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

August 22, 2016

AMELYN C BOBER
PREMIER CARE LIVING ADULT FAMILY HOME
4132 124TH ST SE
EVERETT, WA 98208

RE: PREMIER CARE LIVING ADULT FAMILY HOME License #751993

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 16, 2016 for the deficiency or deficiencies cited in the report/s dated June 26, 2016 and found no deficiencies.

The Department staff who did the inspection:
Patricia Johnson, Licensor
Katie Flom, Long Term Care Surveyor

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

Sincerely,

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies Plan of Correction Page 1 of 4	License #: 751993 PREMIER CARE LIVING ADULT FAMILY HOME Licensee: AMELYN BOBER	Completion Date June 26, 2016

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: 5/25/2016 and 5/27/2016

PREMIER CARE LIVING ADULT FAMILY HOME
4132 124TH ST SE
EVERETT, WA 98208

The department staff that inspected the adult family home:
Patricia Johnson, BA, Licensor

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JUL 25 2016
ADSA/RCS
Smokey Point

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 — 7/7/16 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) — 7/20/2016 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 ;
(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

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 that 2 of 7 staff members (Resident Manager and Caregiver A) had a current Washington State name and date of birth background checks as required. This failure placed the residents at risk of receiving care and being exposed to someone with a negative criminal history.

Findings include:

Record review on 5/25/16 revealed the Resident Manager's criminal background check expired on 2/26/15 which was more than a year late. Caregiver A's criminal background check expired 5/01/16 which was 24 days late.

When interviewed, the provider said the Resident Manager was on maternity leave and had not returned yet. The provider said she would submit a Washington State name and date of birth background check request right away.

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, PREMIER CARE LIVING ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) JUNE 20, 2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) — Date: 7/20/2016

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:
(1) An initial skin test within three days of employment; and
(2) A second test done one to three weeks after the first test.

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 that 1 of 2 sampled staff (Caregiver B) had a two step tuberculin (TB) skin test within 3 days of

hire. This failure placed the residents at risk of exposure to a communicable disease.

Findings include:

Record review on 5/25/16 revealed Caregiver B was hired on 7/02/15. Caregiver B had a record of 1 negative TB skin test read on 9/21/14. No other record of TB testing was found in the employee's file.

In an interview on 5/27/16, the provider said she would have the caregiver look for any other record of TB testing and fax it to the licensor. As of 6/24/16, no other TB testing records were received from the provider.

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, PREMIER CARE LIVING ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7/13/2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) 7/20/2016 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:
(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;

This requirement was not met as evidenced by:
Based on observation and interview, the provider failed to have a system in place to ensure the home was maintained and repairs made in order to provide the residents with a safe, clean, homelike environment. This failure placed the residents at risk of a decreased quality of life.

Findings include:

During a tour of the home on 5/25/16, the licensor observed multiple doors in the home that needed repair and repainting. The door to the laundry had scratches on the door and nicks and scrapes in the door jamb. The white paint on the door was worn down to the bare wood in places and needed to be repainted.

The white door on the linen closet had scratches on it and was discolored and yellowed. It needed to be repainted.

The door of Bedroom D had deep scratches in it approximately 8" by 1/4 " that appeared to be from a wheelchair. The door jamb of Bedroom D had a 4" by 1/2 " gouge down to bare wood 24 " up from the floor which needed repair and paint.

In addition, the corner of the wall by Bedroom D's door had the drywall gouged out in a 1 1/2" by 2" area that needed to be spackled and painted.

These items were pointed out to the provider's appointed representative, Caregiver A, during the exit interview on 5/25/16. Caregiver A said he understood the repairs that were needed and would let the provider know when she returned to the home following her vacation.

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, PREMIER CARE LIVING ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7/20/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

7/20/2016
Date