



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

March 21, 2016

REDFIELD AND ASSOCIATES LLC
DESERT HAVEN AFH
4612 SEGOVIA DR
PASCO, WA 99301

RE: DESERT HAVEN AFH License #751989

Dear Provider:

On March 18, 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 29, 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:
Patricia Larson, Licensors

If you have any questions please, contact me at (509) 225-2823.

Sincerely,

for Chana White, Field Manager
Region 1, Unit C
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 #: 751989	Completion Date
Plan of Correction	DESERT HAVEN AFH	January 29, 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:
1/27/2016

DESERT HAVEN AFH
4612 SEGOVIA DR
PASCO, WA 99301

The department staff that inspected the adult family home:
Christina Borchardt, RN, BSN

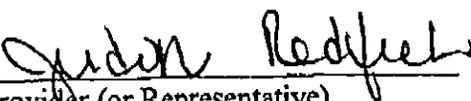
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit C
3611 River Road, Suite 200
Yakima, WA 98902
(509)225-2823

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

2/8/16
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)

2-18-16
Date

Statement of Deficiencies	License #: 751989	Completion Date
Plan of Correction	DESERT HAVEN AFH	January 29, 2016
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WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Have a current valid first-aid and cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112 WAC; and

This requirement was not met as evidenced by:

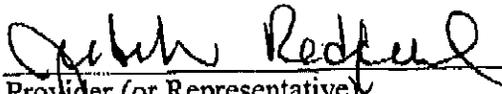
Based on record review and interview the provider failed to ensure 1 of 2 staff (Staff Member B) had a valid cardiopulmonary resuscitation (CPR) card. Findings include:

On 1/27/16 Staff Member B stated he took the course this summer but failed to get documentation of the course.

Review of Staff Member B's CPR card revealed it expired on 7/31/15. Staff Member B worked alone at times.

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, DESERT HAVEN AFH is or will be in compliance with this law and / or regulation on (Date) 2-18-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


 Provider (or Representative)

2-18-16
 Date

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 provider failed to ensure 2 of 2 staff (Staff Member's A & B) had valid name and date of birth background checks. Findings include:

On 1/27/16 the provider was unable to locate Staff Member B's name and date of birth background check. Staff Member A (Provider) stated they had a name and date of birth background check for Staff Member B for the last full inspection.

Review of Staff Member A's name and date of birth background check revealed it expired 5/15/15.

Staff Member's A and B worked alone at times with the four residents in the home.

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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, DESERT HAVEN AFH is or will be in compliance with this law and / or regulation on (Date) 2-18-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Justin Redfield
Provider (or Representative)

2-18-16
Date