



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

Statement of Deficiencies	License #: 751906	Completion Date
Plan of Correction	CRISTINAS ADULT FAMILY HOME	January 21, 2016
Page 1 of 3	Licensee: MARIA CRISTINA	

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:
 1/6/2016

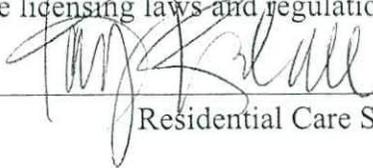
CRISTINAS ADULT FAMILY HOME
 4204 172ND ST SW
 LYNNWOOD, WA 98037

RECEIVED
 FEB 17 2016
 ADSA/REG'S
 Smokey Point

The department staff that inspected the adult family home:
 Megan Wylie, BSN, Licensors

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

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

1/31/16
 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)

Feb 5, 2016
 Date

WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations.

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to have a system in place to ensure 1 of 2 sampled residents (Resident 3) received a new notice of services (admission agreement) at least every 24 months after admission. This failure placed residents at risk of not knowing the rules or understanding care and services provided by the home.

Findings include:

Resident 3 moved into the home on [REDACTED] 12. The resident was described by the facility as having memory issues but was not diagnosed formally with dementia. The resident has a power of attorney who is responsible for legal and financial matters. On 2/11/12, Resident 3's power of attorney signed the admission agreement that outlined the facility's rules, description of charges and services provided by the facility. The resident or the resident's family was not provided with a copy of this after 24 months 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, CRISTINAS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) Feb 5, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

Feb 5, 2016
Date

WAC 388-112-0250 What is CPR training? Cardiopulmonary resuscitation training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstrations tests.

This requirement was not met as evidenced by:

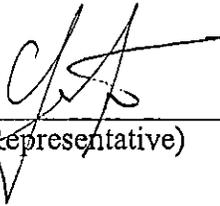
Based on interview and record review the provider failed to ensure Caregiver B successfully completed the skills demonstration tests for CPR. This placed 4 of 4 residents at risk for delay in emergency services.

Findings include:

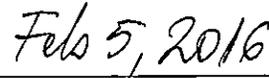
Staff records were reviewed with the provider on 1/7/2015 during the full inspection. Caregiver B's CPR certification, dated 2/11/14, did not include the hands-on portion of the training as required. Failure to not have the required CPR training placed all residents at risk for a delay in emergency services.

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, CRISTINAS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) Feb 5, 2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date



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

April 26, 2016

MARIA CRISTINA CHITA
CRISTINAS ADULT FAMILY HOME
4204 172ND ST SW
LYNNWOOD, WA 98037

RE: CRISTINAS ADULT FAMILY HOME License #751906

Dear Provider:

On April 20, 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 January 21, 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:
Megan Wylie, Licensor

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

Sincerely,

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services