



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

February 5, 2020

Kirsten Care Adult Family Home LLC
Kirsten Care Adult Family Home LLC
14432 Lake Rd
Lynnwood, WA 98087

RE: Kirsten Care Adult Family Home LLC License #754286

Dear Provider:

On January 27, 2020 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 January 8, 2020.

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:
Hang Lu, Licensor

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

Sincerely,

A handwritten signature in black ink, appearing to read "Shelly Scarboro".

Shelly Scarboro, Field Manager
Region 2, Unit B
Residential Care Services



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| | | |
|---------------------------|--|-----------------|
| Statement of Deficiencies | License #: 754286 | Completion Date |
| Plan of Correction | Kirsten Care Adult Family Home LLC | January 8, 2020 |
| Page 1 of 2 | Licensee: Kirsten Care 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 full inspection of:
 1/7/2020


Kirsten Care Adult Family Home LLC
 14432 Lake Rd
 Lynnwood, WA 98087

The department staff that inspected the adult family home:
 Hang Lu, 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


RECEIVED
 JAN 27 2020
 ADSA/RCS
 Smokey Point

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

1/15/2020
 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)

1/24/20
 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:

(b) Entity representative;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure two of four caregivers (Caregiver D and E) obtained the Tuberculosis (TB) testing within three days of hire when the change of ownership (CHOW) occurred. This failure placed all residents at risk of being exposed to a communicable disease.

Findings included...

On 01/07/20, record review showed the CHOW took place on 11/06/19. On 01/07/20, record review showed Staff A (who worked in the home as a caregiver before the CHOW) became the entity representative as of 11/06/19. In an interview on 01/07/20 at approximately 2:00 PM, Staff A stated that Staff D and Staff E also worked in the home as caregivers before the CHOW.


On 01/07/20, review of staff records showed documentation of Staff D and Staff E being hired and oriented by Staff A on 11/06/19. In an interview on 01/07/20 at approximately 4:00 PM, Staff A stated that she did not know the caregivers needed TB testing again within three days of hire (under new AFH ownership). Staff A stated that she thought she could use the preexisting TB testing documentation for caregivers who stayed to work in the home after the CHOW.

On 01/07/20, review of staff records showed Staff D had a negative two step TB skin test (dated 10/08/14 and 10/29/14). In a phone interview on 01/08/20 at approximately 10:40 AM, Staff A stated that Staff E had a negative two step TB skin test (dated 10/06/14 and 10/27/14).

In a phone interview on 01/08/20 at approximately 10:45 AM, Staff A stated that she would make sure Staff D and Staff E obtained the TB test.

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, Kirsten Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/20/20. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

01-24-20

 Date