STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

SANTOS TUTAAN
CRYSTAL LIFE ADULT FAMILY HOME
5951 29TH AVE S
SEATTLE, WA 98108

RE: CRYSTAL LIFE ADULT FAMILY HOME License # 296404

Dear Provider:

This letter addresses Compliance Determination(s) 26828 (Completion Date 07/25/2023) and 23761 (Completion Date 05/30/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/25/2023 and found that you have corrected the violations listed in the Full report dated 05/30/2023. Your home is back in compliance as of 06/24/2023 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10015-1, WAC 388-76-10181-1-a, WAC 388-76-10181-1-b, WAC 388-76-10181-1, WAC 388-76-10165-1-b, WAC 388-76-10575-1-d, WAC 388-76-10750-2, WAC 388-76-10530-2, WAC 388-76-10380-4, WAC 388-76-10430-1, WAC 388-76-10265-1-d, WAC 388-76-10280-2, WAC 388-76-10315-1-e

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 296404	Compliance Determination # 23761
Plan of Correction	CRYSTAL LIFE ADULT FAMILY HOME	Completion Date
Page 1 of 11	Licensee: SANTOS TUTAAN	05/30/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 05/09/2023 and 05/11/2023 of:
CRYSTAL LIFE ADULT FAMILY HOME
5951 29TH AVE S
SEATTLE, WA 98108

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s), 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.

Ann Lee-Hunter
Residential Care Services

06/01/2023
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.

Santos Tutaan
Provider (or Representative)

6/15/2023
Date

(1) **WAC 388-76-10015 License Adult family home Compliance required.**

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to respiratory protection by failing to provide 4 of 4 Staff members (Staff A, B, C and D) with medical clearance approval to wear a respirator, training, record keeping, and a written Respiratory Protection Program (RPP). COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability and death. Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must have specific elements. Failure to implement an RPP placed the staff members and residents at risk for contracting COVID-19.

Findings included...

NOTE: Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must include specific elements, including medical clearance approval to wear a respirator, initial and annual fit testing, annual training, record keeping, written program, designated administrator and identification of respiratory hazards in the workplace. COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability and death. Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094) and a duty to prevent the spread of infection to residents in their facility.

Record review on 05/09/2023 showed that the AFH had no RPP. Record review showed Staff A, B and D were fit tested, but no medical clearance approval to wear a respirator.

During an interview on 05/09/2023 at 05:10 PM Staff B stated that they do not have an RPP.

During an interview on 05/11/2023 at 01:15 PM Staff B (Caregiver) stated that they have no N95 respirators. Staff B stated that they just started working on developing an RPP.

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, CRYSTAL LIFE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/21/2023.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Santos Tutaan — Provider (or Representative)

6/15/2023 — Date

1 **WAC 388-76-10181 Background checks Employment Nondisqualifying information.**

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have written documentation of a character, competence, and suitability (CC&S) determination for Staff D (caregiver) whose Background Check (BCG) revealed negative actions. This failure placed 4 of 4 (Residents 1, 2, 3, and 4) at risk of receiving care from a staff member with an unsuitable background to care for vulnerable adults.

Findings included...

Record review of a BGC for Staff D dated 06/09/2021, showed information reported by one or more background check sources that required a CC&S review based upon a non-disqualifying negative action. Staff D's personnel file did not contain a CC&S determination.

On 05/10/2023 at 02:15 PM, Staff B (Resident Manager) stated that they were unaware they needed to have written a CC&S determination for 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, CRYSTAL LIFE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/21/2023 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Santos Tutaan
Provider (or Representative)

6/15/2023
Date

3 **WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 Household Members (Household Member 1) had a valid Washington State Name and Date of Birth Background Check (BGC). This failure placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk of possibly being left being exposed to an individual with an unknown criminal background.

Findings included...

Record review showed that Household Member 1 (HM 1) did not have a BGC on file.

During an interview, on 05/09/2023 at 01:30 PM, Staff B (Resident Manager) stated that HM1 lived at the AFH. Staff B stated that they were unaware that HM 1 needed a background check.

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, CRYSTAL LIFE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/19/2023 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Santos Tutaan
Provider (or Representative)

6/15/2023
Date

WAC 388-76-10575 Resident rights Privacy.

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(d) Personal care; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to provide privacy for 1 of 4 Residents (Resident 2) during personal care. This failure placed Resident 2 at risk for violation of privacy and loss of dignity.

Findings included...

In an observation, on 05/09/2023 at 11:00 AM, showed in Bedroom D, Resident 2 received assistance with personal care from Staff C (Caregiver). Bedroom D, was licensed and occupied by two residents (Resident 2 and 4). Observed no means by which to provide privacy between the two residents. There were no curtains or barriers of any type in the room for privacy.

