



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504-5819

August 30, 2016

Dolores V Casitas
Edgar N Casitas
CASITAS AFH
1901 HANOVER DR SE
LACEY, WA 98503

RE: CASITAS AFH License #91702

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 25, 2016 for the deficiency or deficiencies cited in the report/s dated August 9, 2016 and found no deficiencies.

The Department staff who did the inspection:
Carol Smith, Licensors

If you have any questions please, contact me at (360) 664-8421.

Sincerely,

Janice Jiles, Field Manager
Region 3, Unit D
Residential Care Services

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

- (1) Uses nationally recognized infection control standards;
- (2) Emphasizes frequent hand washing and other means of limiting the spread of infection;
- (3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on observation and interview, caregiver # 3 failed to follow infection control precautions while performing resident personal care. This failure to use universal and nationally recognized infection control precautions placed 5 of 5 current residents (resident's # 1, 2, 3, 4, 5) at risk for the spread of disease.

Findings include:

Observation and interview took place on 8/09/2016, unless otherwise noted.

Caregiver # 3 was observed to be wearing blue latex gloves when she answered the door for this licenser while performing a routine follow up AFH visit. After this licenser stepped into the home, the caregiver appeared to be in the process of toileting resident # 1 and was seen going back into the bathroom wearing the same gloves. The caregiver was then observed coming back out of the restroom still wearing the same gloves and go into the kitchen and unlock the medication cabinet, retrieving this resident's medication bin and head back to the bathroom. After approximately 5-7 minutes later this caregiver was observed leaving the bathroom still wearing the same blue latex gloves, which were covered with a wet liquid and visible white cream, carrying the medication bin and again unlocking the medication cabinet and putting the bin away while still wearing the same soiled latex clothes. This licenser then asked the caregiver if she was toileting resident # 1 and she said yes and also reported placing cream under her breasts. It did not appear that the latex gloves were washed at any point during this personal care.

When this failure to use nationally recognized infection precautions was pointed out to the provider, she reported that she will have this caregiver wipe down the bin and cabinet with a sani-wipe cleaner. The caregiver was observed wiping down the cabinet and medication bin with a cleaning wipe.

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 8/17/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

8/17/2016
Date



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 45819, Olympia, WA 98504-5819

Statement of Deficiencies	License #: 91702	Completion Date
Plan of Correction	CASITAS AFH	June 7, 2016
Page 1 of 12	Licensee: EDGAR CASITAS AND	

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.

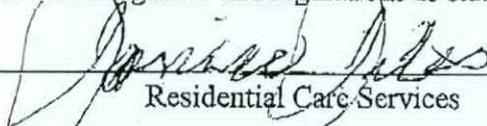
The department has completed data collection for the unannounced on-site full inspection of:
 6/6/2016

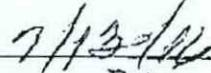
CASITAS AFH
 1901 HANOVER DR SE
 LACEY, WA 98503

The department staff that inspected the adult family home:
 Carol Smith, Licensors

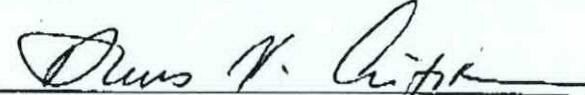
From:
 DSIIS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit D
 PO Box 45819
 Olympia, WA 98504-5819
 (360)664-8421

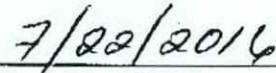
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 Residential Care Services


 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)


 Date

Statement of Deficiencies

License #: 91702

Completion Date

Plan of Correction

CASITAS AFH

June 7, 2016

Page 2 of 12

Licensee: EDGAR CASITAS AND

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Have a current valid first-aid and cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to ensure a caregiver had completed an updated CPR and First Aid training. Failure to ensure that all caregivers (Caregiver C) had updated her CPR training resulted in 5 of 5 residents (resident's # 1,2,3,4,5) at risk of receiving life saving measures from a person who was not qualified to provide emergency care.

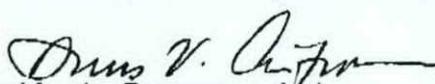
Findings include:

Interview and record review took place on 6/06/2016, unless otherwise noted.

Caregiver # C's CPR and First Aid training expired on 4/22/2016 and she was working independently upon arrival to this AFH. When the provider was questioned about this caregiver's training being expired he reported that she was enrolled in an upcoming training this month.

