



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 1, 2021

BLESSED HILL AFH LLC
BLESSED HILL AFH LLC
11803 SE 323RD PL
AUBURN, WA 98092

RE: BLESSED HILL AFH LLC License #752733

Dear Provider:

On March 29, 2021 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 March 9, 2021.

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:
Olga Petrov, Licensor

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Elena Atanasova".

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: BLESSED HILL AFH LLC (862336) **Intake ID(s):** 3758810

License/Cert. #: AF752733

Investigator: Petrov, Olga **Region/Unit:** RCS Region 2/Unit G **Investigation Date(s):** 02/26/2021 through 03/09/2021

Complainant Contact Date(s): 02/26/2021

Allegations:

#1. Named resident (NR) discharged from skilled nursing to adult family home (AFH). NR had wound and discharged to the AFH without order for nursing ulcer care and/or RN Delegation for wound care.

Investigation Methods:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> Sample: | NR and other resident in the home. | <input checked="" type="checkbox"/> Observations: | Per PCS guidelines. |
| <input checked="" type="checkbox"/> Interviews: | NR, other resident, health professional, NR's representative, staff, Provider | <input checked="" type="checkbox"/> Record Reviews: | NR and other resident records, nurse delegation documentation, Provider's background check. |
-

Allegation Summary:

#1. In an interview, Provider said NR was discharged from the skilled facility to AFH with the wound. Provider said the home had discharge documents for the NR's wound treatment. Provider said she had licensed practical nurse (LPN) license and she treated NR's wound until home health nurse continue to do treatment.

Review of department of health database showed the Provider had active LPN license and did not require delegation for the wound treatment.

Review of the NR's discharge records showed order for the wound care and medication list.

Review of residents records showed their care plans were up to date.

Review of caregivers background check showed 3 of 7 staff did not submitted authorization for background check every 2 years as required.



**Residential Care Services
Investigation Summary Report**

Unalleged Violation(s): **Yes** **No**

388-76-10165 (1b)-AFH failed to ensure there were valid Washington state background checks for three of seven sampled staff.

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

388-76-10165 (1b)-AFH failed to ensure there were valid Washington state background checks for three of seven sampled staff.



RECEIVED

MAR 25 2021

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 #: 752733	Completion Date
Plan of Correction	BLESSED HILL AFH LLC	March 9, 2021
Page 1 of 3	Licensee: BLESSED HILL AFH 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 complaint investigation of: 2/26/2021

BLESSED HILL AFH LLC
11803 SE 323RD PL
AUBURN, WA 98092

This document references the following complaint number: 3758810

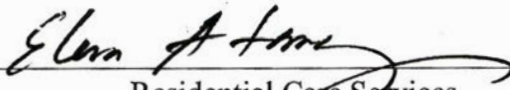
The department staff that inspected and investigated the adult family home:

Olga Petrov, RN, Licensor

From:

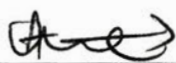
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032-2388
(253)234-6007

As a result of the on-site complaint investigation 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

03/12/2021
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.

 ANNE KLARIE
Provider (or Representative)

3/22/21
Date

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

Statement of Deficiencies

License #: 752733

MAR 25 2021

Completion Date

Plan of Correction

BLESSED HILL AFH LLC

March 9, 2021

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Licensee: BLESSED HILL AFH LLC

DSHS/ALTA/RCS

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:

(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 interviews and record review, the adult family home (AFH) failed to ensure there were valid Washington state name and date of birth background checks for three of seven sampled staff (Staff A, Entity Representative, Staff B, Caregiver and Staff C, Caregiver). This failure placed all four residents (Residents 1, 2, 3 and 4) at risk of harm from caregivers with unknown current criminal backgrounds.

Findings included...

In an interview on 02/26/2021 at 11:00 AM, the department staff requested a copy of the Staff A's current name and date of birth background check to be send to the department.

On 03/01/2021 at 09:16 AM, the department received Staff A's background inquiry (BGI) with expiration date 10/26/2020 and a background check result dated 02/27/2021.

In an interview on 03/01/2021 at 09:29 AM, Staff A stated that she (Staff A) forgot to submit renewal for BGI until 02/27/2021. Staff A did not have valid BGI from 10/26/2020 to 02/27/2021.

Review of staff records on 03/08/2021, showed Staff B's background inquiry (BGI) dated 02/27/2021 and background check result based on fingerprinting expired on 03/19/2020. Staff B did not have a valid BGI from 03/19/2020 to 02/27/2021. Staff C's showed BGI dated 02/27/2021 and BGI expired on 10/27/2019. Staff C did not have a valid BGI from 10/27/2019 to 02/27/2021.

In an interview on 03/08/2021 at 10:30 AM, Staff A stated that she forgot to renew BGIs for the staff.

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Statement of Deficiencies

License #: 752733

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Completion Date

Plan of Correction

BLESSED HILL AFH LLC

March 9, 2021


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Licensee: BLESSED HILL AFH LLC

DSHS/ALTA/RCS

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, BLESSED HILL AFH 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.

Anne Keane 

Provider (or Representative)

3/22/2021

Date

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