



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

August 26, 2019

Moonlight AFH LLC
Moonlight AFH
6115 East Drive
Everett, WA 98203

RE: Moonlight AFH License #753961

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 22, 2019 for the deficiency or deficiencies cited in the report/s dated July 5, 2019 and found no deficiencies.

The Department staff who did the inspection:
Megan Wylie, Licensors

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

Sincerely,

Jennifer Witman, Field Manager
Region 2, Unit B
Residential Care Services

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



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Smokey Point

Statement of Deficiencies	License #: 753961	Completion Date
Plan of Correction	Moonlight AFH	July 5, 2019
Page 1 of 4	Licensee: Moonlight AFH LLC	

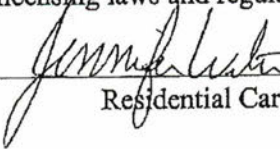
You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of:
6/21/2019 and 6/24/2019
Moonlight AFH
6115 East Drive
Everett, WA 98203

The department staff that inspected the adult family home:
Megan Wylie, BSN, Licensor

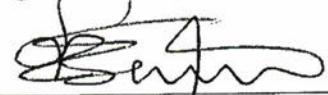
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223
(360)651-6872

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

7/8/19
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.


Provider (or Representative)

7/31/19
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (1) Staff information such as address and contact information.
- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
 - (a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
 - (b) Cardiopulmonary resuscitation;
 - (c) First aid; and
 - (d) HIV/AIDS training.
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review Staff A (Provider) failed to ensure staff records were maintained at the adult family home for two of two staff members (Staff A and Staff B). This failure placed potential residents at risk for care by unqualified staff.

Findings included...

The home received its license to operate as an Adult Family Home (AFH) on 02/14/19. The home had not admitted any residents since licensure.

On 06/21/19, Staff B was observed to look for staff records and stated at approximately 10:00 AM she did not have access to the staff records and contacted Staff A. Staff A stated at approximately 10:15 AM that the staff records were not in the home as he had taken them with him in the car. Staff A stated that Staff B would be a caregiver in the AFH when residents were admitted.

On 06/24/19, Staff A was able to provide staff records for review. Staff A's records were found to be missing continuing education credits between 7/2017 to 07/2018 and a current background check. Staff A stated at approximately 10:30 AM that he could not find Staff B's training documents, employment history to claim she was exempt from obtaining the home care aide certification and continued education credits. Staff A stated he would continue looking for the required information and ensure Staff B would complete the caregiver requirements before admitting residents into 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, Moonlight AFH is or will be in compliance with this law and / or regulation on (Date) 7/31/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

7/31/19

Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

- (1) Obtain liability insurance upon licensure and maintain the insurance as required in WAC 388-76-10192 and 388-76-10193 ; and
- (2) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

****Refer to WAC 388-76-10192:**

The adult family home must have commercial general liability insurance or business liability insurance that includes:

- (1) Coverage for the acts and omissions of any employee and volunteer;
- (2) Coverage for bodily injury, property damage, and contractual liability;
- (3) Coverage for premises, operations, independent contractors, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract; and
- (4) Minimum limits of:
 - (a) Each occurrence at five hundred thousand dollars; and
 - (b) General aggregate at one million dollars.

Based on interview and record review Staff A (Provider) failed to ensure the home was covered with liability insurance. This failure placed potential residents at risk for unreimbursed losses and damages.

Findings included...

On 06/21/19 Staff B was asked to provide proof of the liability insurance. Staff B contacted Staff A, at 10:30 AM, who stated he was waiting for his insurance to be approved. On 6/24/19 at 10:30 AM, Staff A stated he did not have current insurance because his insurance company advised him to wait until he had residents living in the home. Staff A stated he was not aware he needed insurance if he did not have residents.

Statement of Deficiencies

License #: 753961

Completion Date

Plan of Correction

Moonlight AFH

July 5, 2019

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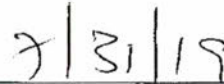
Licensee: Moonlight AFH LLC

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Provider (or Representative)



Date