During an interview, on 05/09/2023 at 03:10 PM, Resident 2 stated that they would like to have privacy from their roommate when they received personal care.

During an interview, on 05/09/2023 at 01:10 PM Staff B (caregiver) stated that the roommate leaves the room during the day during personal care, but they hadn't thought of anything to provide privacy during the night.

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, CRYSTAL LIFE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/19/2023.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Santos Tutaan
Provider (or Representative)

6/15/2023
Date

5 & 6 **WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(2) Ensure that there is existing outdoor space that is safe and usable for residents;

This requirement was not met as evidenced by:

Based upon observation and interview, the Adult Family Home (AFH) failed to provide an outdoor space that is safe and usable for 4 of 4 residents. This failure placed Residents 1, 2, 3, and 4 at risk for decreased quality of life.

Findings included...

Observation on 05/09/2023 at 12:55 PM showed a gazebo in the front yard, filled with several items. Observation of the back yard showed several 5-gallon buckets filled with water and a large storage container filled with water from gutters.

During an interview, on 05/09/2023 at 12:55 PM, Staff B (Resident Manager) stated that they tore down the shed in the back yard in December 2022 and placed all the items under the gazebo. Staff B stated that they have a rainwater storage system in the back yard, and the residents are not allowed access to the back of the home because it is unsafe. Staff B stated that the residents used to enjoy the gazebo before it was turned into a storage area.

During an interview, on 05/09/2023 at 03:25 PM, Resident 1 stated that they would like to get out the house and spend time outdoors.

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, CRYSTAL LIFE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) June 24, 2023

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Santos Tutaan
Provider (or Representative)

6/15/2023
Date

6 **WAC 388-76-10530 Resident rights Notice of rights and services.**

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident representative for 1 of 2 residents (Resident 1) had signed and dated the Notice of Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 1 and their representative at risk of not being aware of the rules of the home, resident rights, and the care and services available in the home.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2020 with multiple disabling diagnoses. Resident 2's Admission Agreement was signed and dated by their representative on 02/21/2021.

During an interview, on 05/09/2023 at 12:10 PM, Staff B (Resident Manager) stated that they lost track and forgot to have the Notice of Services signed every 24 months by the resident representative.

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, CRYSTAL LIFE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/2/2023.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Santos Tutaan — Provider (or Representative)

6/15/2023 — Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the negotiated care plan (NCP) for 1 of 4 residents (Resident 1) was reviewed and revised at least every 12 months by the resident or resident representative and the AFH. This failure placed the resident at risk for unrecognized and unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2020. Review of Resident 1's NCP dated 12/28/2020 showed that Resident 1's NCP was two years and three months overdue for review and updates. The NCP showed no documentation of signatures, initials, or dates related to reviewing and updating the NCP. Resident 1's NCP dated 12/28/2020 was last signed and dated by the Resident representative on 02/21/2021.

On 05/09/2023 at 12:10 PM, Staff B (Resident Manager) stated that they overlooked having the NCP reviewed 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, CRYSTAL LIFE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/27/2023.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Santos Tutaan — Provider (or Representative)

6/15/2023 — 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents' (Resident 1 and 2) medications were available in the home. This failure placed Resident 1 and 2 at risk of not receiving medications and potential medical complications.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2020. Resident 1's Negotiated Care Plan (NCP), signed and dated on 02/12/2021, showed the AFH would provide care including medication management.

Record review of Resident 1's May 2023 Medication Log showed Ocuvite Lutein (a vitamin used as a dietary supplement), take 1 capsule by mouth every twice daily.

Record review of Resident 1's May 2023 Medication Log showed Benefiber Powder Unflavor (a medication used to prevent constipation), mix two teaspoonfuls into four to eight ounces liquid and drink by mouth three times daily as needed.

Observation, on 05/09/2023 at 01:44 PM, showed Resident 1's medication supply did not contain Ocuvite Lutein and Benefiber Powder.

Record review of Resident 2's May 2023 Medication Log showed Cetirizine (a medication used to relieve allergy symptoms such as watery eyes, runny nose, sneezing, hives), 5 mg (milligrams) tablet, take one tablet by mouth once daily.

Observation, on 05/09/2023 at 02:55 PM, showed Resident 2's medication supply did not contain Cetirizine.

During an interview on 05/09/2023 at 02:55 PM Staff B (Resident Manager) stated that they do not have it the medications and they are not sure how long they have been unavailable.

