



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Highlands Home Care LLC
Highlands Home Care LLC
14530 NE 184TH PL
Woodinville, WA 98072

RE: Highlands Home Care LLC License # 753850

Dear Provider:

This letter addresses Compliance Determination(s) 56743 (Completion Date 03/21/2025) and 53400 (Completion Date 02/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/21/2025 and found that you have corrected the violations listed in the Full report dated 02/14/2025. Your home is back in compliance as of 02/28/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10161-2-a, WAC 388-76-10265-1-d, WAC 388-76-10265-2

The Department staff who did the off-site verification:
Rivi Stella Perez

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 753850	Compliance Determination # 53400
Plan of Correction	Highlands Home Care LLC	Completion Date
Page 1 of 5	Licensee: Highlands Home Care LLC	02/14/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 01/22/2025 of:

Highlands Home Care LLC
14530 NE 184TH PL
Woodinville, WA 98072

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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As a result of the on-site visit(s), 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.

Alfred Brown
Residential Care Services

02/25/2025
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]

Provider (or Representative)

02/28/25

Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to conduct a timely Washington State Name and Date of Birth (WDOB) Background Check Inquiry (BGI) for 1 of 5 current staff (Staff C, Cook and Housekeeper) and 1 of 2 former staff (Staff G, Caregiver). This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of receiving care from staff who may have a disqualifying criminal background.

Findings included...

Staff C

Review of the AFH personnel file for Staff C showed a hire date of 10/27/2023 and an orientation date of 11/07/2023.

Review of multiple background check reports on Staff C's personnel file showed the following:

- an interim fingerprint report, dated 11/15/2023, requested by the AFH. The report showed no record.
- a final fingerprint report, dated 11/13/2023, which was requested by a different AFH. The report showed no record.

As a result of the on-site visit(s), 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.

Alfredo Brown
Residential Care Services

02/25/2025
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.

Provider (or Representative)

Date

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(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to conduct a timely Washington State Name and Date of Birth (WDOB) Background Check Inquiry (BGI) for 1 of 5 current staff (Staff C, Cook and Housekeeper) and 1 of 2 former staff (Staff G, Caregiver). This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of receiving care from staff who may have a disqualifying criminal background.

Findings included...

Staff C

Review of the AFH personnel file for Staff C showed a hire date of 10/27/2023 and an orientation date of 11/07/2023.

Review of multiple background check reports on Staff C's personnel file showed the following:

- an interim fingerprint report, dated 11/15/2023, requested by the AFH. The report showed no record.
- a final fingerprint report, dated 11/13/2023, which was requested by a different AFH. The report showed no record.

During an interview on 01/22/2025 at 4:05 PM, Staff B, Co-Provider/Caregiver, stated Staff C had started working on their own on 11/07/2023. Staff B stated that they were in the home with Staff C but could not always be with Staff C.

During an interview on 01/22/2025 at 4:06 PM, Staff B stated Staff C's BGI date was 11/13/2023. Staff B stated they would check if there was a BGI report done prior to hire date.

Review of Staff C's interim fingerprint report, received from AFH on 02/09/2025, showed the report was dated 10/17/2023 and "no record". The BGI was requested by a different AFH and was done prior to Staff C's employment at the AFH.

During a follow-up interview on 02/14/2025 at 2:25 PM, Staff B stated the AFH would do a WNDOB BGI on the very first day the new employee would come to work. Staff B stated the AFH would not allow a newly hired employee to work before having a BGI done.

During an interview on 02/14/2025 at 2:26 PM, Staff B stated that they do not know what happened and why Staff C's BGI was done late. Staff B stated that it was some technical issue, either it was the AFH computer, or the background check system had an issue.

STAFF G

Review of the AFH personnel file for Staff G showed a hire date of 07/28/2023. Review of the AFH personnel file for Staff G showed a date of departure of 09/23/2023.

Review of the WNDOB BGI showed an interim fingerprint report done on 08/14/2023 which was 16 days after the hire date. The report showed no record.

During an interview on 01/22/2025 at 1:37 PM, Staff B stated that they would do the WNDOB BGI the minute the employee started working. Staff B stated they would do the BGI application on the SAW [Secure Access Washington] system. Staff B stated that the in the SAW system the employee would electronically fill out the self-disclosure questionnaire and sign the authorization form.


During an interview on 01/22/2025 at 1:43 PM, Staff B stated that Staff G started working on 07/28/2023. Staff B stated that they did not know what happened and why Staff G's BGI was done late. Staff B stated that Staff G's BGI was done 2 weeks and 2 days late from the date of hire. Staff B stated that Staff G had a completed BGI report from another employer.

