



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

December 10, 2019

CERTIFIED MAIL

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Beckon of Love AFH LLC
Beckon of Love AFH LLC
1406 10th Ave NW
Puyallup, WA 98371

RE: Beckon of Love AFH LLC License #753803

Dear Provider:

The Department completed a full inspection of your Adult Family Home on December 10, 2019 and found that your home does not meet the adult family home licensing requirements listed below.

The Department staff who did the inspection and provided consultation:
Ibe Hatch, Licensor

Consultation:

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

Observation on 12/10/19, at approximately 10:00 AM, showed a [REDACTED] on the open side of Resident #1's bed, which was against the wall. The Entity Representative stated they pulled the [REDACTED] up for the resident to hold onto to assist with getting out of bed. Record review showed an assessment had not been done. An assessment was completed during the inspection.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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You May:

- 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

Informal Dispute Resolution [70.128]

You May:

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

You **must** use an **IDR Request Form** for each citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home Pilot page at:

<https://www.dshs.wa.gov/altsa/informal-dispute-resolution-adult-family-home-pilot-project>

All documents supporting your dispute must be included with the corresponding form. **The IDR will not consider any documents submitted after the 10 working day deadline.**

Send your request to: Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

You may also scan and/or e-mail materials within 10 working days to
rcsidr@dshs.wa.gov