



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

November 15, 2019

PLEASANT ADULT FAMILY HOME LLC
PLEASANT ADULT FAMILY HOME LLC
34184 56th Ave S
Auburn, WA 98001

RE: PLEASANT ADULT FAMILY HOME LLC License #752721

Dear Provider:

On November 15, 2019 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 October 7, 2019.

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:
Julie Miranda, Nursing Consultant Institutional/AFH Licensor

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

Sincerely,

Elena Atanasova, Field Manager
Region 2, Unit G
Residential Care Services



RECEIVED

OCT 22 2019

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

Statement of Deficiencies	License #: 752721	Completion Date
Plan of Correction	PLEASANT ADULT FAMILY HOME LLC	October 7, 2019
Page 1 of 3	Licensee: PLEASANT ADULT FAMILY HOME LLC	

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: 10/2/2019

PLEASANT ADULT FAMILY HOME LLC
11151 SOUTH BEACON AVENUE
SEATTLE, WA 98178

The department staff that inspected the adult family home:

Julie Miranda, BSN, RN, Nursing Consultant Institutional/AFH Licensor

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

10/09/2019

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)

10/15/2019

Date

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

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure a Tuberculosis (TB) testing was completed on two of two sampled staff (Staff B, Caregiver and D, Caregiver) within three days of hire. This placed Resident #1, #2, #3, #4, #5 and #6 at risk for exposure and contracting the communicable disease.

Findings included...

STAFF B

On 10/02/19 on observation from 09:25 AM through 04:15 PM Staff B, Resident Manager, provided care and services to Resident #1, #2, #3, #4, #5 and #6.

On 10/02/19 at 11:15 AM during review of records, the AFH hired Staff B on 09/03/11 at this AFH with a license #752721. Staff B records showed Staff B completed a TB skin testing dated 11/08/10 and was read 11/10/10 with a negative result. Staff B did not have TB test done within a three days of hire to the home on 09/03/11.

Further review of Staff B's record showed another AFH with license #752568 owned by Staff A, Provider, hired Staff B as a caregiver on 04/01/14. Review of Staff B's record showed one-step TB test done on 05/09/14 and read 05/12/14 with negative result. Further record review showed a second TB test done on 05/19/14 and read 05/21/14 with negative result. Staff B did not have TB skin test done within a three days of hire on 04/01/14.

STAFF D

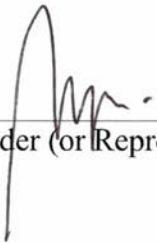
On 10/02/19 on observation from 09:25 AM through 04:15 PM Staff D, Caregiver provided care and services to Resident #1, #2, #3, #4, #5 and #6.

On 10/02/19 at 11:15 AM during review of records, the AFH hired Staff D on 09/04/19. On further review, showed Staff D completed a chest x ray dated 03/21/00 with no documentation of positive TB test prior the x-ray. Further record review showed no documentation Staff D completed a TB testing within three days of Staff D's hire to the home on 09/04/19.

On 10/02/19 at 04:00 PM, Staff A stated that she acknowledged Staff B and D did not have TB testing completed within three days of their hire date to the 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, PLEASANT ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) October 15, 2019 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

10/15/2019

Date