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, CRYSTAL LIFE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) May 10, 2023

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Santos Tutaan
Provider (or Representative)

6/15/2023
Date

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;

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:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure tuberculosis (TB) screening was completed for 1 of 4 staff (Staff C), as required within three days of hire date. This failure placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk of contracting a communicable disease.

Findings included...

Record review showed that Staff C (Caregiver) was hired 04/20/2023. Staff C's personnel file had a one-step tuberculin skin test (TST) (test used to detect individuals with past tuberculosis (TB) infection who now have diminished skin test reactivity), dated 09/12/2022.

During an interview on 05/09/2023 at 03:50 PM, Staff B (Resident Manager) stated that they didn't have Staff C tested for TB upon hire because they thought the prior TB testing was adequate.

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, CRYSTAL LIFE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) June 21, 2023

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Santos Tutaan — Provider (or Representative)

6/15/2023 — Date

(B) **WAC 388-76-10315 Resident record Required. The adult family home must:**

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

This requirement was not met as evidenced by:

Based on interview and observation, the Adult Family Home (AFH) failed to secure the records for 1 of 4 Residents (Resident 2) to prevent its loss. This failure placed the Resident 2's personal and health information at risk for identify theft and for possible violation of HIPAA (Health Insurance Portability and Accountability Act of 1996).

Findings included...

During observation on 05/09/2023 at 03:45 PM, Staff B (Resident Manager) was unable to locate Resident 2's medical records when requested after searching for them throughout the day. The resident records were kept on a shelf in the living room. The shelf was located in a common area, open to all residents and visitors. The shelf did not have any means to secure the items on it.

During an interview on 05/11/2023 at 01:23 PM, Staff B stated that Resident 2's medical records were still missing after they searched for it the last couple of days. Staff B stated that they last saw Resident 2's medical records last week when they were working on it upstairs. Staff B stated that the binders for each of the residents' medical records were kept on the shelf in the living room in a common area.

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, CRYSTAL LIFE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) May 12, 2023

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Santos Tutaan — Provider (or Representative)

6/15/2023 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

06/01/2023

CERTIFIED MAIL

94890090002760729966667

SANTOS TUTAAN
CRYSTAL LIFE ADULT FAMILY HOME
5951 29TH AVE S
SEATTLE, WA 98108

RE: CRYSTAL LIFE ADULT FAMILY HOME # 296404

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/30/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(1) Staff information such as address and contact information.

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

The Adult Family Home (AFH) failed to keep the documents related to the employment of two former caregivers, Staff E and Staff F, who were employed during a department visit to the AFH on 06/30/2021. This failure resulted in the department being unable to review the qualifications and suitability of staff previously employed by the AFH. The AFH provider in the future will maintain all staff records for a minimum two years after employment has ended.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter, Field Manager
Region 2, Unit K
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

Plan of Correction

WAC 388-76-10015 License

- Provider will assure that medical clearance approval to wear respirator will be done and provided in caregiver's record.
  Date of correction: June 21, 2023
- Provider will assure to implement a written Respiratory Protection Program (RPP) anytime respirator are used in the workplace.
  Date of correction: June 19, 2023

WAC 388-10181 Background checks

- Provider will assure will provide CC&S determination where background check revealed negative actions.
  Plan of Correction: June 29 2023

WAC 388-76-10165 Background Check

- Provider will assure that background check will be done for all household member.
  Date of correction: June 19, 2023

WAC 388-76-10575 Resident's rights Privacy

- Provider will assure to provide privacy between the two residents in the shared room. Corrected
  Plan of Correction: June 1, 2023

WAC 388-76-10750 Safety and maintenance
- Provider will assure will provide outdoor space that is safe and usable for residents.
Plan of correction: June 24, 2023

WAC 388-76-10530 Residents Rights
Provider will assure that ~~all~~ admission policy will be updated and sign by residents/representative every 24 months.
Plan of correction: June 2, 2023

WAC 388-76-10380 Negotiated Care Plan
Provider will assure that Negotiated Care Plan will be reviewed and revised every 12 months and as needed and will signed by the residents/representative and the AFH.
Plan of correction: June 2, 2023

WAC 388-76-10430 Medication system
Provider will assure that medication will be available in the home.
Plan of correction: May 10, 2023

WAC 388-76-10265 Tuberculosis Testing Required
Provider will ensure tuberculosis (TB) Screening will be completed as required within three days of hire date.
Plan of correction: June 21, 2023

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WAC 388-76-10315 Resident Record

~~Resident~~

Provider will assure to secure the records of residents, keep in safe place but accessible by the staff.

Plan of correction: May 12, 2023