read on December 2nd.  
Second step of TB test will be 12/14/2015 and will read on 12/16/2015

RECEIVED  
DEC - 7 2015  
DSHS/ADSARCS