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 6/9/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

7/22/2016
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the provider failed to ensure a system was in place to ensure residents received their medications as physician ordered. Failure to maintain a system to ensure accuracy of medications placed 5 of 5 current residents (resident's # 1,2,3,4,5) at risk for harm as a result of medication errors.

Findings include:

Statement of Deficiencies

License #: 91702

Completion Date

Plan of Correction

CASITAS AFH

June 7, 2016

Page 3 of 12

Licensee: EDGAR CASITAS AND

Observation, interview and record review took place on 6/06/2016, unless otherwise noted.

Resident # 1 did not have these medications available in the AFH at the time of inspection;

██████████ 10 mg 1 tablet every morning, ██████████
650 mg 1 tablet every 8 hours for ██████████ 160-4.5 mg ██████████ 2 x's daily, ██████████
100,000 power for ██████████ All these listed
medications were not available in the AFH at the time of inspection. All medications listed
above were on the medication log and had been signed as given by the caregiver up through
6/5/2016.

Resident # 1 is prescribed ██████████ 20 mg tablet daily and it is bubble packed for dispensing
purposes. The bubble pack dating 9/11/2015 still had 21 days worth of medication that was not
provided to the resident. The bubble pack dating 3/21/2016 had 7 days worth of medication that
was not provided to the resident and the bubble packs dating 4/21/2016 and 5/17/2016 were full
with no medications provided to this resident. Despite all medications not being provided to this
resident, the medication log was signed up through today. The bubble packs were all 30 day
supplies of medication and the med log is signed up through today, June 6.

Resident # 2 is currently taking 1, 81 mg ██████████ daily and it is bubble packed by the pharmacy
for dispensing purposes.

This resident was missing four tablets out of the 5/17/2016 bubble pack, however there were
pills matching this description found on the floor. There was another full bubble pack dating
4/21/2016 with only one pill missing. All medications were a 30 day supply and the medication
log was signed up through today, June 6th.

Resident # 3 is currently taking ██████████ 80 mg 2x's daily and it is bubble packed by the
pharmacy for dispensing purposes.

This resident was missing 18 morning doses and 13 evening doses of medications from the
bubble pack dating 5/19/2016 and still had 16 dosages of this medication in the 4/21/2016
bubble packs. This resident also had a full untouched bubble pack dating 2/24/2016 in which
not one pill had been provided that month. This medication was only a 30 day supply and the
medication log was signed up through today, June 6th.

Resident # 4 is currently taking 1 ██████████ 20mg and a 5 mg at bedtime daily.

This resident did not have any medications provided since 5/17/2016. There was also bubble
packed medications that had been cut down the middle, that appeared to match this residents
prescription, without a medication name, expiration date, pharmacy name or any resident
information on the bubble pack. All medications were only a 30 day supply and the medication
log was signed up through today, June 6th.

Resident # 5 is currently taking; ██████████ 2000 mg tablet daily, ██████████ 145 mg tablet
daily, ██████████ 325mg tablet daily, ██████████ 75 MCG tablet daily, ██████████ 200
mg tablet daily and ██████████ 2 mg tablet daily and it is bubble packed by the pharmacy
for dispensing purposes. This resident was missing 1 dosage of all of the listed medications
above from 3/23/2016, 19 morning doses and 18 evening dosages from April 2016 for all above
medications, 4 full weeks of all above listed medication with none given to the resident since
May 2016.

Statement of Deficiencies	License #: 91702	Completion Date
Plan of Correction	CASITAS AFH	June 7, 2016
Page 4 of 12	Licensee: EDGAR CASITAS AND	

When the provider was questioned about the missing medications for resident # 1, he reported they just ran out but the pharmacy should be dropping them off. The provider was also questioned about the residents not receiving their medications as prescribed, he stated that he thought they were just extra medications but he was going to talk with the caregiver.

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 7/20/2016 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Dr. V. A. [Signature]
Provider (or Representative)

7/22/2016
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the provider failed to ensure resident medication logs were accurate and up-to-date for residents #1 and #3. Failure to ensure resident's medication logs were accurate and up-to-date placed all residents (resident's # 1,2,3,4,5) at risk for medication errors.

Findings include:

Interview and record review took place on 6/06/2016, unless otherwise noted.

Resident #1's medication log was signed through 6/08/2016 for all medications.

Resident # 3's medication log was signed through 6/9/2016 on several medications and 6/10/2016 on others.

