



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 PO Box 98907, Lakewood, WA 98496

RECEIVED  
 MAR 09 2016  
 DSHS RCS Region 3

Statement of Deficiencies	License #: 752485	Completion Date
Plan of Correction	Mamas Delight Home Care LLC	February 23, 2016
Page 1 of 5	Licensee: Mamas Delight Home	

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.

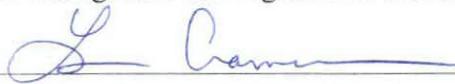
The department has completed data collection for the unannounced on-site full inspection of:  
 2/17/2016

Mamas Delight Home Care LLC  
 1926 Bridgeport Way W  
 University Place, WA 98466

The department staff that inspected the adult family home:  
 Gary Fuentebella, Licensors

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit A  
 PO Box 98907  
 Lakewood, WA 98496  
 (253)983-3826

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

2/29/16  
 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)

3/02/2016  
 Date

3  
4/22

**WAC 388-76-10146 Qualifications Training and home care aide certification.**

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112 WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

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

Based on observation, interview and record review the home failed to ensure 1 of 1 caregiver (Caregiver B) completed Home Care Aide (HCA) certification within two hundred (200) calendar days of her date of hire. The home also failed to ensure Caregiver B stopped providing care to residents in the home after HCA certification was not obtained within two hundred (200) days of hire. This failure placed all residents at risk for receiving care and services from an unqualified caregiver.

**Findings include:**

All observations, interview and record review occurred on 2/17/16 unless otherwise noted.

According to WAC 246-980-050(2): A long-term care worker who has not been issued a home care aide certification within two hundred calendar days of the date of hire must stop providing care until the certification has been granted.

Caregiver A and Caregiver B were observed working with Resident #s 1, 2, 3, 4, 5 and 6. The Entity Representative (ER) arrived in the home with her husband (Caregiver C) approximately thirty (30) minutes later.

Review of personnel files revealed Caregiver B was hired on 2/5/15 and had completed the Long-Term Care Workers Basic Training on 2/4/15. Further review revealed no documentation to show Caregiver B had completed her Home Care Aide (HCA) certification within 200 days (August 24, 2015) of her date of hire.

During interview Caregiver B said she was to take the HCA certification within 200 days for her hire date but forgot about it.

During interview the ER said she was not aware Caregiver B had not taken her HCA certification.

**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, Mamas Delight Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 02/18/16. In ~~addition~~ addition, I will implement a system to monitor and ensure continued/compliance with this cited deficiency.

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

3/02/2016  
 \_\_\_\_\_  
 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 observation, interview and record review the home failed to ensure the Entity Representative (ER) and 2 of 3 caregivers (Caregiver A and Caregiver C) had valid background check results. This failure placed all residents at risk for unsupervised access from the ER or caregivers with possible disqualifying criminal history.

**Findings include:**

All observations, interview and record review occurred on 2/17/16 unless otherwise noted.

Caregiver A and Caregiver B were observed working with Resident #s 1, 2, 3, 4, 5 and 6. The Entity Representative (ER) arrived in the home with her husband (Caregiver C) approximately thirty (30) minutes later.

Review of personnel files revealed the ER's background check result had expired on 11/7/15. Further review revealed both Caregiver A (hired on 8/20/13) and Caregiver C (hired in 4/16/09) background check results had also expired on 11/7/15.

During interview the ER said she had forgotten to look at the expiration dates of their background check results.

**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, Mamas Delight Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 02/25/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 Provider (or Representative)

3/02/2016  
 Date

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:**

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

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

Based on interview and record review the home failed to ensure the home's Medicaid Policy was provided to 3 of 6 residents (Resident #s 3, 5 and 6). This failure prevented the residents from knowing the home's Medicaid policy and placed them at risk of being displaced if their financial status changed.

**Findings include:**

All interview and record review occurred on 2/17/16 unless otherwise noted.

Record review revealed Resident #s 3, 5 and 6 were not provided with the home's Medicaid policy. All three residents were private-pay.

During interview the Entity Representative (ER) said she forgot to include the home's Medicaid policy document with the residents' admission agreement which was provided at the time of their admission.

**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, Mamas Delight Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 02/22/16. In ~~addition~~ addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



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

3/02/2016

\_\_\_\_\_  
Date

March 2, 2016

DSHS, Aging And Long-Term Support Administration

Residential Care Services, Region 3, Unit A

Lakewood WA 98496

Dear Sir/Maam,

This letter refers to the inspection of Mamas Delight Home Care LLC dated February 17, 2016. I am willing to comply or have had complied the following:

- 1) *WAC 388-76-10146 Qualifications training and home care aide certificate.*

*Unfortunately. The Caregiver B did not take the HCA certification through the Department of Health. I, myself, however did not ask a copy of the HCA certification, assuming, she had it. She turn-in all her certificate from the 75 hours training but NO HCA certification. When Mr. Fontebella asked for the certification she said she does not have it. And I ask her why, she said, she forgot about it. Anyway, She cannot work without the certification, therefore, she's no longer working with Mamas Delight Home Care since February 18, 2016. As of now, I am in the process of hiring a part-time caregiver. In the future, however, I will make sure a copy of HCA certification has to be turn-in.*

- 2) *WAC 388-76-10165 Background Checks.*

*I am aware the background checks has to be renewed every two years. This time I missed the renewal which suppose to be on 11-7-2015. On 02-22-2016, I faxed the new background checks to Mr. Fontebella, namely: (ER) Zelfa Coats and (Caregiver A )Albert Ambalong.(Caregiver C) Don Coats was faxed on 02-25-2016.*

- 3) *WAC 388-76-10522 Resident right Notice on accepting Medicaid as a payment source.*

*When I made a copy to prepare for the Admission Agreement, I missed to insert the written notice policy on Medicaid payment source. However, on 02-22-2016, I faxed the Medicaid Payment Policy to Mr. Fontebella, namely: [REDACTED] (Resident #3), [REDACTED] (Resident #5), and [REDACTED] (Resident #6).*

*Enclosed, however, all the paperworks that has been faxed. Thank You.*

*Yours truly,*

  
Zelfa Coats

*Mamas Delight Home Care LLC*



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*PO Box 98907, Lakewood, WA 98496*

March 29, 2016

Mamas Delight.Home Care LLC  
Mamas Delight Home Care LLC  
1926 Bridgeport Way W  
University Place, WA 98466

RE: Mamas Delight Home Care LLC License #752485

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on March 28, 2016 for the deficiency or deficiencies cited in the report/s dated February 23, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Gary Fuentebella, Licensor

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager  
Region 3, Unit A  
Residential Care Services