



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**20311 52nd Ave W, Suite 100, Lynnwood, WA 98036**

SINCERE CARE ADULT FAMILY HOME LLC  
SINCERE CARE ADULT FAMILY HOME LLC  
14420 88TH AVE NE  
KIRKLAND, WA 98034

RE: SINCERE CARE ADULT FAMILY HOME LLC License # 752188

Dear Provider:

This letter addresses Compliance Determination(s) 50755 (Completion Date 11/27/2024) and 46970 (Completion Date 10/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/27/2024 and found that you have corrected the violations listed in the Full report dated 10/10/2024. Your home is back in compliance as of 11/20/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:  
WAC 388-76-10380-2, WAC 388-76-10380-4, WAC 388-76-10530-2, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c, WAC 388-76-10532-3, WAC 388-76-10285-2, WAC 388-76-10285-1, WAC 388-76-10285, WAC 388-76-10161-2-a

The Department staff who did the on-site verification:  
Rivi Stella Perez

If you have any questions, please contact me at (253)341-7376.

Sincerely,

*Alfredo Brown*

Alfredo Brown, Field Manager  
Region 2, Unit K  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 752188	Compliance Determination # 46970
Plan of Correction	SINCERE CARE ADULT FAMILY HOME LLC	Completion Date
Page 1 of 11	Licensee: SINCERE CARE ADULT FAMILY HOME	10/10/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 09/11/2024 and 09/11/2024 of:  
 SINCERE CARE ADULT FAMILY HOME LLC  
 14420 88TH AVE NE  
 KIRKLAND, WA 98034

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2 , Unit K  
 20311 52nd Ave W, Suite 100  
 Lynnwood, WA 98036

As a result of the on-site visit(s), 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.

Alfredo Brown  
 Residential Care Services

10/18/2024  
 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.

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

RECEIVED

NOV 06 2024

DSHS/ALTA/RCS

  
 \_\_\_\_\_  
 Provider (or Representative)

10/28/2024  
 \_\_\_\_\_  
 Date

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

- (2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;
- (4) At least every twelve months.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home failed to ensure 1 of 2 residents (Resident 1) negotiated care plan (NCP) was reviewed at least every twelve months and updated to reflect current psychotropic (any drug that affects behavior, mood, thoughts, or perception) medications used. This failure placed Resident 1 at risk for unrecognized care needs and decreased quality of life.

**Findings included...**

Record review of the AFH records showed Resident 1 was admitted to the AFH on [REDACTED] 2019 with multiple diagnoses.

Record review of Resident 1's September 2024 Medication Log (ML) showed Resident 1 was taking the following psychotropic medications:

- Clonazepam (a drug that slow down brain activity and produce a calming effect) for post-traumatic stress disorder (a mental health condition that can develop after a person experience or witness a traumatic event) (PTSD).
- Duloxetine (anti-depressant medication which are prescription medications that treat depression (a mood disorder that causes a persistent feeling of sadness and loss of interest) and other mental health conditions) for PTSD.
- Quetiapine (an antipsychotic medication which are medication to treat psychosis, a collection of symptoms that affect your ability to tell what is real and what is not) for recurrent depression.
- Trazodone (an antidepressant) for recurrent depression.

Record review of Resident 1's September 2024 Medication Log (ML) showed Resident 1 was not taking Sertraline (an antidepressant).

Record review of Resident 1's NCP, dated 01/15/2019, showed Resident 1 was taking Sertraline for depression. There were no other psychotropic medications listed on the

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\_\_\_\_\_  
Provider (or Representative)

\_\_\_\_\_  
Date

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Findings included...

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- Trazodone (an antidepressant) for recurrent depression.

Record review of Resident 1's September 2024 Medication Log (ML) showed Resident 1 was not taking Sertraline (an antidepressant).


Record review of Resident 1's NCP, dated 01/15/2019, showed Resident 1 was taking Sertraline for depression. There were no other psychotropic medications listed on the

NCP.

Further review of Resident 1's NCP, dated 01/15/2019, showed a signature page with review dates of 01/16/2019, 01/10/2020, 01/25/2021, 01/24/2022 and 09/23/2023. The latest NCP review date of 09/23/2023 was done late, 20 months from the prior review date of 01/24/2022.

During an interview on 09/27/2024 at 4:25 PM, Staff A, Owner/Entity Representative stated they would review the NCP for current residents every year. Staff A stated that if there were changes, they would review the NCP during the time the change occurred. Staff A stated they would put psychotropic medications in the NCP.