When the provider was questioned about why the medications were signed a day or several days ahead, he reported he will talk with the caregiver.

Statement of Deficiencies	License #: 91702	Completion Date
Plan of Correction	CASITAS AFH	June 7, 2016
Page 5 of 12	Licensee: EDGAR CASITAS AND	

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 7/20/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Dr. V. Cifer
Provider (or Representative)

7/22/2016
Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

- (1) Current residents living in the adult family home; and
- (2) Residents who have left the home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the provider failed to ensure expired medications were properly disposed. Failure to ensure expired medications were disposed of properly placed 1 of 2 sampled residents (resident # 1) at risk for errors in dispensing or medication misuse.

Findings include:

Interview and record review took place on 6/06/2016, unless otherwise noted.

Resident # 1's prescription for [REDACTED] 20 mg, 1 tablet per day, expired on 3/10/2016. When the provider was questioned as to why this medication remained in her medication box and was not disposed of properly, he reported that he was unaware she had any expired medication. The provider was then asked what his medication disposal policy was and he was not sure if he should take them to the pharmacy or law enforcement because you were no longer allowed to flush them down the toilet. There was no currently policy in place for expired medications.

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 7/20/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Dr. V. Cifer
Provider (or Representative)

7/22/2016
Date

Statement of Deficiencies	License #: 91702	Completion Date
Plan of Correction	CASITAS AFH	June 7, 2016
Page 6 of 12	Licensee: EDGAR CASITAS AND	

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

(1) The adult family home must complete the disclosure of charges forms as provided by the department and provide a copy of it to each resident who is admitted to the home.

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to have the disclosure of fees and charges form for 5 of 5 current residents (resident's # 1,2,3,4,5) in this adult family home resident files. This failure to ensure the residents understood the fees and charges associated with living in this AFH placed these residents at risk for possible placement disruptions.

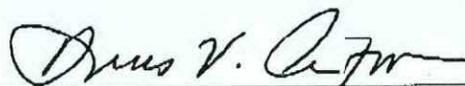
Findings include:

Interview and record review took place on 6/06/2016, unless otherwise noted.

The adult family home did not have any Disclosure of fees and charges in any of the resident files. When the provider was asked about the forms, he reported that he was not aware of this form but agreed to research and complete this requirement as soon as possible.

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 7/20/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

7/22/2016

Date

WAC 388-76-10685 Bedrooms. The adult family home must:

- (2) Ensure window and door screens:
 - (a) Do not hinder emergency escape; and
 - (b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interview, the provider failed to make sure resident bedrooms did not have any obstacles in front of the evacuation window. This failure to ensure accessibility for emergency evacuation placed 2 of 5 current residents (resident's # 1 and 2) at risk for delayed or limited ability to get out in case of emergency.

Findings include:

Observation and interview took place on 6/06/2016, unless otherwise noted.

Resident # 1 had all of her personal items piled up in front of her window in her bedroom. The personal items were stacked chest high and blocking the evacuation route. When this was

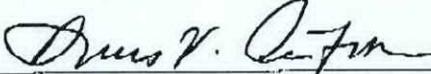
Statement of Deficiencies	License #: 91702	Completion Date
Plan of Correction	CASITAS AFH	June 7, 2016
Page 7 of 12	Licensee: EDGAR CASITAS AND	

pointed out to the provider he stated he will help her move the items from in front of the window.

Resident # 2 had a six drawer dresser with a tall mirror on top right in front of the window. When this was discussed with the provider he agreed to help the resident rearrange her room to allow easy access to the window.

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 6/7/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


 Provider (or Representative)

7/22/2016
 Date

WAC 388-76-10730 Grab bars and hand rails.

- (2) At a minimum, grab bars must be installed and securely fastened in:
- (a) Bathing facilities such as tubs and showers; and
 - (b) Next to toilets, if needed by any resident.

This requirement was not met as evidenced by:

Based on observation and interview, the provider failed to put back the grab bars by the shower and toilet in the hallway bathroom after he replaced the tile. Failure to place grab bars next to the toilet and shower placed 5 of 5 current residents (resident's # 1,2,3,4,5) at risk for injury or falls.

Findings include:

Observation and interview took place on 6/06/2016, unless otherwise noted.

During the walk through inspection of this AFH, the hallway bathroom was observed to have a new tile surround shower and new flooring. Upon further review it was noted that there were no grab bars next to the toilet or shower. When the provider was questioned about not having any safety grab bars, he reported that he had just finished the construction and hadn't gotten them put back up yet. The provider agreed to replace as soon as possible.