During an interview on 02/14/2025 at 2:32 PM, Staff B stated that the WNDOB BGI for Staff C and Staff G were done late.

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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, Highlands Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 02/28/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative)  Date 02/28/25

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;

(2) For the purposes of the tuberculosis sections "person" means the people listed in this section as required to have tuberculosis testing.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a TB (Tuberculosis) screening was completed within three days of employment for 1 of 2 sampled staff (Staff E, Caregiver). This failure placed Residents 1, 2, 3, 4, 5 and 6 and the staff at risk for exposure to TB.

Findings included...

Note: A "Dear Provider Letter" #AFH2022-020, dated 05/17/2022 and amended on 05/26/2022, titled: Reinstatement of Tuberculosis Testing Requirements July 1, 2022" was sent to providers to notify providers about the changes in the TB testing requirement. The letter stated that the TB testing requirement suspended by the department will expire on July 1, 2022.

During an interview on 01/22/2025 at 2:37 PM, following a joint record review of Staff E's personnel file, Staff B, Co-Provider/Caregiver, stated that Staff E's correct date of hire and orientation date was 02/11/2024.

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

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, Highlands Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

 Provider (or Representative)

 Date

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a TB (Tuberculosis) screening was completed within three days of employment for 1 of 2 sampled staff (Staff E, Caregiver). This failure placed Residents 1, 2, 3, 4, 5 and 6 and the staff at risk for exposure to TB.

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Note: A "Dear Provider Letter" #AFH2022-020, dated 05/17/2022 and amended on 05/26/2022, titled: Reinstatement of Tuberculosis Testing Requirements July 1, 2022" was sent to providers to notify providers about the changes in the TB testing requirement. The letter stated that the TB testing requirement suspended by the department will expire on July 1, 2022.

During an interview on 01/22/2025 at 2:37 PM, following a joint record review of Staff E's personnel file, Staff B, Co-Provider/Caregiver, stated that Staff E's correct date of hire and orientation date was 02/11/2024.

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Review of Staff E's TB records showed a 2-step TB skin test. The first test was given on 11/28/2023 and was read on 11/30/2023 with a result of "<3mm" [less than 3 millimeters]. The second step was given on 12/14/2023 and was read on 12/16/2023 with a result of "<3mm". These TB skin tests were done before the hire date of 02/11/2024.

During an interview on 01/22/2025 at 3:44 PM, Staff B stated that they knew they had "14 days" to do a TB screen for a newly hired staff. Staff B stated the AFH would screen for TB within the first week of employment.

During an interview on 01/22/2025 at 3:45 PM, Staff B stated that the TB records for Staff E were records Staff E had before they were hired. Staff B stated that they had no other TB records for Staff E. Staff B stated that they thought the 2-step TB skin test was all the AFH needed for TB screen as the TB skin testing was part of the community waivers.

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, Highlands Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 02/28/25

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

 _____

Provider (or Representative)

02/28/25

Date

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

Review of Staff E’s TB records showed a 2-step TB skin test. The first test was given on 11/28/2023 and was read on 11/30/2023 with a result of “<3mm” [less than 3 millimeters]. The second step was given on 12/14/2023 and was read on 12/16/2023 with a result of “<3mm”. These TB skin tests were done before the hire date of 02/11/2024.

During an interview on 01/22/2025 at 3:44 PM, Staff B stated that they knew they had “14 days” to do a TB screen for a newly hired staff. Staff B stated the AFH would screen for TB within the first week of employment.

During an interview on 01/22/2025 at 3:45 PM, Staff B stated that the TB records for Staff E were records Staff E had before they were hired. Staff B stated that they had no other TB records for Staff E. Staff B stated that they thought the 2-step TB skin test was all the AFH needed for TB screen as the TB skin testing was part of the community waivers.

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, Highlands Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____.

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Date

To the department of social and health services,

Highlands home Care LLC-753850 received the plan of correction on 02/25/2025 and will correct all deficiencies stated by the licensor. The background check and orientation of all staff needs to be done on the same day of hiring, and I corrected that by the new hire Jane Mathara and planning to do so with any future hires. I have also enclosed the tuberculosis blood test for Michelle McBean and noted to do so within three days of employment. I have enclosed the blood work for TB for Michelle McBean and the results.

Thank you.

Paula Uiuu

02/28/2025

 02/28/25.