



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3906-172nd St NE, Suite #100, Arlington, WA 98223

January 8, 2020

A&E Home Care, LLC  
A&E Home Care LLC  
11000 1st Ave SE  
Everett, WA 98208

RE: A&E Home Care LLC License #753928

Dear Provider:

On January 3, 2020 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 2, 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:  
Patricia Lafond-Anderson, Licensor

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Shelly Scarboro, Field Manager  
Region 2, Unit B  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
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 3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 753928	Completion Date
Plan of Correction	A&E Home Care LLC	December 2, 2019
Page 1 of 2	Licensee: A&E Home 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 full inspection of:  
 11/27/2019

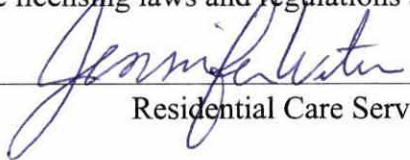
A&E Home Care LLC  
 16001 Meadow Rd  
 Lynnwood, WA 98087


RECEIVED  
 DEC 18 2019  
 ADSA/RCS  
 Smokey Point

The department staff that inspected the adult family home:  
 Patricia Johnson, BA, Licensor

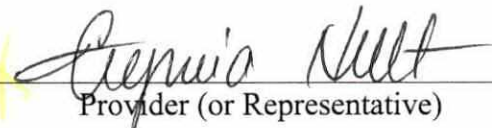
From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit B  
 3906-172nd St NE, Suite #100  
 Arlington, WA 98223  
 (360)651-6872

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

  
 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

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

**WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

- (1) Resident; and
- (2) Adult family home.

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

Based on interview and record review, Staff A (Entity Representative) failed to ensure the negotiated care plan (NCP) for one of two sampled residents (Resident #6) was signed by both the resident and the adult family home. This failure placed the resident at risk of having unrecognized and unmet care needs.

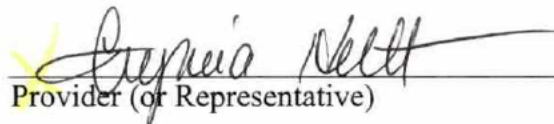
**Findings included...**

Record review showed Resident #6 was admitted on [REDACTED] 19 with diagnoses that included [REDACTED]. Resident #6 was also wheelchair dependent. Review of the NCP revealed that it was signed on 07/16/19, before the resident moved into the adult family home. This preliminary care plan was the only care plan in Resident 6's record. There were no other signatures and no evidence the care plan had been reviewed, updated or agreed to within 30 days of Resident #6's admission to the home.

During an interview on 11/27/19 at approximately 5:00 PM, Staff A stated she didn't realize the care plan should have been reviewed and agreed to after Resident #6 was admitted to the home.

**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, A&E Home Care LLC is or will be in compliance with this law and / or regulation on (Date) January 1<sup>st</sup> 2020 addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

X 12/15/2019  
Date



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3906-172nd St NE, Suite #100, Arlington, WA 98223

December 9, 2019

**CERTIFIED MAIL**

9489 0090 0027 6093 4003 03

A&E Home Care, LLC  
A&E Home Care LLC  
11000 1st Ave SE  
Everett, WA 98208

RE: A&E Home Care LLC License #753928

Dear Provider:

The Department completed a full inspection of your Adult Family Home on December 2, 2019 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 388-76-10895 Emergency evacuation drills Frequency and participation.**

**The adult family home must ensure:**

- (1) Emergency evacuation drills occur during random staffing shifts at least every two months; and

Based on interview and record review, Staff A (Provider) failed to ensure that

A&E Home Care, LLC  
A&E Home Care LLC License #753928  
December 9, 2019  
Page 2

evacuation drills were conducted every two months.

**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 (360) 651-6872.

Sincerely,

A handwritten signature in cursive script that reads "Shelly Scarborough". To the right of the signature, the words "Field Manager" are printed in a standard font.

Shelly Scarborough, Field Manager  
Region 2, Unit B  
Residential Care Services

Enclosure