STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

NDIDI ODOEMENE
NDS ADULT FAMILY HOME
2123 S 248th St
Kent, WA 98032

RE: NDS ADULT FAMILY HOME License # 432001

Dear Provider:

This letter addresses Compliance Determination(s) 44493 (Completion Date 11/25/2024) and 40568 (Completion Date 06/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/25/2024 and found that you have corrected the violations listed in the Complaint report dated 06/10/2024. Your home is back in compliance as of 06/14/2024 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 388-76-10165-2, WAC 388-76-10165

The Department staff who did the on-site verification:
Vadim Panitkov, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 432001	Compliance Determination # 40586
Plan of Correction	NDS ADULT FAMILY HOME	Completion Date
Page 1 of 3	Licensee: NDIDI ODOEMENE	06/10/2024

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 an unannounced on-site complaint investigation on 04/30/2024 and 04/30/2024 of:

NDS ADULT FAMILY HOME
2123 S 248th St
Kent, WA 98032

This document references the following complaint number(s): 127379, 127418, 134136

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Residential Care Services

6-13-2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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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) 12/4/24 Date

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.

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a valid national fingerprint background check for 1 of 4 staff (Staff B, Resident Manager). This failure placed all residents at risk of harm from staff with unknown current criminal backgrounds.

Findings included...

On 04/30/2024 at 9:02 AM, observation showed Staff C, Caregiver, at the AFH with five residents (Residents 1, 2, 3, 4, and 5). Staff A, Entity Representative, arrived shortly after.

A review of staff records on 04/30/2024, showed Staff B had no records of national fingerprint background results available for review. Staff B's date of hire was 10/22/2021.

On 04/30/2024 at 10:17 AM, department staff asked Staff A where the national fingerprint background check for Staff B was, Staff A stated that it was not completed. When asked why the national finger background check was not completed, Staff A stated that it was an oversight and that they will be doing the next day.

On 05/01/2024, a review of email received from the Department's Background Check Central Unit showed Staff B had no history of national fingerprint background check.

Attestation Statement

Odoemene 12/4/24

Provider (or Representative) Date

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Attestation Statement

Statement of Deficiencies Plan of Correction Page 3 of 3	License #: 432001 NDS ADULT FAMILY HOME Licensee: NDIDI ODOEMENE	Compliance Determination # 40568 Completion Date 06/10/2024

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, NDS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/4/24.

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

Provider (or Representative) O Odoemene Date 6/13/24

* Staff finger print was done 6/14/24 awaiting result.

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, NDS ADULT FAMILY HOME 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 requirement.

_____ _____

Provider (or Representative) Date