During an interview on 09/27/2024 at 4:32 PM, Staff A stated they were not sure why the NCP was reviewed late. Staff A stated they thought they had reviewed Resident 1's NCP yearly. Staff A stated that Resident 1 was taking psychotropic medications and could not remember the names of the medications as they did not have the record with them.

Attestation Statement	
<p>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, SINCERE CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on</p>	
<p>(Date) <del>10-28-24</del> 11-20-24</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 <hr/> Provider (or Representative)	<p>10-28-24</p> <hr/> Date

**WAC 388-76-10530 Resident rights Notice of rights and services.**

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 residents (Resident 1) had their notice of rights and services (Admission Agreement) signed and dated by the resident and their representative at least every

NCP.

Further review of Resident 1's NCP, dated 01/15/2019, showed a signature page with review dates of 01/16/2019, 01/10/2020, 01/25/2021, 01/24/2022 and 09/23/2023. The latest NCP review date of 09/23/2023 was done late, 20 months from the prior review date of 01/24/2022.

During an interview on 09/27/2024 at 4:25 PM, Staff A, Owner/Entity Representative stated they would review the NCP for current residents every year. Staff A stated that if there were changes, they would review the NCP during the time the change occurred. Staff A stated they would put psychotropic medications in the NCP.

During an interview on 09/27/2024 at 4:32 PM, Staff A stated they were not sure why the NCP was reviewed late. Staff A stated they thought they had reviewed Resident 1's NCP yearly. Staff A stated that Resident 1 was taking psychotropic medications and could not remember the names of the medications as they did not have the record with them.

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<p>_____ Provider (or Representative)</p>	<p>_____ Date</p>

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**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 residents (Resident 1) had their notice of rights and services (Admission Agreement) signed and dated by the resident and their representative at least every

twenty-four months. This failure placed Resident 1 and their representative at risk of not being aware of house rules, rights, costs, and services provided by the AFH.

Findings included...

Record review of the AFH records showed Resident 1 was admitted to the AFH on [REDACTED]/2019 with multiple diagnoses.

Review of Resident 1's notice of rights and services, dated 2023, only showed Staff A, Owner/Entity Representative's signature. Staff A's signature on the notice of rights and services had no month or date to indicate when the notice of rights and services was signed in 2023. The 2023 notice of services and right agreement did not indicate that Resident 1 and their representative had reviewed or signed the agreement.

Record review showed Resident 1 had not signed and dated their notice of rights and services for [REDACTED]/2021 and [REDACTED]/2023.

Record review of Resident 1's notice of services and rights submitted on 09/17/2024 showed Resident 1 had signed and dated the notice of services and rights on [REDACTED]/2019.

During an interview on 09/27/2024 at 4:37 PM, Staff A stated that they provided the notice of services and rights or admission agreement to a resident and/or their representative before they would admit the resident to the AFH. Staff A stated that they would review the notice of services and rights every year with the resident and their representative. Staff A stated that the resident or resident representative would sign the notice of services to show it was reviewed. Staff A stated the resident, or their representative would initial every page of the notice of services.

During an interview on 09/27/2024 at 4:38 PM, Staff A stated they had reviewed Resident 1's notice of rights and services in 2023. Staff A stated that they believed Resident 1 had signed the agreement.


During an interview on 09/27/2024 at 4:38 PM, Staff A stated they were not sure why Resident 1's notice of rights and services were not reviewed in 2021 and 2023.

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

**Attestation Statement**

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

 \_\_\_\_\_  
 Provider (or Representative)

10-28-24  
 \_\_\_\_\_  
 Date

**WAC 388-76-10532 Resident rights Department standardized disclosure forms.**

- (2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:
- (a) Provide a copy to each resident prior to or upon admission to the home;
  - (c) Keep a copy that has been signed and dated by the resident in the resident's record.
- (3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to provide a signed and dated copy of the Disclosure of Charges for 2 of 2 residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk of not being fully aware of all their rights.

**Resident 1**

Review of the AFH records showed Resident 1 admitted to the AFH on [REDACTED] 2019 with multiple diagnosis.

During an interview on 09/27/2024 at 4:35 PM, Staff A, Owner/Entity Representative stated that the AFH used the Department's standardized Disclosure of Charges form. Staff A stated they would have the resident or resident presentative sign the Disclosure of Charges form on admission.

