



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

January 22, 2020

Honeydew Golden Years LLC
HONEYDEW GOLDEN YEARS LLC
4216 NE 10TH PL
RENTON, WA 98059

RE: HONEYDEW GOLDEN YEARS LLC License #752867

Dear Provider:

On January 21, 2020 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 September 24, 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:
Adelle Walker, Licensor

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

Sincerely,

Dahl Kim, Field Manager
Region 2, Unit E
Residential Care Services



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RECEIVED
 OCT 16 2019
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 752867	Completion Date
Plan of Correction	HONEYDEW GOLDEN YEARS LLC	September 24, 2019
Page 1 of 2	Licensee: Honeydew Golden Years 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:
 9/19/2019

HONEYDEW GOLDEN YEARS LLC
 4216 NE 10TH PL
 RENTON, WA 98059

The department staff that inspected the adult family home:
 Adelle Walker, BHS, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

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	<u>10/03/19</u> Date
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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)	<u>10-10-19</u> Date
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This document was prepared by Residential Care Services for the Locator website.

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OCT 16 2019

DSHS/ALISA/RCS

Statement of Deficiencies

License #: 752867

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HONEYDEW GOLDEN YEARS LLC

September 24, 2019

Page 2 of 2

Licensee: Honeydew Golden Years LLC

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home failed to show one of seven staff (Staff #F) had completed tuberculosis (TB) testing within 3 days of employment as required. This failure placed five of five residents (Resident #1-Resident #5) at risk of contracting TB, an infectious disease.

Findings included...

On 9/19/19 at 10:02 AM, Staff #F was observed to be providing care to residents in the home. On 9/19/19 at 12:00 PM, Staff #F was observed serving lunch to all five residents (Resident #1, Resident #2, Resident #3, Resident #4 and Resident #5) seated at the dining table.

On 9/19/19 at 12:41 PM, record review showed that Staff #F was hired on 9/09/19. Staff #F's file failed to show they had done TB testing within seventy-two hours of their hire date. A TB documents in Staff #F's file showed that the last (prior to hire) one-step TB testing was completed on 1/10/19 with a negative result.

On 9/19/19 at 1:00 PM, Staff #A, Provider said that she was unaware Staff #f needed a TB test within seventy-two hours because Staff #F had done TB test within the last year.

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, HONEYDEW GOLDEN YEARS LLC is or will be in compliance with this law and / or regulation on (Date) 10-10-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

10-10-19

Date

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