Statement of Deficiencies

License #: 91702

Completion Date

Plan of Correction

CASITAS AFH

June 7, 2016

Page 8 of 12

Licensee: EDGAR CASITAS AND

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 6/8/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Dr. V. Cruz
Provider (or Representative)

7/22/2016
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

- (1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;
- (6) Provide storage for toxic substances, poisons, and other hazardous materials that is only accessible to residents under direct supervision, unless the resident is assessed for and the negotiated care plan indicates it is safe for the resident to use the materials unsupervised;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure toxic substances were stored securely and that the AFH was in good repair. Failure to secure toxic substances and the AFH was in good repair placed 5 of 5 residents (resident's #1,2,3,4,5) who were ambulatory within the home, at risk of ingestion of potentially harmful substances and cutting themselves on the broken window.

Findings include:

Observation and interview took place on 6/06/2016, unless otherwise noted.

Driving up to the AFH there was observed to be a broken garage door window with the glass missing on some of the window and duct tape appeared to have been holding in the remaining glass. After my arrival, the garage door was then opened and remained open the entire time this licenser was present completing the annual licensing visit. With the garage door left open, toxic cleaning chemicals including; oven cleaning spray, motor oil, spray paint and laundry detergent single usage cubes were observed to be readily accessible to the residents. The door leading from the kitchen to the garage was also observed to be unlocked all day.

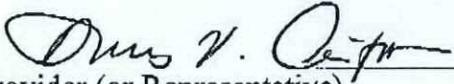
When the provider was questioned about the garage window and the toxic chemicals accessible to the 3 [REDACTED] and 1 [REDACTED] clients in the home, he stated he was planning to replace the window as soon as possible and he will put all the chemicals in the locking cabinet.

This is a repeat citation from 2/26/15.

Statement of Deficiencies	License #: 91702	Completion Date
Plan of Correction	CASITAS AFH	June 7, 2016
Page 9 of 12	Licensee: EDGAR CASITAS AND	

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 6/8/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

7/22/2016

 Date

WAC 388-76-10865 Emergency evacuation from adult family home. The adult family home must be able to evacuate all people living in the home:

(2) In five minutes or less.

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to verify he could safely evacuate all five residents within five minutes or less. Failure to verify all residents could be safely evacuated placed 5 of 5 current residents (resident's # 1,2,3,4,5) at risk for harm in the case of an emergency.

Findings include:

Interview and record review took place on 6/06/2016, unless otherwise noted.

Upon review of the evacuation logs it was noted on all logs that the evacuation took 15 minutes. When the provider was questioned on why it took so long to evacuate the 5 residents, he stated it was because he has one resident in a wheelchair. The provider was provided the WAC and agreed to work on getting his time down to the required 5 minute time requirement.

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 6/19/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

7/22/2016

 Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:

- (1) Emergency evacuation drills occur at least every two months; and
- (2) All residents take part in at least one emergency evacuation drill each calendar year involving full evacuation from the home to a safe location.

Statement of Deficiencies	License #: 91702	Completion Date
Plan of Correction	CASITAS AFH	June 7, 2016
Page 10 of 12	Licensee: EDGAR CASITAS AND	

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to conduct emergency evacuation drills at least every two months and document a full evacuation annually. Failure to ensure emergency and full evacuation drills were conducted and documented at least every two months and annually placed 5 of 5 current residents (resident's # 1,2,3,4,5) at risk for delayed evacuation in the case of an actual emergency.

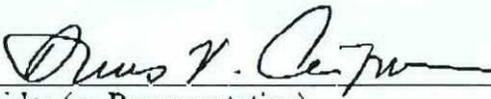
Findings include:

Interview and record review took place on 6/06/2016, unless otherwise noted.

Upon review of the evacuation logs, it was noted that the last evacuation drill was completed on 3/27/2016. Upon further review there was no full evacuation and all emergency evacuation drills were 3 months apart. When the provider was questioned about not completing the evacuation drills every 2 months, he reported that he was told that it was ok to only do them every 3 months. This licenser read the provider the WAC and he agreed to complete the evacuation drills bi-monthly and full evacuations annually.

