



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

December 23, 2019

A GOOD SHEPHERD AFH LLC
A GOOD SHEPHERD AFH LLC
6017 188TH ST SW
LYNNWOOD, WA 98037

RE: A GOOD SHEPHERD AFH LLC License #751814

Dear Provider:

On December 18, 2019 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 6, 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:
Hang Lu, Licensors

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Shelly Scarborough, Field Manager
Region 2, Unit B
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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 3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 751814	Completion Date
Plan of Correction	A GOOD SHEPHERD AFH LLC	November 6, 2019
Page 1 of 3	Licensee: A GOOD SHEPHERD AFH LLC	

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:
 11/5/2019

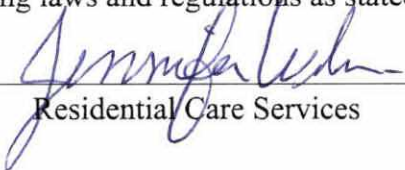
A GOOD SHEPHERD AFH LLC
 6017 188TH ST SW
 LYNNWOOD, WA 98037

The department staff that inspected the adult family home:
 Hang Lu, BSN, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

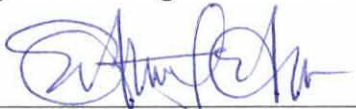
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 ADSA/RCS
 Sticky Point

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

11/12/19
 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.

X 
 Provider (or Representative)

X 11/24/19
 Date

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

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:

- (5) The resident's activities preferences and how the preferences will be met;
- (6) Other preferences and choices about issues important to the resident, including, but not limited to:
 - (a) Food;
 - (b) Daily routine;
 - (c) Grooming; and
 - (d) How the home will accommodate the preferences and choices.
- (7) If needed, a plan to:
 - (b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure the negotiated care plan (NCP) addressed all behavioral issues for two of two sampled residents (Resident #1 and 2) and included preferences/ choices and the home's accommodation for Resident #2. This failure placed the residents at risk of unmet/ unrecognized care needs.

Findings included...

On 11/05/19, record review showed Resident #1 was admitted to the home on [REDACTED]/12 with diagnoses related to [REDACTED] and [REDACTED]. Review of her CARE (state) assessment (dated 10/26/19) showed she had four behaviors (hallucinations, many incidences of uncontrollable crying/tearfulness, repetitive physical movement/ pacing and unrealistic fears/ suspicions). Review of her NCP (dated 11/04/19) showed the NCP did not address any of the aforementioned behaviors.

On 11/05/19, record review showed Resident #2 was admitted to the home on [REDACTED]/15 with multiple diagnoses related to [REDACTED]. Review of his CARE assessment (dated 10/24/19) showed he had five behaviors (disrupting household at night, inappropriate toileting, inappropriate verbal noises causing distress to others, intentional self injury and repetitive physical movement/ pacing). Review of his NCP (dated 11/05/19) showed it only addressed two behaviors (disrupting household at night and inappropriate toileting). In addition, the NCP lacked information regarding the resident's preferences/ choices and how the home accommodated the residents.

During an interview on 11/05/19 at approximately 3:45 PM, Staff A (Entity Representative) stated that he would add more information to the NCPs to address the residents' behaviors and preferences.

On 11/06/19, copies of additional documents were received from the AFH. Review of the documents showed Staff A added notes to the residents' NCPs on 11/05/19 to include some behaviors and instructions to follow the home's crisis plan. Further review of the documents showed Staff A documented that he asked the residents about their activity preferences. During a phone interview with Staff A on 11/06/19 at approximately 11:45 AM, Staff A stated that he wanted to put something in writing to quickly send to the department (to show he took action

immediately) but he would continue to work on revising the NCPs to address all of the residents' specific behaviors and preferences.

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, A GOOD SHEPHERD AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/15/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

11/24/19
Date

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

November 12, 2019
CERTIFIED MAIL
9489 0090 0027 6093 4000 51

A GOOD SHEPHERD AFH LLC
A GOOD SHEPHERD AFH LLC
6017 188TH ST SW
LYNNWOOD, WA 98037

RE: A GOOD SHEPHERD AFH LLC License #751814

Dear Provider:

The Department completed a full inspection of your Adult Family Home on November 6, 2019 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
 - Begin the process of correcting the deficiency or deficiencies immediately; and
 - Complete correction within 45 days, or sooner if directed by the Department; and
 - Sign and date the first page of the enclosed report; and
 - Return the first page with your plan; and
 - Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112 WAC, including but not limited to:

(e) Continuing education.

WAC 388-112A-1210 Must training entities and their instructors be approved by DSHS? Training entities and their instructors must be approved by DSHS as follows:

- (1) For DSHS contracted training entities:
 - (a) DSHS must approve or approve and contract with a training entity and its instructor(s) to conduct orientation, safety training, basic training, population specific training, residential care administrator training, specialty training, nurse delegation core and specialized diabetes training, on-the-job training, and continuing education.
- (2) Homes that conduct their own training using the training curricula developed by DSHS or another curriculum approved by DSHS must ensure, through an attestation process, that their instructors meet the minimum qualifications for instructors under this chapter.

On 11/05/19, record review showed four of five caregivers (Staff C, D, F, G) had undated food safety training certificates signed by Staff A (Entity Representative) on file. When asked, Staff A stated that he issued the food safety certificates to his staff in January of each year. Interview and record review showed Staff A was not a department approved trainer. On 11/06/19, copies of food worker's cards (dated 11/06/19) for all four caregivers were received from the home.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (4) Criminal history disclosure and background check results as required.

On 11/05/19, record review showed Staff D (Caregiver) did not have a copy of the national fingerprint background check (FP BGC) on file for review. On 11/06/19, a copy of Staff D's final FP BGC (dated 04/06/19) was received from the home.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and

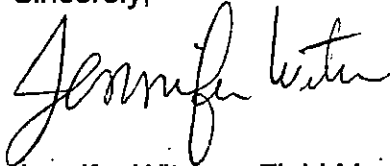
A GOOD SHEPHERD AFH LLC
A GOOD SHEPHERD AFH LLC License #751814
November 12, 2019
Page 3

- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (360) 651-6872.

Sincerely,



Jennifer Witman, Field Manager
Region 2, Unit B
Residential Care Services

Enclosure