



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

December 13, 2019

**CERTIFIED MAIL**

9489 0090 0027 6093 4004 64

Dawit A Lanteyeyderu  
Top Care Adult Family Home  
2109 127th Place SW  
Everett, WA 98204

RE: Top Care Adult Family Home License #752540

Dear Provider:

The Department completed a full inspection of your Adult Family Home on December 10, 2019 and found that your home does not meet the adult family home licensing requirements listed below.

The Department staff who did the inspection and provided consultation:  
Megan Wylie, Licensor

**Consultation:**

**WAC 388-76-10310 Tuberculosis Test records. The adult family home must:**

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

Staff A (Provider) did not have documentation of a positive Tuberculosis (TB) test on site for Staff D (Caregiver) during the full inspection on 12/10/19. Staff A was able to obtain the record on 12/11/19, that was prior to Staff D's hire and dated 10/5/19. Staff A stated he would ensure all staff will have TB records maintained on site for the duration of their employment and for the required time after the resident ceases to be employed.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

You May:

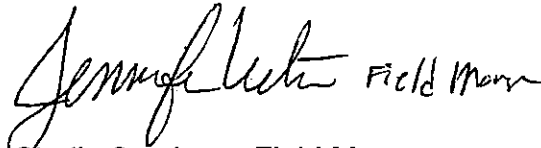
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- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

**If You Have Any Questions:**

- Please contact me at (360) 651-6872.

Sincerely,

A handwritten signature in black ink that reads "Shelly Scarboro Field Manager". The signature is written in a cursive style.

Shelly Scarboro, Field Manager  
Region 2, Unit B  
Residential Care Services

Enclosure