



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

August 5, 2019

Advanced Senior Care LLC
Advanced Senior Care LLC
12558 22nd Avenue NE
SEATTLE, WA 98125

RE: Advanced Senior Care LLC License #753960

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 2, 2019 for the deficiency or deficiencies cited in the report/s dated June 10, 2019 and found no deficiencies.

The Department staff who did the inspection:
Brenna Botsford, Licensor

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

A handwritten signature in cursive script that reads "Brenda Mooney".

Brenda Mooney, Field Manager
Region 2, Unit I
Residential Care Services



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RECEIVED
 JUN 20 2019
 DSHS/ALISA/RCS

Statement of Deficiencies	License #: 753960	Completion Date
Plan of Correction	Advanced Senior Care LLC	June 10, 2019
Page 1 of 3	Licensee: Advanced Senior 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: 5/30/2019

Advanced Senior Care LLC
 12558 22nd Avenue NE
 SEATTLE, WA 98125

The department staff that inspected the adult family home:
 Brenna Botsford, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit I
 20816 44th Ave West, Suite 240
 Lynnwood, WA 98036-7744
 (425)670-6061

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.

Brenna Botsford
 Residential Care Services

 06/10/2019
 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.

X _____

 Provider (or Representative)

X _____
 06/18/2019
 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;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have one of three caregivers (Staff C) complete Tuberculosis testing within three days of hire. This failure placed five of five residents (Resident #1, Resident #2, Resident #3 Resident #4 and Resident #5) at risk for exposure to a communicable disease.

Findings included...

Review of Staff C's staff records showed Staff C was hired 02/2019. Staff C had two Tuberculosis test with a negative reading reading from 06/05/17 and 11/19/18. There was no Tuberculosis test within three days of hire.

During an interview on 05/30/19 at 11:00 AM, Staff A said Staff C had a Tuberculosis test prior to being hired.

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, Advanced Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 06/18/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

06/18/2019
Date

WAC 388-76-10810 Fire extinguishers.

(1) The adult family home must have an approved five pound 2A:10B-C rated fire extinguisher on each floor of the home.

This requirement was not met as evidenced by:

The Adult Family Home (AFH) must keep a fire extinguisher on each floor of the AFH. This failure placed five of five residents (Resident #1, Resident #2, Resident #3, Resident #4 and Resident #5) at risk for harm in the event of an emergency situation.

Findings included...

Observation on 05/30/19 at 12:00 PM showed the AFH did not have a fire extinguisher on the ground floor of the AFH.

During an interview at 12:00 PM, Staff A said he brought the fire extinguisher upstairs and

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forgot to bring it downstairs.

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, Advanced Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 5/30/19 EC. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

SPOKE TO THE PROVIDER, TEKLEAB TO CONFIRM THE DATE.

Provider (or Representative)

06/18/19

Date