



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504

December 11, 2019

Imelda M Asirit (Fernandez)
Christian Adult Family Home LLC
1517 Evanston Ct NE
Olympia, WA 98506

RE: Christian Adult Family Home LLC License #753595

Dear Provider:

On December 11, 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 December 5, 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:
Rathana Duong, AFH Licensor

If you have any questions please, contact me at (360) 664-8421.

Sincerely,

A handwritten signature in black ink that reads "B. Mc Coy For".

Chris Cornell, Field Manager
Region 3, Unit D
Residential Care Services



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 REGION 3

Statement of Deficiencies	License #: 753595	Completion Date
Plan of Correction	Christian Adult Family Home LLC	December 5, 2019
Page 1 of 3	Licensee: Imelda Merton Asirit	

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:
 12/5/2019

Christian Adult Family Home LLC
 1517 Evanston Ct NE
 Olympia, WA 98506

The department staff that inspected the adult family home:
 Rathana Duong, AFH Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit D
 PO Box 45819
 Olympia, WA 98504
 (360)664-8421

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.

Chris Conull Residential Care Services Dec 6 19 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.

Imelda Merton Asirit (caregiver) Provider (or Representative) 12/10/19 Date

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

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

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
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure one of five staff (Caregiver D) completed two-step TB testing, with the first step initiated within three days of hire. This failure placed four of four residents (Residents #1, #2, #3, #4) at risk for exposure to TB, a communicable disease.

Findings included...

On 12/05/19, administrative record review showed Caregiver D was hired 02/15/18. Included in Caregiver D's record was negative one-step TB test dated 02/09/11. There was no documentation Caregiver B completed two-step TB testing.

During interview 12/05/19 at 12:15 PM, Provider stated she was not aware Caregiver D was required to complete two-step TB testing upon hire, as he already had a negative one-step TB test. Provider stated she would have Caregiver D complete two-step TB skin testing, or complete a blood test.

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, Christian Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/10/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Imelda Merton Asirit (Caregiver)
Provider (or Representative)

12/10/19
Date

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

- (1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure one of five staff

(Caregiver B) completed one-step tuberculosis (TB) within three days hire. This failure placed four of four residents (Residents #1, #2, #3, #4) at risk for TB, a communicable disease.

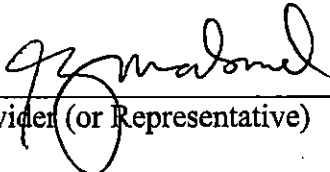
Findings included...

On 12/05/2019, administrative record review showed Caregiver B was hired on 02/11/18. Included in Caregiver B's records was negative two-step TB test results from January 2004. Also included was a negative one-step TB test dated 04/13/15. There was no documentation Caregiver B completed one-step TB test within three days of hire.

During interview 12/05/19 at 12:10 PM, Provider and Caregiver B stated they were not aware a one-step TB test was required, as there was evidence of negative TB testing completed in the past. Caregiver B stated she would complete one-step TB skin test or complete a blood test immediately.

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, Christian Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/10/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

12/10/19

Date