



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

April 25, 2019

1st Charleon Adult Family Home LLC  
1st Charleon Adult Family Home LLC  
16621 Stone Ave N  
Shoreline, WA 98133

RE: 1st Charleon Adult Family Home LLC License #753982

Dear Provider:

On April 24, 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 March 27, 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:  
Jamie Singer, Community Complaint Investigator

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

Sincerely,

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



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 APR 12 2019  
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 753982	Completion Date
Plan of Correction	1st Charleon Adult Family Home LLC	March 27, 2019
Page 1 of 4	Licensee: 1st Charleon Adult Family Home 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 complaint investigation of: 3/26/2019

1st Charleon Adult Family Home LLC  
 16621 Stone Ave N  
 Shoreline, WA 98133

This document references the following complaint number: 3630336

The department staff that inspected and investigated the adult family home:  
 Jamie Singer, RN, Community Complaint Investigator

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 complaint investigation 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

3/28/2019  
 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.

  
 Provider (or Representative)

4/10/2019  
 Date

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

**WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:**

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- (1) Submits the Washington state name and date of birth background check no later than one business day after conditional employment;
- (3) Does not allow the individual to have unsupervised access to any resident;
- (4) Ensures direct supervision, as defined in WAC 388-76-10000 , of the individual; and

DSHS/AI.TSA/RCS

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

Based on observation, interviews and record review, the adult family home (AFH) failed to ensure that 1 of 5 sampled staff (Staff C & Staff D), who did not have a Washington State name and date of birth background inquiry (BGI), were not allowed to have unsupervised access to the residents. This placed the home's residents (Resident #1-#6) at risk of harm from exposure and care from a caregivers whose criminal history background was unknown.

Findings include:

Observation from approximately 9:10am to 12:05pm on 03/26/19, showed Staff C and Staff D providing unsupervised care to residents in the AFH. Review of department records on 03/26/19 showed the home was licensed on 03/15/19.

Review of staff records on 03/26/19 showed no record of a BGI application or results for Staff C and Staff D.

In interview on 03/26/19, the Entity Representative (ER) said she had not yet submitted BGI's for Staff C or Staff D.

**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, 1st Charleon Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 3/27/19 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

4/10/2019

Date

**WAC 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.**

- (1) The adult family home must not allow individuals specified in WAC 388-76-10161 (3) to have unsupervised access to residents until the home receives results of the Washington state name and date of birth background check from the department.

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

Based on observation, interviews and record review, the adult family home (AFH) failed to ensure that 2 of 2 non-caregiving staff (Staff B & Staff E), who did not have a Washington State name and date of birth background inquiry (BGI), were not allowed to have unsupervised access to the residents. This placed the home's residents (Resident #1-#6) at risk of harm from exposure from AFH staff whose criminal history background was unknown.

Findings include:

In interview on 03/26/19, the Entity Representative (ER) identified Staff E as a housekeeper for the AFH.

In interview on 03/26/19, Staff B said he was provided administrative support for the AFH and ER.

Observation on 03/26/19 at 11:32am showed Staff E cleaning resident rooms unsupervised.

Observation from approximately 10:15am to 12:05pm showed Staff B in the home providing administrative support and interacting with the residents unsupervised.

Review of staff records on 03/26/19 found no record of a BGI application or results for Staff B and Staff E.

In interview on 03/26/19, the Entity Representative (ER) said she had not yet submitted BGI's for Staff B or Staff E.

**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, 1st Charleon Adult Family Home 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 cited deficiency.

Provider (or Representative)

4/10/2019

Date

**WAC 388-76-10415 Food services. The adult family home must:**

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

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

Based on observation, interview and record review, the adult family home (AFH) failed to ensure 2 of 5 sampled staff (Staff C and Staff D) had a food handler's permits or safe food handling education prior to preparing food for the residents. This placed the home's residents (Resident #1-#6) at risk of food borne illness.

Findings include:

DSHS/ALISA/RCS

Observation on 03/26/19 at approximately 9:10am, showed Staff C and Staff D preparing and serving breakfast to the residents in the AFH.

Review of staff records on 03/26/19, found Staff C and Staff D did not have safe food handling education certificates or food handler's permits.

In interview on 03/26/19, the Entity Representative (ER) said Staff C and Staff D prepared and served food to the residents in the AFH. The ER said Staff C and Staff D did not have a food handler's permit or safe food handling education.

**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, 1st Charleon Adult Family Home 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 cited deficiency.

\_\_\_\_\_  
Provider (or Representative)

4 / 10 / 2019

\_\_\_\_\_  
Date