



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 29, 2019

Everest House Renton I LLC
Everest House Renton I LLC
1622 Talbot Rd S
Renton, WA 98055

RE: Everest House Renton I LLC License #753964

Dear Provider:

On April 25, 2019 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 April 1, 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:
Julie Miranda, Nursing Consultant Institutional/AFH Licensors

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Elena Atanasova, Field Manager
Region 2, Unit G
Residential Care Services



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RECEIVED
 APR 15 2019
 DSHS/ALTS/IRCS

Statement of Deficiencies	License #: 753964	Completion Date
Plan of Correction	Everest House Renton I LLC	April 1, 2019
Page 1 of 2	Licensee: Everest House Renton I 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: 3/29/2019

Everest House Renton I LLC
 1622 Talbot Rd S
 Renton, WA 98055

The department staff that inspected the adult family home:

Julie Miranda, BSN, RN, Nursing Consultant Institutional/AFH Licensors

From:

DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6007

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.

Elon Adams

Residential Care Services

04/09/2019

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.

N. [Signature]

Provider (or Representative)

04/12/2019

Date

RECEIVED

APR 15 2019

TS/IRCS

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure a one step tuberculosis (TB) test was completed within three days of hire on one of two sampled caregivers (Caregiver A) after a previous negative two step test. This placed one current resident at risk for exposure and contracting tuberculosis as a communicable disease.

Findings included...

On 03/29/19 at 09:10 AM through 03:30 PM on observation at the AFH, Caregiver A provided care and services to Resident #1 during inspection.

On 03/29/19 at 11:50 AM on review of Caregiver A's records showed that the AFH hired Caregiver A on 02/21/19. Caregiver A completed a one step TB skin testing on 10/23/18 with a negative result followed by a second step TB skin testing on 11/01/18 with a negative result.

In an interview on 03/29/19 at 12:00 PM, Caregiver A stated that she completed the two step TB skin testing at another AFH home she worked at also. Caregiver A stated that she did not have a one step TB skin testing at this current home when she started work on 02/21/19.

In an interview on 03/29/19 at 12:10 PM, Entity Representative/Resident Manager acknowledged that Caregiver A have not completed a one step skin TB testing within three days of her hire date to the home on 02/21/19.

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, Everest House Renton I LLC is or will be in compliance with this law and / or regulation on (Date) 4/4/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

N. Narayan
Provider (or Representative)

04/12/2019
Date