



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*PO Box 98907, Lakewood, WA 98496*

January 7, 2019

Berachah Adult Family Home LLC  
Berachah Adult Family Home LLC  
4329 S Junett St  
Tacoma, WA 98409

RE: Berachah Adult Family Home LLC License #753016

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on January 4, 2019 for the deficiency or deficiencies cited in the report/s dated December 19, 2018 and found no deficiencies.

The Department staff who did the inspection:  
Gary Fuentebella, Licenser

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Cramer", with a long horizontal line extending to the right.

Lisa Cramer, Field Manager  
Region 3, Unit A  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 PO Box 98907, Lakewood, WA 98496

Statement of Deficiencies	License #: 753016	Completion Date
Plan of Correction	Berachah Adult Family Home LLC	December 19, 2018
Page 1 of 2	Licensee: Berachah 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: 12/14/2018

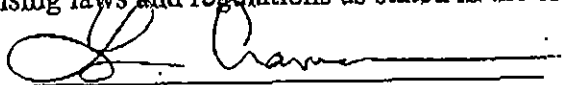
Berachah Adult Family Home LLC  
 4329 S Junett St  
 Tacoma, WA 98409

The department staff that inspected the adult family home:  
 Gary Fuentebella, Licensur

From:

DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit A  
 PO Box 98907  
 Lakewood, WA 98496  
 (253)983-3826

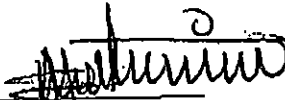
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.



Residential Care Services

12/19/18  
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.

MARTIN MWERA   
 Provider (or Representative)

12/22/18  
Date

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

**WAC 388-76-10475 Medication Log. The adult family home must:**

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (2) Include in each medication log the:
  - (b) Name of all prescribed and over-the-counter medications;
  - (c) Dosage of the medication;
  - (d) Frequency which the medications are taken; and
  - (e) Approximate time the resident must take each medication.

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

Based on interview and record review, the home failed to ensure 1 of 4 residents (Resident #4) medication administration record (MAR) was up-to-date for one prescribed medication, its dosage, frequency, and approximate time it was to be given. This failure placed Resident #4 at risk for medication errors.

**Findings included:**

All interview and record review occurred on 12/14/18 unless otherwise noted.

Resident #4 was admitted with diagnoses to include [redacted] and [redacted]. His assessment dated 03/31/18 revealed he had memory problems, made poor decisions and needed assistance with medications.

Review of Resident #4's medication pharmacy label revealed instructions to give Moxifloxacin (oral antibiotic) 400 milligrams (mg) one tablet daily. Record review revealed the above-mentioned medication, its dosage, frequency and approximate time to be given was not written on Resident #4's December 2018 MAR. The medication was written on Resident #4's November 2018 MAR.

During interview, the Entity Representative (ER) verified the findings and wrote the medication on Resident #4's MAR.

The ER said he checked all residents' MAR at the start of the month, but did not know how he missed the medication in December.

**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, Berachah Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/22/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

MARTIN MWERU  
Provider (or Representative)

12/22/18  
Date



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*PO Box 98907, Lakewood, WA 98496*

December 19, 2018

**CERTIFIED MAIL**

7016 2070 0000 6702 6268

Berachah Adult Family Home LLC  
Berachah Adult Family Home LLC  
4329 S Junett St  
Tacoma, WA 98409

RE: Berachah Adult Family Home LLC License #753016

Dear Provider:

The Department completed a full inspection of your Adult Family Home on December 19, 2018 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction within 45 days, or sooner if directed by the Department; and
- Sign and date the first page of the enclosed report; and
- Return the first page with your plan; and
- Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:**

- (4) Criminal history disclosure and background check results as required.

Caregiver A's national fingerprint background check result was not readily available for Licensor review. On 12/18/18, the Licensor received a copy of Caregiver A's fingerprint result dated 04/05/17 (negative for findings) to correct the issue.

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:**

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

Residents #1, #2, #4 (state-pay) and Resident #3 (private-pay) were not provided with the home's policy on accepting Medicaid. The Entity Representative (ER) immediately provided the Medicaid policy to the residents to correct the issue.

**WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:**

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations.

Resident #1 was last provided with the a written notice of available services (admission agreement) on 01/29/16 (thirty-four [34] months ago). The Entity Representative (ER) immediately provided Resident #1 with a new written notice of available services on 12/15/18 to correct the issue.

**WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:**

- (2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

The home's emergency water supply was sixteen (16) gallons for four (4) residents and

Berachah Adult Family Home LLC  
Berachah Adult Family Home LLC License #753016  
December 19, 2018  
Page 3

two (2) working caregivers. Caregiver C immediately bought six (6) more gallons of emergency drinking water (for a total of twenty-four [24] of the needed eighteen [18] gallons) to correct the issue.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

**The Department:**

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

**You May:**

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

**If You Have Any Questions:**

- Please contact me at (253) 983-3826.

Sincerely,



Lisa Cramer, Field Manager  
Region 3, Unit A  
Residential Care Services

Enclosure

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



**Plan  
(Plan of Correction)**

**You Must:**

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency

Send your plan to:

Lisa Cramer, Field Manager  
Residential Care Services  
Region 3, Unit A  
PO Box 98907  
Lakewood, WA 98496

**Informal Dispute Resolution**

**You May:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after you receive this letter.

Your request **must** include:

- What specific deficiency or deficiencies you disagree with; and
- Why you disagree with each deficiency; and
- What type of meeting you want (in person, telephone, paper review).

Send your request to:

IDR Program Manager  
Department of Social and Health Services  
Aging and Long-Term Support Administration  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600