



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave Ste 170, Spokane, WA 99201

January 28, 2020

KINDRED CARE SERVICES PLLC
VALLEY ROAD RESIDENTIAL CARE
3072 Valley Road NE
Moses Lake, WA 98837

RE: VALLEY ROAD RESIDENTIAL CARE License #751743

Dear Provider:

On January 27, 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 December 16, 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:
Jo Whitney, AFH Licensor

If you have any questions please, contact me at (509) 323-7321.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Church".

Carmen Church, Field Manager
Region 1, Unit E
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 3611 River Road, Suite 200, Yakima, WA 98902

Statement of Deficiencies	License #: 751743	Completion Date
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	December 16, 2019
Page 1 of 4	Licensee: KINDRED CARE SERVICES PLLC	

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:
 11/20/2019 and 11/25/2019
 VALLEY ROAD RESIDENTIAL CARE
 3072 Valley Road NE
 Moses Lake, WA 98837

The department staff that inspected the adult family home:
 Lorrinda Peterson, RN, MSN, Adult Family Home Licenser

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit C
 3611 River Road, Suite 200
 Yakima, WA 98902
 (509)225-2823

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

12/18/19

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)

01/13/2020

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 record review and interview, the home failed to ensure two of ten staff members (A and J) had a background check result not over two years old. This deficient practice placed six of six residents (#1,2,3,4,5,6) at risk for being cared for by unqualified staff. Findings included...

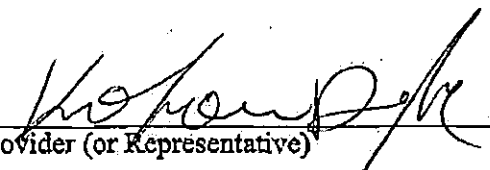
1) Record review on 11/25/19 showed Staff A's background check result was dated 03/17/17 and expired 03/17/19. Staff J, the Provider, stated that he did not follow up and update Staff A's background check as required.

2) Record review on 11/25/19 showed Staff J's background check was dated 08/16/17 and expired on 08/16/19. Staff J stated that he had forgotten to update his background check and he overlooked the expiration date.

During an interview with Staff J, he stated that Staff A continued to work in the home and had unsupervised access to residents following the expiration of her background check. Staff J, stated that once he realized both background checks had expired, he processed the paperwork immediately.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 11/26/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

01/13/2020

Date

WAC 388-76-10129 Qualifications Adult family home personnel. The adult family home must ensure that the following are qualified and meet all of the applicable requirements of this chapter and chapter 388-112A WAC:

(1) Any person employed or used by the adult family home, directly or by contract, by an adult family home; including but not limited to:

- (a) The provider;
- (c) Caregivers.

WAC 388-112A-0610 Who is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) Adult family homes.

(a) Certified home care aides must complete twelve hours of continuing education by their birthday each year after obtaining certification as required by the Washington department of health as described in RCW 74.39A.341 .

(d) Continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 when the long-term worker does not maintain a food handler's permit.

This requirement was not met as evidenced by:

Based on record review and interview, the home failed to ensure three of ten staff (D, I & J), who provided care and services for six of six residents (#1,2,3,4,5,6), completed the required continuing education (CE's) hours and/or safe food handler's training. This failure placed residents at risk for being cared for by unqualified/untrained staff. Findings included...

Staff records were reviewed with Staff J, the provider, on 11/25/19.

1) Staff D's date of hire showed 11/02/13 as a caregiver. Staff D's employee file showed 6.5 CE hours from her birthday in 2018 to her birthday in 2019, not 12 hours as required.

2) Staff I's date of hire showed 09/08/17 as a caregiver. Staff I's employee file showed no current documentation for 12 CE hours from her birthday in 2018 to her birthday in 2019 as required.

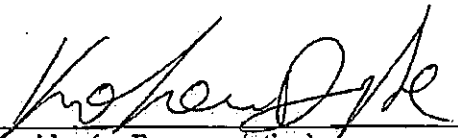
Staff I's food worker permit had expired 05/05/18. Staff I continued to work as a caregiver, providing food services to residents in the home.

3) Staff J's record showed a food worker permit that expired on 07/01/19. Staff J did not follow up to maintain a current food worker permit.

During an interview with Staff J, he stated that he did not follow up with staff records as he should have and failed to ensure Staff D and Staff I's credentials were up-to-date. He stated he would schedule both staff for CE's as soon as possible. In addition, Staff J stated that he overlooked his credentials and did not follow up to maintain current training as required.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 12/25/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

01/13/2020

Date

WAC 388-76-10265 Tuberculosis Testing Required.

- (1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:
(d) Caregiver;

This requirement was not met as evidenced by:

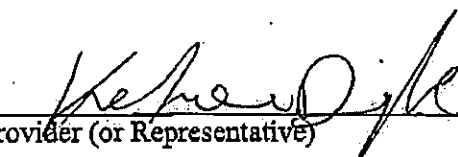
Based on record review and interview the home failed to ensure one of one current Staff Member (C) had a Tuberculosis (TB) test within three days of hire. This failed practice placed all residents living in the home at risk for exposure to a communicable disease. Findings included..:

Record review on 11/25/19 showed Staff Member C's date of hire was 11/16/19. Staff Member C's file showed no evidence of a current TB test result. There was no documentation that Staff Member C received the first TB test in the required time frame.

During an interview on 11/25/19, Staff member J, the provider, stated that he was not aware that a TB test was required within three days of hire. Staff Member J stated that he would ensure Staff Member C was scheduled for a TB test as soon as possible.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 11/30/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

01/13/2020

Date