



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

AMENDED
May 3, 2019

Kisela Quality Care LLC
Kisela Quality Care LLC
5913 NE 112th St
Vancouver, WA 98686

RE: Kisela Quality Care LLC License #753093

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on November 30, 2018 for the deficiency or deficiencies cited in the report/s dated November 1, 2018 and found no deficiencies.

The Department staff who did the inspection:
Jenifer Jones, Complaint Investigator
Rochelle Bobbe, NCI AFH/ALF CI

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Kisela Quality Care LLC (949789) **Intake ID(s):** 3579098
License/Cert. #: AF753093
Investigator: Jones, Jenifer **Region/Unit:** RCS Region 3/Unit E **Investigation Date(s):** 10/31/2018 through 11/01/2018
Complainant Contact Date(s):

Allegations:

Quality of Care

Investigation Methods:

Sample: 6 current residents

Observations: General environment, residents rooms, resident-resident interactions, staff-resident interactions, resident verbal/non-verbal behaviors, and resident appearance.

Interviews: Residents, family, Staff, and Provider

Record Reviews: Resident & staff records

Allegation Summary:

An on-site investigation was conducted on the allegation identified in the intake related to quality of care. Resident care and treatment were reviewed. There was insufficient evidence to support failed practice. Additional residents were reviewed, additional residents and family members were interviewed with no reported concerns.

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

Deficiency not related to original allegation was identified.

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

Failed Provider Practice Not Identified / No Citation Written

See SOD written 11/1/2018



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Statement of Deficiencies	License #: 753093	Completion Date
Plan of Correction	Kisela Quality Care LLC	November 1, 2018
Page 1 of 2	Licensee: Kisela Quality 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: 10/31/2018

Kisela Quality Care LLC
 5913 NE 112th St
 Vancouver, WA 98686

This document references the following complaint number: 3579098

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

Jenifer Jones, RN, Complaint Investigator
 Rochelle Bobbe, MSN, RN, NCI AFH/ALF CI
 Desiree Jeschke, NCI ALF/AFH COMPLAINT INVESTIGATOR

RECEIVED
 NOV 27 2018
 DSHS RCS
 REGION 3

From:

DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit E
 800 NE 136th Avenue, Suite#220
 Vancouver, WA 98684
 (360)397-9549

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.

C. B. [Signature] for Karyl Ramsey 11/08/2018
 Residential Care Services 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.

[Signature] 11/14/18
 Provider (or Representative) Date

11/27/18
 [Signature]

12/16/18

WAC 388-76-10174 Background check Disclosure of information Sharing of background information by health care facilities. In accordance with RCW 43.43.832 a health care facility may share Washington state background check results with other health care facilities under certain circumstances. Results of the national fingerprint-based background check may not be shared. For the purposes of this section health care facility means a nursing home licensed under chapter 18.51 RCW, an assisted living facility licensed under chapter 18.20 RCW, or an adult family home licensed under chapter 70.128 RCW.

(2) If background check information is shared, the health care facility employing the subject of the check must require the applicant to sign a disclosure statement indicating that there has been no conviction or finding as described in WAC 388-76-10180 since the completion date of the most recent background check.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure one of one staff (Staff A) had signed a disclosure statement indicating there had been no conviction or finding since the date of the most recent background check that was shared from another facility. This failure placed all residents at risk of receiving care from unqualified staff.

All interviews and record reviews occurred on 10/31/2018.

Staff A, caregiver, was hired on 09/01/18. Staff A's file showed a current Washington State name and date of birth background check from a previous assisted living facility employer.

An interview with Staff B-provider revealed she did not request a new background check for Staff A and was not aware of the required disclosure statement from a new employee when using a background check from the previous employer.

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, Kisela Quality Care LLC is or will be in compliance with this law and / or regulation on (Date) 11/14/2018. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

11/14/2018
Date