



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

May 26, 2016

ANDRIAN CHAGAY  
VICTORIA VILLAGE AFH  
2540 BURNETT CT S  
RENTON, WA 98055

RE: VICTORIA VILLAGE AFH License #751738

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 20, 2016 for the deficiency or deficiencies cited in the report/s dated February 18, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Adelle Walker, Licensor

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

Sincerely,

Delores Usea, Field Manager  
Region 2, Unit G  
Residential Care Services



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20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 751738	Completion Date
Plan of Correction	VICTORIA VILLAGE AFH	February 18, 2016
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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: 2/18/2016

VICTORIA VILLAGE AFH  
2540 BURNETT CT S  
RENTON, WA 98055

The department staff that inspected the adult family home:  
Adelle Walker, BHS, Licensors

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit G  
20425 72nd Avenue S, Suite 400  
Kent, WA 98032-2388  
(253)234-6007

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MAR 16 2016

DSHS/ADSA/RCS

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

3/7/2016  
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)

3/15/2016  
Date

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**WAC 388-76-10161 Background checks Who is required to have.**

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

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

Based on record review and interview, the Entity Representative (ER) failed to ensure he received a criminal background check for one of four staff (Staff #1) who may have unsupervised access to the residents, putting three of three residents at risk for abuse, neglect, and financial exploitation.

**Findings include:**

All record reviews and interviews occurred on 2/18/16.

Record review failed to reveal a background check for Staff #1 who the ER reported comes to clean the home once a week. In an interview, the ER stated he did not send in a background check application to the state because he was unaware he was required to do so for staff that only perform house keeping duties.

**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, VICTORIA VILLAGE AFH is or will be in compliance with this law and / or regulation on (Date) 03/30/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*ACEY*  
Provider (or Representative)

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DSHS/ADSAIRCS

03/15/2016  
Date

**WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

- (1) Resident; and
- (2) Adult family home.

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

Based on record review and interview, the Entity Representative (ER) failed to ensure the negotiated care plan (NCP) was signed by one of three residents (R #3) and the adult family home when it was reviewed and revised, putting R #3 at risk for unmet care needs.

**Findings include:**

All record reviews and interviews occurred on 02/18/16 unless otherwise noted.

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Record review indicated R #3's NCP was last updated on 12/22/14. There was no signature in the spaces provided for the ER's signature and R #3's signature for 2015. The last time R #3 and the ER signed R #3's NCP was on 12/22/14. The Department requested the ER send a copy of R #3's NCP. The ER sent a copy of R #3's NCP that was signed on 02/24/2016, which was dated after the date of the full inspection.

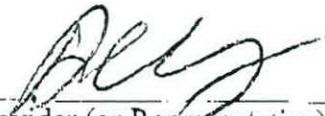
In an interview, the ER stated the failure to sign the updated NCP was an oversight. ER stated that he had the resident sign the NCP on 2/24/2016 because he forgot to have him sign it in 2015.

#### 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, VICTORIA VILLAGE AFH is or will be in compliance with this law and / or regulation on (Date) 03/14/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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MAR 16 2016

  
 Provider (or Representative)

DSHS/ADSA/RCS

03/16/2016  
 Date

#### **WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:**

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

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

Based on record review and interview, the Entity Representative (ER) failed to provide two of three residents (Residents #2 and #3) a disclosure of their policy on accepting medicaid payments. This put both residents at risk of confusion and sudden discharge in the event of converting to private pay and then back to medicaid payments.

#### Findings include:

All record reviews and interviews occurred on 02/18/16 unless otherwise noted.

Record reviews of Resident #2's and Resident #3's files failed to reveal any written policies on accepting Medicaid as a payment source. Resident #2 and Resident #3 both used medicaid

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funds as a payment source.

The Provider, licensed since 2010, said he was unaware that the policy on accepting Medicaid as a payment source was not included in Resident #2's and #3's files.

This is a repeated deficiency previously cited on 5/18/2012.

**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, VICTORIA VILLAGE AFH is or will be in compliance with this law and / or regulation on (Date) 03/20/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*[Signature]*  
Provider (or Representative)

03/15/2016  
Date

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