During an in interview on 09/27/2024 at 4:36 PM, Staff A stated they have a disclosure form for Resident 1.

Review of Resident 1's record on 09/30/2024, showed a Disclosure of Services form labeled with Resident 1's name. There was no record for Disclosure of charges for Resident 1.

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, SINCERE CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_ .

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Provider (or Representative)

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- (c) Keep a copy that has been signed and dated by the resident in the resident's record.

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to provide a signed and dated copy of the Disclosure of Charges for 2 of 2 residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk of not being fully aware of all their rights.

**Resident 1**

Review of the AFH records showed Resident 1 admitted to the AFH on [REDACTED]/2019 with multiple diagnosis.

During an interview on 09/27/2024 at 4:35 PM, Staff A, Owner/Entity Representative stated that the AFH used the Department's standardized Disclosure of Charges form. Staff A stated they would have the resident or resident presentative sign the Disclosure of Charges form on admission.

During an in interview on 09/27/2024 at 4:36 PM, Staff A stated they have a disclosure form for Resident 1.

Review of Resident 1's record on 09/30/2024, showed a Disclosure of Services form labeled with Resident 1's name. There was no record for Disclosure of charges for Resident 1.

During a follow-up interview on 10/04/2024 at 12:04 PM, Staff C, Resident Manager stated the AFH had a disclosure of charges form for Resident 1 that had been signed and dated. Staff C stated the disclosure of charge form was embedded in the 25-page agreement document.

Record review of Resident 1's notice of rights and services agreement or admission agreement showed a section titled, "15. Disclosure of fees and notice requirements". The document was signed on admission on 01/16/2019.

#### Resident 2

Review of the AFH records showed Resident 2 admitted to the AFH on [REDACTED]/2024 with multiple diagnosis.

During an in interview on 09/27/2024 at 4:36 PM, Staff A stated they have a disclosure form for Resident 2.

Review of Resident 2's record on 09/30/2024 showed a Disclosure of Services form labeled with Resident 2's name. There was no record for Disclosure of Charges for Resident 2.

During a follow-up interview on 10/04/2024 at 12:04 PM, Staff C stated the AFH had a disclosure of charges form for Resident 2 that had been signed and dated. Staff B sated the disclosure of charge was embedded in the 25-page agreement document.

Record review of Resident 2's notice of rights services agreement or admission agreement document showed a section titled, "15. Disclosure of fees and notice requirements". The document was signed on admission on [REDACTED]/2024.

#### Resident 1 and Resident 2

Record review on 10/03/2024 showed a copy of a disclosure form that had a different resident's name. The form was not signed and dated. There was no Disclosure of Charges form submitted for Resident 1 and Resident 2

During an interview with Staff A and Staff C on 10/03/2024 at 4:04 PM, Staff C stated that they have the Disclosure of Charges form. Staff A stated they understood the Disclosure of Charges form that needed to be submitted for Resident 1 and Resident 2 had to be a document using the Department's standardized form signed and dated by the resident or representative.


During a follow-up interview on 10/04/2024 at 11:53 AM, Staff C stated they were not able to send a copy of Disclosure of Charges for Residents 1 and 2 because they

Statement of Deficiencies	License #: 752168	Compliance Determination # 46970
Plan of Correction	SINCERE CARE ADULT FAMILY HOME LLC	Completion Date
Page 7 of 11	Licensee: SINCERE CARE ADULT FAMILY HOME	10/10/2024

thought the department only needed to see a sample of the form the AFH was using. Staff B stated that they only had 20 minutes to send the form so the caregiver on duty grabbed the form for a resident who had been in the home in 2018.

During a follow-up interview on 10/04/2024 at 12:07 PM, Staff C stated they thought the disclosure of charges forms were only for private residents, after receiving an explanation of the regulation and the reason for the requirement for the Disclosure of Charges.

Record review, on 10/04/2024, showed no standardized Disclosure of Charges forms were submitted for Resident 1 and Resident 2.

<b>Attestation Statement</b>	
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<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p style="text-align: center;"> _____ Provider (or Representative)</p>	<p style="text-align: center;"><u>10/28/2024</u> _____ Date</p>

**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 Adult Family Home (AFH) failed to ensure a two-step TB (Tuberculosis) test was completed for 1 of 2 staff (Staff B, Caregiver). This failure placed all residents at risk for exposure to TB, an infectious illness.

Findings included...

