



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 8, 2020

SENAIDA V GABRIEL  
CHRISTIAN CARE ADULT FAMILY HOME  
30524 157TH PL SE  
KENT, WA 98042

RE: CHRISTIAN CARE ADULT FAMILY HOME License #751684

Dear Provider:

On January 7, 2020 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 September 26, 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:  
Pamela Osterman, Complaint Investigator

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Elena Atanasova, Field Manager  
Region 2, Unit G  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** CHRISTIAN CARE ADULT FAMILY HOME (688860)      **Intake ID(s):** 3668714  
**License/Cert. #:** AF751684  
**Investigator:** Osterman, Pamela      **Region/Unit:** RCS Region 2/Unit G      **Investigation Date(s):** 09/18/2019 through 09/26/2019  
**Complainant Contact Date(s):** 09/17/2019

**Allegations:**

#1. Named residents (NR's) two hospitalizations were not reported to the Case Manager.

**Investigation Methods:**

- Sample:** Residents (including NR)
- Observations:** Caregiver/resident interaction
- Interviews:** Residents (including NR)  
Provider  
Others not affiliated with the AFH (ONA)
- Record Reviews:** Assessment, negotiated care plan (NCP), background checks, incident log.

**Allegation Summary:**

#1. On AFH tour two residents (including NR) said they had no quality of care concerns. NR said to recall two times went into the hospital. Provider said they called the Case Manager (CM) with NR's first hospitalization (after 24 hours) and did not call CM with NR's second hospital admission. ONA said NR's first hospitalization they were notified and they were not notified of NR second hospitalization. Record showed background checks had no criminal history. Record showed assessment/NCP up to date. Record showed incident log was not up to date.

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

One caregiver had an expired background check.  
Incident log not up to date.

**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**       **Failed Provider Practice Not Identified / No Citation Written**

See Statement deficiencies dated 09/26/19



RECEIVED

OCT 22 2019

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  
DSHS/AL TSA/RCS

---

Statement of Deficiencies	License #: 751684	Completion Date
Plan of Correction	CHRISTIAN CARE ADULT FAMILY HOME	September 26, 2019
Page 1 of 4	Licensee: SENaida GABRIEL	

---

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 of: 9/18/2019

CHRISTIAN CARE ADULT FAMILY HOME  
30524 157TH PL SE  
KENT, WA 98042

This document references the following complaint number: 3668714

The department staff that inspected and investigated the adult family home:

Pamela Osterman, Complaint Investigator

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 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.

*Elan Adams Jr*

Residential Care Services

*10/08/2019*

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.

*Senaída Gabriel*  
Provider (or Representative)

*10/15/2019*

Date

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

**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 ;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult family home (AFH) failed to renew one of five staff (Staff D, Caregiver) Washington state name and date of birth background check every two years. This failure placed four of four residents (Resident #1, Resident #2, Resident #3 and, Resident #4) at risk for harm from staff with an unknown criminal history.

Findings included...

Staff record review on 09/18/19 at 1:30 PM showed Staff D had a hire date of 06/20/13.

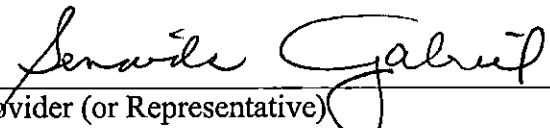
Staff record on 09/18/19 showed Staff D's current name and date of birth background check showed a completion date of 03/28/17 with an expiration date of 03/28/19.

During an interview on 09/18/19 at 1:35 PM Staff A, Provider, stated that they did not know how they missed to renew Staff D's expired background check.

**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, CHRISTIAN CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on

(Date) 09/18/19 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

10/15/2019  
\_\_\_\_\_  
Date

**WAC 388-76-10220 Incident log. The adult family home must keep a log of:**

- (2) Accidents or incidents affecting a resident's welfare; and
- (3) Any injury to a resident.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult family home (AFH) failed to document an incident that occurred with one of four residents (Resident #1 (R#1)). This failure resulted the AFH's incident log not being kept up to date with R#1's accidents and hospitalization trends.

Findings included...

During an interview on 09/18/19 at 10:10 AM Staff A, Provider, stated that R#1 had a fall and a loss of consciousness on [REDACTED] 19. Staff A stated that R#1 was hospitalized for three days after the fall. Staff A stated that R#1 had an infection and went back into the hospital on [REDACTED] 19 for three days.

Review of discharge summary hospital note dated [REDACTED] 19 showed R#1 was admitted into the hospital on [REDACTED] 19 through [REDACTED] 19.

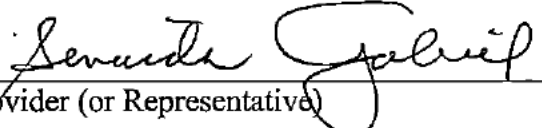
Record of interfacility discharge orders dated 09/04/19 showed R#1 was admitted into the hospital [REDACTED] 19 through [REDACTED] 19.

Record review on 09/18/19 showed the AFH's "Injuries and Accidents Log" showed one single incident documented for R#1 on 04/06/11.

Record showed two incidents with two hospitalizations for R#1 had not been logged.

#### 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, CHRISTIAN CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 09/18/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 Provider (or Representative)

10/15/19  
 Date

#### WAC 388-76-10225 Reporting requirement.

(4) The adult family home must notify the department's case management office within twenty-four hours whenever a resident, whose stay is paid for by the department is discharged for more than twenty-four hours on medical leave to a nursing home or hospital.

#### This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to notify Collateral Contact (DSHS Case Manager (CM)) that one of four residents (Resident #1 (R#1)) was hospitalized for more than twenty-four hours. This failure resulted in the Department not knowing R#1's change in medical condition and hospitalization.

#### Findings included...

On an interview 09/18/19 at 10:10 AM Staff A, Provider, stated that R#1 had an infection and went into the hospital on [REDACTED] 19 through [REDACTED] 19. Staff A stated they did not notify R#1's CM when R#1 went into the hospital.

On an interview 09/26/19 SW stated that Staff A informed the Collateral Contact (Social Worker (SW)) on 08/22/19 of R#1's hospitalization that occurred [REDACTED] 19 through [REDACTED] 19. The SW

stated Staff A did not inform Collateral Contact of R#1's second hospitalization that occurred [redacted] 19 through [redacted] 19.

Record review of R#1's interfacility discharge orders dated [redacted] 19 showed R#1 was admitted into the hospital [redacted] 19 through [redacted] 19.

**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, CHRISTIAN CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 09/18/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*Senaida Gabriel*  
Provider (or Representative)

10/15/19  
Date