



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, 2019

LIVING COMFORT HOME CARE LLC  
LIVING COMFORT HOME CARE LLC  
24940 16th Ave S  
Des Moines, WA 98198

RE: LIVING COMFORT HOME CARE LLC License #752849

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on March 26, 2019 for the deficiency or deficiencies cited in the report/s dated July 12, 2018 and found no deficiencies.

The Department staff who did the inspection:  
Sharon Judie, Community Complaint Investigator

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

*Signed for* Elena Atanasova, FM  
Bennetta Shoop, Field Manager  
Region 2, Unit E  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** LIVING COMFORT HOME CARE LLC (878476)      **Intake ID(s):** 3528223  
**License/Cert. #:** AF752849  
**Investigator:** Rhodes, Shalahna      **Region/Unit:** RCS Region 2/Unit G      **Investigation Date(s):** 06/27/2018 through 07/12/2018  
**Complainant Contact Date(s):** 07/12/2018

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**Allegations:**

1. The named resident (NR) made a violent threat to cause harm if he had a weapon. The adult family home (AFH) reports there were no weapons in the home and the NR's room was checked for weapons.
  2. The NR refused to use his [REDACTED] [REDACTED] in order to protect other residents.
- 

**Investigation Methods:**

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> <b>Sample:</b>     | Residents  | <input checked="" type="checkbox"/> <b>Observations:</b>   | Residents, Resident and Caregiver Interactions |
| <input checked="" type="checkbox"/> <b>Interviews:</b> | Residents, Entity Representative (ER), The NR's Representative | <input checked="" type="checkbox"/> <b>Record Reviews:</b> | Resident Records, Caregiver Records, Check     |
- 

**Allegation Summary:**

1. Observation of the NR's bedroom did not find any weapons.  
Interview with the ER found a knife that he used to cut up the residents' food. The ER said there were no weapons in the home.  
Interview with the NR revealed he had got into an argument with his guardian over his money but he did not harm his guardian.
  2. Observation of the NR found him using a [REDACTED] [REDACTED].  
Interview with the ER found the NR was unable to use his [REDACTED] [REDACTED] because of [REDACTED].  
Interview with a resident in the home revealed the NR had never hurt anyone in the home with his [REDACTED] [REDACTED].
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**Unalleged Violation(s):**       **Yes**       **No**

The AFH failed to ensure 1 of 2 sampled caregivers met the food handling requirements.



**Residential Care Services  
Investigation Summary Report**

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**Conclusion / Action:**  **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

See statement of deficiency written 07/12/2018.



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 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

RECEIVED  
 JUL 31 2018  
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 752849	Completion Date
Plan of Correction	LIVING COMFORT HOME CARE LLC	July 12, 2018
Page 1 of 2	Licensee: LIVING COMFORT HOME CARE 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: 6/27/2018

LIVING COMFORT HOME CARE LLC  
 24940 16th Ave S  
 Des Moines, WA 98198

This document references the following complaint number: 3528223

The department staff that inspected and investigated the adult family home:  
 Shalahna Rhodes, RN, MSn, Community Complaint Investigator

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

07/20/2018  
 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)

07/25/2018  
 Date

RECEIVED  
JUL 31 2018

Statement of Deficiencies

License #: 752849

Completion Date

Plan of Correction

LIVING COMFORT HOME CARE LLC

DSHS/ALTA/RCS

July 12, 2018

Page 2 of 2

Licensee: LIVING COMFORT HOME CARE LLC

**WAC 388-76-10129 Qualifications Adult family home personnel. The adult family home must ensure that the following are qualified and meet all of the applicable requirements of this chapter and chapter 388-112 WAC:**

(1) Any person employed or used by the adult family home, directly or by contract, by an adult family home; including but not limited to:

(f) Caregivers.

**WAC 388-112A-0610 Who is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?**

(1) Adult family homes.

(d) Continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 when the long-term worker does not maintain a food handler's permit.

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

Based on record review and interview, the adult family home (AFH), failed to ensure 1 of 2 sampled staff (Caregiver A) met the food handling requirements. This failure placed 5 of 5 residents (R#1-R#5) at risk for acquiring a foodborne illness.

**Findings include:**

Record review and interview occurred 06/27/2018 unless otherwise noted.

Record review found the Caregiver A had a food worker card that expired on 11/13/2017 and Caregiver A was working without a current food worker card for 7months and 14 days.

Interview with the Entity Representative revealed Caregiver A had a current food handler card and that he would fax the current card. A fax was received on 07/02/2018. The date on the food handler card showed Caregiver A had completed the food handler training on 06/27/2018, which is the day department staff made the ER aware of Caregiver A's expired food handler card.

**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, LIVING COMFORT HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date) 07/25/18.

In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

07/25/2018  
Date