Review of Staff B's personnel file showed a hire date of 02/23/2023. The file showed a one-step TB skin test that was administered on 03/04/2023 and read on 03/07/2023

thought the department only needed to see a sample of the form the AFH was using. Staff B stated that they only had 20 minutes to send the form so the caregiver on duty grabbed the form for a resident who had been in the home in 2018.

During a follow-up interview on 10/04/2024 at 12:07 PM, Staff C stated they thought the disclosure of charges forms were only for private residents, after receiving an explanation of the regulation and the reason for the requirement for the Disclosure of Charges.

Record review, on 10/04/2024, showed no standardized Disclosure of Charges forms were submitted for Resident 1 and Resident 2.

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Provider (or Representative)	Date

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- (1) An initial skin test within three days of employment; and
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**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a two-step TB (Tuberculosis) test was completed for 1 of 2 staff (Staff B, Caregiver). This failure placed all residents at risk for exposure to TB, an infectious illness.

Findings included...

Review of Staff B's personnel file showed a hire date of 02/23/2023. The file showed a one-step TB skin test that was administered on 03/04/2023 and read on 03/07/2023

which showed a negative TB test result. There was no record of a second step or other TB test records available and Staff B's personnel file.

During an interview on 09/11/2024 at 4:49 PM, Staff B, Caregiver, stated that they had completed the TB test one time. Staff B stated they only had a 1-step TB test. Staff B stated they had no record of a 2-step TB test, a prior TB test or a chest x-ray.

During an interview on 09/27/2024 at 5:15 PM, Staff C, Resident Manager, stated they would request for a TB record if a caregiver had worked in another facility. Staff C stated that if there was no TB record, they would send the employee to the clinic to complete a TB skin test. Staff C stated the caregiver would not start work until the caregiver's TB screen record was validated or the TB test was done.

During an interview on 09/27/2024 at 5:17 PM, Staff C stated they did not do a second TB skin test for Staff B because Staff B had a prior TB skin test. Staff C stated that Staff B had a TB skin test done after they finished their school training, and the facility had promised to submit a record to the AFH. Staff C stated the facility had closed and was not able to send them the record. Staff C stated Staff B did not have a copy of the prior TB skin test.

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(Date) ~~10-28-24~~ 11-20-24

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.



Provider (or Representative)

10-28-24

Date

**WAC 388-76-10161 Background checks Who is required to have.**

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

**This requirement was not met as evidenced by:**

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff D, former Caregiver) had a Washington State Name and Date of Birth (WINDOB) Background Inquiry (BGI) done prior to employment and unsupervised access with the residents. This failure placed 6 of 6 residents (Residents

which showed a negative TB test result. There was no record of a second step or other TB test records available and Staff B's personnel file.

During an interview on 09/11/2024 at 4:49 PM, Staff B, Caregiver, stated that they had completed the TB test one time. Staff B stated they only had a 1-step TB test. Staff B stated they had no record of a 2-step TB test, a prior TB test or a chest x-ray.

During an interview on 09/27/2024 at 5:15 PM, Staff C, Resident Manager, stated they would request for a TB record if a caregiver had worked in another facility. Staff C stated that if there was no TB record, they would send the employee to the clinic to complete a TB skin test. Staff C stated the caregiver would not start work until the caregiver's TB screen record was validated or the TB test was done.

During an interview on 09/27/2024 at 5:17 PM, Staff C stated they did not do a second TB skin test for Staff B because Staff B had a prior TB skin test. Staff C stated that Staff B had a TB skin test done after they finished their school training, and the facility had promised to submit a record to the AFH. Staff C stated the facility had closed and was not able to send them the record. Staff C stated Staff B did not have a copy of the prior TB skin test.

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(a) A Washington state name and date of birth background check; and

**This requirement was not met as evidenced by:**

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff D, former Caregiver) had a Washington State Name and Date of Birth (WNDOB) Background Inquiry (BGI) done prior to employment and unsupervised access with the residents. This failure placed 6 of 6 residents (Residents

1, 2, 3, 4, 5 and 6) at risk of exposure to an individual with an unknown criminal background.

Findings included...

Review of the Staff D's personnel file showed a hire date of 07/19/2023.

Record review of Staff D's personnel file, on 09/11/2024 at 3:40 PM, showed no record of a WNDOB BGI report.

During an interview on 09/11/2024 at 3:41 PM, Staff C, Resident Manager, stated that the AFH had a copy of the "regular" BGI for Staff D.

During an interview on 09/11/2024 at 3:56 PM, Staff C stated that Staff D was a new caregiver and the BGI should not be expired.

