



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 98907, Lakewood, WA 98496**

October 1, 2019

ROHOBOOT LLC  
Welcome Home  
10918 140th Street E  
Puyallup, WA 98374

RE: Welcome Home License #754008

Dear Provider:

On October 1, 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 August 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:  
Emily Vincent, AFH Licenser

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager  
Region 3, Unit A  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
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**PO Box 98907, Lakewood, WA 98496**

RECEIVED  
 AUG 29 2019  
 DSHS RCS Region 3

Statement of Deficiencies	License #: 754008	Completion Date
Plan of Correction	Welcome Home	August 2, 2019
Page 1 of 4	License: ROHOBOOT 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.

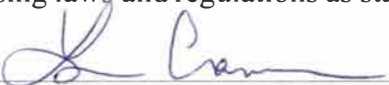
The department has completed data collection for the unannounced on-site full inspection of:  
 7/24/2019

Welcome Home  
 10918 140th Street E  
 Puyallup, WA 98374

The department staff that inspected the adult family home:  
 Emily Vincent, BSN, RN, AFH Licenser

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit A  
 PO Box 98907  
 Lakewood, WA 98496  
 (253)983-3826

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

8/13/19  
 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)

8/19/19  
 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 observations, interview and record reviews, the adult family home (AFH) failed to develop a system to ensure caregivers initiated tuberculosis (TB) testing within three days of hire and completed the testing as required. This failure placed five of five residents (Resident #1, Resident #2, Resident #3, Resident #4 and Resident #5) at risk of exposure to infectious disease.

Findings included...

An observation on 07/24/19 at 10:45 AM showed Caregiver A on duty providing care for residents. An observation on 07/24/19 showed Caregiver B arrived at 3:00 PM to relieve Caregiver A and began providing care for residents.

A review of Caregiver A's personnel file showed Caregiver A was hired on 06/18/19. Caregiver A had a TB skin test result, read on 10/31/10. Caregiver A was required to have a two-step TB skin test within three days of hire because Caregiver A's one test result was more than 12 months old and there was no evidence of additional TB skin testing.

Caregiver B's personnel file showed Caregiver B was hired on 03/26/19 and had a two-step TB skin test result read on 06/19/19 and 06/28/19. Caregiver B was required to do TB skin testing within three days of hire, but Caregiver B did not initiate TB testing for nearly three months.

In an interview on 07/24/19 at 4:30 PM, the AFH Provider said they were confused about TB testing requirements.

The Provider said Caregiver A worked for the previous AFH owner and quit before returning to the home to work for the current owner. The Provider said they were not aware Caregiver A needed additional TB testing and that newly hired caregivers were required to initiate TB testing with three days of hire.

**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, Welcome Home is or will be in compliance with this law and / or regulation on (Date) 8/22/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

8/19/19  
\_\_\_\_\_  
Date

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

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:**

- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

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

Based on interview and record reviews, the adult family home (AFH) failed to provide five of five residents (Resident #1, Resident #2, Resident #3, Resident #4 and Resident #5) with a copy of the home's policy on accepting Medicaid as a payment source. This failure violated Resident #1's, Resident #2's, Resident #3's, Resident #4's and Resident #5's right to review and be in agreement with the home's Medicaid payment policy.

Findings included...

A review of Resident #1's, Resident #2's, Resident #3's, Resident #4's and Resident #5's records on 07/24/19, showed all five residents lived in the home before the current AFH Provider took ownership on 04/01/19. The residents' records showed the Medicaid payment policy of the previous owner was in their current records.

The residents' records showed Resident #1 signed the Medicaid payment policy on 11/18/17, Resident #2 signed the policy on 01/11/19, Resident #3 signed the policy on 04/06/14, Resident #4 signed the policy on 12/30/17 and Resident #5 signed the policy on 04/27/19.

In an interview on 07/24/19 at 04:30 PM, the AFH Provider said they had not created a new Medicaid payment policy because they were not aware they had to provide current residents with a copy of their policy when they took ownership, if the policy had not changed. The Provider said they did not know they were required to show residents were aware of and in agreement with the new AFH owner's Medicaid payment policy.

**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, Welcome Home is or will be in compliance with this law and / or regulation on (Date) 8/3/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

8/19/19  
\_\_\_\_\_  
Date

**WAC 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.**

- (1) The adult family home must complete the department's disclosure of charges form and provide a copy to each resident admitted to the home.

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

Based on interview and record reviews, the adult family home (AFH) failed to provide five of five residents (Resident #1, Resident #2, Resident #3, Resident #4 and Resident #5) with a copy of the home's Disclosure of Fees and Charges form. This failure violated Resident #1's, Resident #2's, Resident #3's, Resident #4's and Resident #5's right to review and be in agreement with the fees charged by the home.

## Findings included...

A review of Resident #1's, Resident #2's, Resident #3's, Resident #4's and Resident #5's records on 07/24/19, showed all five residents lived in the home before the current AFH Provider took ownership on 04/01/19. The residents' records showed the Disclosure of Charges form of the previous owner was in their current records.

The residents' records showed Resident #1 signed the Disclosure of Charges form on 11/18/17, Resident #2 signed the form on 01/11/19, Resident #3 signed the form on 05/21/17, Resident #4 signed the form on 12/30/17 and Resident #5 signed the form on 04/27/19.

In an interview on 07/24/19 at 04:30 PM, the AFH Provider said they had not created a new Disclosure of Charges form because they were not aware they had to provide current residents with a copy of the form when they took ownership, if the fees had not changed. The Provider said they did not know they were required to show residents were aware of and in agreement with the new AFH owner's care and service fees.

**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, Welcome Home is or will be in compliance with this law and / or regulation on (Date) 8/3/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

8/19/19  
Date