



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 6, 2016

VANES ADULT FAMILY HOME LLC
VANES ADULT FAMILY HOME LLC
3041 S 208TH
SEATAC, WA 98198

RE: VANES ADULT FAMILY HOME LLC License #752262

Dear Provider:

On April 5, 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 19, 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:
Brenna Botsford, Licensor

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Delores Usea, Field Manager
Region 2, Unit G
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 752262	Completion Date
Plan of Correction	VANES ADULT FAMILY HOME LLC	January 19, 2016
Page 1 of 7	Licensee: VANES ADULT	

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:
 1/19/2016

VANES ADULT FAMILY HOME LLC
 3041 S 208TH
 SEATAC, WA 98198

The department staff that inspected the adult family home:
 Brenna Botsford, Licensor
 Pamela Osterman, Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6007

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

1/25/16
 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.

Imelda Rodriguez
 Provider (or Representative)

03-1-16
 Date

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

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure one of one family member (Person X) living in the home, had a current criminal history background check. This failure placed four of four residents (Resident #1,#2,#3, and #4) at risk for exposure to an individual with an unknown criminal background.

Findings Include:

All interview and record review occurred on 01/19/2016 unless otherwise noted.

The Provider said her family member; Person X had no negative criminal history, and she did not have his Washington State background check.

An email dated 01/19/2016 from the Background Central Check Unit (BCCU), confirmed Person X did not have a background check.

Record review of AFH records revealed Person X did not have a current Washington State background check.

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, VANES 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 cited deficiency.

Imelda Rodriguez
Provider (or Representative)

03-1-16
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 observation, interview and record review, the adult family home (AFH) failed to ensure one of two staff (Provider) had a current Washington state criminal history background check. This failure placed four of four residents (Resident #1, #2, #3 and #4) at risk for exposure

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to an individual with an unknown criminal background.

Findings include:

All observation, interview and record review occurred on 01/19/2016 unless otherwise noted.

Four residents were observed in the home.

The Provider said she had not updated her background check after it expired.

An email dated 01/19/2016 from the Background Central Check Unit (BCCU), confirmed the Provider did not submit a DSHS background check authorization form.

Record review revealed the Provider's Washington State background check expired 07/28/2013.

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Provider (or Representative)

03-1-16
Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to ensure one of two sampled residents (Resident #2) signed his Negotiated Care Plan (NCP). This failure placed the resident at risk for not understanding, or participating in his NCP.

Findings include:

All interview and record review occurred on 01/19/2016 unless otherwise noted.

The Provider said she did not have Resident #2 sign his NCP, but she thought she had it.

Record review revealed Resident #2 did not sign his Negotiated Care Plan. The NCP was updated 12/15/2015, but did not have a signature.

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03-1-16
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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 adult family home (AFH) failed to update the notice of services every twenty-four months for one of one sampled resident (Resident #2). This failure placed the resident at risk for not understanding any changes in costs, services, or policies at the AFH.

Findings include:

All observation, interview and record review occurred on 01/19/2016 unless otherwise noted.

The Provider said she did not know she needed updated signatures on the notice of services form every twenty-four months.

Record review revealed Resident #2 moved into the AFH on [REDACTED] The notice of services was last updated on 11/20/2013.

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Trnelde Rodriguez
Provider (or Representative)

03-1-16
Date

WAC 388-76-10532 Resident rights Standardized disclosure of services form. The adult family home is required to complete the department's standardized disclosure of services form.

(1) The home must:

- (a) List on the form the scope of care and services available in the home;
- (b) Send the completed form to the department; and
- (c) Provide an updated form to the department thirty days prior to changing services, except in emergencies, when the scope of care and services is changing.

(2) The form does not:

- (a) Replace the notice of services required when a resident is admitted to the adult family home as directed in chapter 388-76-10530 WAC.
- (b) Replace any other form or policy as required in chapter 388-76 WAC.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to provide Standardized disclosure of services form. This failure placed four of four residents (Resident #1,#2,#3, #4) at risk of not knowing the scope of care and services in the adult family home.

Findings include:

All observation, interview and record review occurred on 01/19/2016 unless otherwise noted.

Four residents were observed in the adult family home.

The Provider said she did not know about the Standardized disclosure of services form.

Record review of the Department's website did not reveal a standardized disclosure of services form for the AFH.

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Provider (or Representative)

03-1-16
Date

WAC 388-76-10650 Medical devices. Before the adult family home uses medical devices for any resident, the home must:

- (1) Review the resident assessment to determine the resident's need for and use of a medical device;
- (3) Provide the resident and family with enough information about the significance and level of the safety risk of use of the device to enable them to make an informed decision about whether or not to use the device.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure one of one sampled resident (Resident #4) with the a medical device (siderails) was informed of the risk and benefits, and assessed for safety. This failure placed the resident at risk of harm and injury.

Findings include:

All observation, interview and record review occurred on 01/19/2016 unless otherwise noted.

Resident #4 was observed in lying in his bed. Resident #4's hospital bed included side rails on the upper portion of the bed. Resident #4 was observed to be non-verbal, and needed total assistance with care needs.

The Provider said Resident #4's wife was not aware of the risk and benefits of the use of side rails.

Record review revealed Resident #4 did not have a signed risk and benefits document in his chart.

Resident #4's CARE assessment dated 04/21/2015 documented diagnoses including:

Resident #4 needed total assistance with bed mobility and is to be repositioned every two to three hours. There was no mention of side rails in the assessment.

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Provider (or Representative)

03-1-16
Date

WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year?

(1) Adult family homes

(d) Continuing education must include one-half hour per year on safe food handling in adult family homes described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure one of two staff (Provider) had current Food Safety continuing education. This failure placed four of four residents (Resident #1, #2, #3, and #4) at risk for food borne illness.

Findings include:

All interview and record review occurred on 01/19/2016 unless otherwise noted.

The Provider said she thought she had her certificate in the binder, but was not able to find it.

Record review revealed the Provider did not have the half-hour Food Safety continuing education training.

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, VANES ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 03-1-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Imelda Rodriguez
Provider (or Representative)

03-1-16
Date

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