



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

June 23, 2016

CLAUDIA C AITONEAN
BEST CHOICE ADULT FAMILY CARE HOME
3848 165TH PL SE
BELLEVUE, WA 98008

RE: BEST CHOICE ADULT FAMILY CARE HOME License #751750

Dear Provider:

On June 21, 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 April 11, 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:
Adelle Walker, Licensors

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 #: 751750	Completion Date
Plan of Correction	BEST CHOICE ADULT FAMILY CARE HOME	April 11, 2016
Page 1 of 2	Licensee: CLAUDIA AITONEAN	

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.

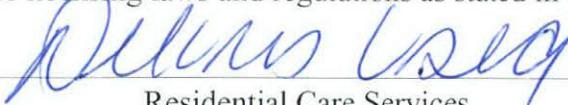
The department has completed data collection for the unannounced on-site full inspection of:
4/7/2016

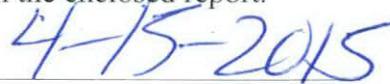
BEST CHOICE ADULT FAMILY CARE HOME
3848 165TH PL SE
BELLEVUE, WA 98008

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

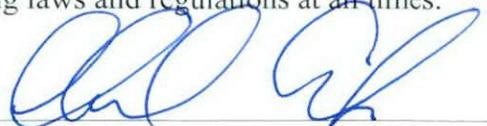
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032-2388
(253)234-6033

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


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)


Date

RECEIVED
MAY - 2 2016
DSHS/ADS/ARCS

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

- (1) A list of the care and services to be provided;
- (2) Identification of who will provide the care and services;
- (3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on record review and interviews, the adult family home (AFH) Provider failed to ensure the negotiated care plan (NCP) included Resident #1's and Resident #2's history of falls. The NCP also failed to address when and how caregivers could ensure Resident #1's and Resident #2's care needs were met in this area. This placed two of two residents at risk for unmet care needs.

Findings include:

Record reviews on 4/07/16 revealed Resident #1's and Resident #2's assessments. Resident #1's assessment was dated 9/18/2015 and Resident #2's assessment was dated on 2/29/2016. Both resident's assessments indicated that they had a fall history.

Record reviews on 4/07/16 revealed Resident #1's and Resident #2's NCP's. Resident #1's NCP was dated 12/01/2015 and Resident #2's NCP was dated on 3/11/2016. Both resident's NCP's failed to indicate that they had a fall history, and when and how a caregiver should ensure their care needs were met in this area.

Licensors observed that Resident #1 used a [redacted] for mobility and Resident #2 walked without any assistance.

In an interview, the Provider said Resident #1 used a [redacted] for mobility, needed assistance with transfers, Resident #2 was independent with walking, and that neither resident had not fallen since being admitted to her home.

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

(Date) 4/26/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4/26/2016
Date
DSHS/ADPS/ARCS
MAY - 2 2016
RECEIVED