



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

May 2, 2019

24/7 Care Adult Family Home Inc  
24/7 CARE ADULT FAMILY HOME INC  
12829 109TH AVE NE  
KIRKLAND, WA 98034

RE: 24/7 CARE ADULT FAMILY HOME INC License #752833

Dear Provider:

On May 2, 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 April 12, 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:  
Katie Flom, Licensor

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager  
Region 2, Unit I  
Residential Care Services



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RECEIVED  
 APR 30 2019  
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 752833	Completion Date
Plan of Correction	24/7 CARE ADULT FAMILY HOME INC	April 12, 2019
Page 1 of 3	Licensee: 24/7 Care Adult Family Home Inc	

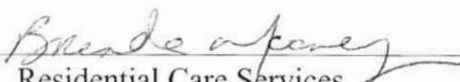
You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of:  
 4/9/2019  
 24/7 CARE ADULT FAMILY HOME INC  
 12829 109TH AVE NE  
 KIRKLAND, WA 98034

The department staff that inspected the adult family home:  
 Katie Flom, BA, Licensors

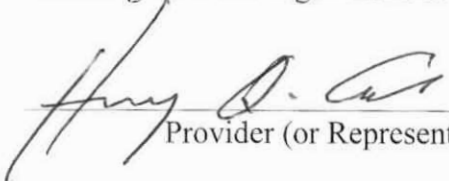
From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit I  
 20816 44th Ave West, Suite 240  
 Lynnwood, WA 98036-7744  
 (425)670-6061

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

04/16/2019  
 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)

04/26/2019  
 Date

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

**WAC 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.**

(1) The adult family home must complete the department's disclosure of charges form and provide a copy to each resident admitted to the home.

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

Based on record review and interview, the provider failed to ensure a Disclosure of Charges was completed and given to four of four sampled residents (Residents #1, #2, #3, #4). This failure placed all residents at risk of not knowing what expenses are covered by the adult family home.


**Findings included...**

Record review of the home's resident records showed no Disclosure of Charges form for any of the residents (Resident #1,#2,#3, #4).

When interviewed on 04/09/19, the provider said that he was unaware of the Disclosure of Charges requirement.

**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, 24/7 CARE ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 4/26/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

4/26/2019  
\_\_\_\_\_  
Date

**WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:**

- (7) If needed, a plan to:
- (b) Reduce tension, agitation and problem behaviors;

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

Based on record review and interview, the provider failed to ensure the negotiated care plan for one of two sampled residents (Resident #4) included behaviors identified on their assessment. This failure placed Resident #4 at risk of unmet care needs.

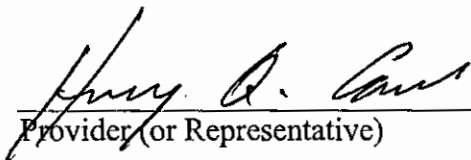
**Findings included...**

Record review of Resident #4's negotiated care plan cover sheet dated 03/24/19, showed Resident #4 was admitted to the adult family home on [REDACTED]/19. Resident #4's assessment dated 07/27/18, showed a list of behaviors which included hoarding, foul language, and being easily irritated. Resident #4's negotiated care plan dated 03/24/19, did not address any of the behaviors

identified in the assessment. When interviewed on 04/09/19, the provider stated that he had not witnessed any behaviors since Resident #4 moved in, so he was unaware the behaviors needed to be addressed.

**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, 24/7 CARE ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 4/26/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

4/26/2019  
Date