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 6/19/2016 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


 Provider (or Representative)

7/22/2016
 Date

WAC 388-76-10915 Department staff access Willful interference prohibited. The adult family home must ensure:

(2) The home and staff do not willfully interfere or fail to cooperate with department staff in the performance of official duties.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the provider failed to ensure there was no interference of the licensing inspection when the licenser was gathering information related to the medication system. This failure to ensure the licenser could gather all information placed all residents in emanate risk for harm due to medication errors.

Findings included:

Observation, interview and record review took place on 6/06/2016, unless otherwise noted.

During the medication review of the 2 sampled residents files medication errors were identified. This licenser then had a discussion with the provider regarding the large amount of unprovided

Statement of Deficiencies

License #: 91702

Completion Date

Plan of Correction

CASITAS AFH

June 7, 2016

Page 11 of 12

Licensee: EDGAR CASITAS AND

medications to the residents and at that time the provider felt the pharmacy had just provided extra medications. This licenser clearly stated that the pharmacies do not provide additional bubble packs of medication but deliver a 30 day supply either monthly or bi-monthly. The provider then stated he had to go to his home for a delivery of furniture and left.

As this licenser continued with the paperwork, Caregiver # C was observed to be removing more bubble packed medications from the medication cabinet and hiding them in the lower unsecured cabinets below, which is partially covered by a kitchen eating bar. This licenser then heard the crunching sound of bubble packs and the sound of pills hitting inside the cabinet and floor. This licenser was sitting at the dining room table and could clearly see what this caregiver was doing. The caregiver was unaware of this licenser watching her and appeared to be in a hurry. As this licenser stood up to go observe what was happening, the caregiver put the bubble pack that was in her hand into the cabinet and attempted to stand in front of the cabinet and block this licenser's view. This licenser observed the bubble pack in the cupboard matched the pills on the floor in front of the cabinet. This licenser asked the caregiver to provide the bubble packs from this cabinet and pick the pills up from the floor. The caregiver was asked several times to provide the bubble packed medications that were observed in the lower cabinet. Caregiver # C hesitated and appeared to pretend she did not understand what this licenser was asking of her. Eventually, the caregiver moved from in front of the cabinet allowing this licenser had to retrieve several additional bubble packs not previously provided when she was asked initially for all medications for the 2 sampled residents. This licenser also picked up the loose pills off the floor that matched the bubble packs in the cupboard. The caregiver was again observed attempting to pick up the bubble packs and move them away from this licenser while they were on the counter. This licenser had to state several times to the caregiver to leave the medications on the counter. This licenser then added these expired and additional unused medications to the total count of medications not provided to these residents.

When the provider was back from his errand, he was informed of what had happened with caregiver # C. The provider stated he will talk with his caregiver. Several times during the discussion regarding the unused medications the provider stated the medications were, "just extras". The provider was again informed that the pharmacy does not give extra medications, only a 30 day supply. The provider never stated the medications were not given to these residents during this licensing visit but clearly stated he will be giving the medications from now on. The provider was observed talking with the caregiver on the front porch. When the caregiver came back in from being outside, she was teary eyed and said sorry to this licenser when she walked by to her room.

On 6/07/2016, this licenser called the AFH at 10:00 am and caregiver # C was the only caregiver working.

Statement of Deficiencies	License #: 91702	Completion Date
Plan of Correction	CASITAS AFH	June 7, 2016
Page 12 of 12	Licensee: EDGAR CASITAS AND	

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 7/20/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Drus V. Cifon
Provider (or Representative)

7/22/2016
Date

WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year?

(1) Adult family homes

(c) If exempt from certification as described in RCW 18.88B.041, all long-term care workers must complete twelve hours of continuing education per year.

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to ensure all caregivers received 12 hours of continuing education (CE) by their birthday. This failure to ensure all caregivers received all 12 hours of their mandatory CE training annually placed all resident's (resident's # 1,2,3,4,5) at risk for being cared for by an unqualified staff person.

Findings include:

Interview and record review took place on 6/06/2016, unless otherwise noted.

Caregiver # C did not have any continued CE training for 2014 and only had .5 hours for safe food handling practices for 2015. When the provider was questioned about this caregiver not having the required continued education trainings, he reported he was unaware that she did not have her trainings done. The provider agreed to check into this matter further. Currently this is the only caregiver working and living in this AFH, besides provider A on Sundays.

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, CASITAS AFH is or will be in compliance with this law and / or regulation on (Date) 7/20/2016*. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

** We will be sending an IDR for this deficiency.*

Drus V. Cifon
Provider (or Representative)

7/22/2016
Date