During an interview on 09/11/2024 at 3:58 PM, Staff C stated that the other AFH had done a BGI for Staff D. Staff A, Owner/Entity Representative, stated that Staff D was hired on 07/19/2023 and had left on 08/06/2024.

Observation on 09/11/2024 at 4:00 PM, showed Staff A review the personnel file for Staff D.

During an interview on 09/11/2024 at 4:01 PM, Staff A, stated there was no record of a WNDOB BGI on file.

Record review of background check records submitted by the AFH on 09/17/2024, showed a final fingerprint background check (FBC) for Staff D. The FBC report showed a date of 10/12/2023 and was requested by a different AFH. There was no record of a WNDOB BGI report.

During an interview on 09/27/2024 at 4:40 PM, Staff A stated that they would do a BGI immediately because the caregiver was going to have a contact with the residents. Staff A stated "No, never hire" when asked if they would hire a caregiver before the BGI.

Review of the record submitted for Staff D on 09/30/2024, showed an interim (temporary or short term) FBC report. The interim FBC report showed it was requested by a different AFH. The interim FBC report showed a date of 10/02/2023, 76 days after the hire date of 07/19/2023.

During an interview on 10/04/2024 at 11:46 AM, Staff C stated the submitted BGI report, dated 10/02/2023 with the name of a different AFH, was the only BGI record the AFH had. Staff C stated that they had misplaced the BGI report that was done for the AFH.

During a follow-up interview on 10/04/2024 at 11:47 AM, Staff C restated that they had misplaced their own copy of the BGI report. Staff C added that Staff D was clear, qualified and could provide care for the residents. Staff C stated they had requested a copy of their own BGI report from the Department's Background Check Central Unit (BCCU) (an agency of the department that was responsible for the application of the background checks). Staff C stated the BCCU would not provide them a copy of the BGI report for they needed authorization from Staff D. Staff C stated that they could not find Staff D for Staff D got their phone disconnected.

During an interview on 10/04/2024 at 11:51 AM, Staff C stated their records got disorganized after a state complaint investigator had been to the home 2 to 3 weeks prior to the inspection.

During an interview on 10/04/2024 at 12:12 PM, Staff C stated that Staff D had provided the Interim FBC report, dated 10/02/2023. Staff C stated that the Interim FBC Staff D had provided contained a different AFH name. Staff C stated that the Interim FBC provided was before Staff D was employed at the AFH. Staff C stated that the employment date for Staff D listed as 07/19/2023 could be wrong.

During an interview on 10/04/2024 at 2:19 PM, Collateral Contact 1 (CC1), BCCU staff, stated that the AFH had not requested background check for Staff D. The CC1 stated that the only background check request they had in their system for Staff D was the request made by a different AFH 09/29/2023. The CC1 stated that the background check for Staff D resulted to an interim FBC report for 10/2/2023 and a final FBC report for 10/12/2023. These 2 BGI reports were the same records the AFH submitted for Staff D.

Record review of the email, dated 10/09/2024, from BCCU stated, "After looking in the background check system I do not see that a name and date of birth, or a fingerprint-based background check has ever been submitted for this applicant [Staff D] from Sincere Care Adult Family 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, SINCERE CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) ~~10-10-24~~ 11-20-24

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

During an interview on 10/04/2024 at 11:46 AM, Staff C stated the submitted BGI report, dated 10/02/2023 with the name of a different AFH, was the only BGI record the AFH had. Staff C stated that they had misplaced the BGI report that was done for the AFH.

During a follow-up interview on 10/04/2024 at 11:47 AM, Staff C restated that they had misplaced their own copy of the BGI report. Staff C added that Staff D was clear, qualified and could provide care for the residents. Staff C stated they had requested a copy of their own BGI report from the Department's Background Check Central Unit (BCCU) (an agency of the department that was responsible for the application of the background checks). Staff C stated the BCCU would not provide them a copy of the BGI report for they needed authorization from Staff D. Staff C stated that they could not find Staff D for Staff D got their phone disconnected.

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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, SINCERE CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Statement of Deficiencies

License # 752188

Compliance Determination # 46970

Plan of Correction


SINCERE CARE ADULT FAMILY HOME LLC

Completion Date

Page // of 11

Licensee: SINCERE CARE ADULT FAMILY HOME

10/10/2024

	10-28-24
Provider (or Representative)	Date

_____ Provider (or Representative)	_____ Date
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