STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

ARCHITON AND LUCILA ESCOBIDO
BETHEL HOME 1
7724 94TH AVE SW
LAKEWOOD, WA 98498

RE: BETHEL HOME 1 License # 567800

Dear Provider:

This letter addresses Compliance Determination(s) 49322 (Completion Date 10/29/2024) and 45967 (Completion Date 09/20/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/29/2024 and found that you have corrected the violations listed in the Complaint report dated 09/20/2024. Your home is back in compliance as of 10/03/2024 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 388-76-10390-1-a, WAC 388-76-10390-1, WAC 388-76-10225-1-a, WAC 388-76-10225-1-a-i, WAC 388-76-10225-1-a-ii

The Department staff who did the on-site verification:
Laura Newberry
Hannah Carmichael, Nursing Consultant Institutional

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 08/21/2024 and 08/21/2024 of:

BETHEL HOME 1
7021 97TH AVE SW
LAKEWOOD, WA 98498

This document references the following complaint number(s): 142138

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Clinton Fridley
Residential Care Services

09/24/2024
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.

Statement of Deficiencies	License #: 567800	Compliance Determination # 45967
Plan of Correction	BETHEL HOME 1	Completion Date
Page 2 of 4	Licensee: ARCHITON AND LUCILA ESCOBIDO	09/20/2024

Provider (or Representative)

10/03/24
Date

WAC 388-76-10390 Admission and continuation of services. The adult family home must only admit or continue to provide services to a person when:

(1) The home can safely and appropriately meet the assessed needs and preferences of the person:

(a) With available staff; and

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to meet the staffing needs for 1 of 6 residents (Resident 1 [R1]). This failure placed R1 at risk for harm when their assessed needs were not met.

Findings included...

Review of R1's record, titled "Assessment", dated 02/02/2024, showed they required and had approved 24 hour 1:1 staffing with designated staff during the day and night for their behaviors.

Review of R1's record, titled "Service lines", showed they had Washington State funded behavioral health services for 1:1 staffing, approved from 03/21/2024 to 01/31/2025.

On 08/21/2024 at 3:25 PM, the Provider stated that R1 was approved for 1:1 staffing but for awake hours only from 10:00 AM to 8:00 PM, and not when they are asleep.

During an interview on 08/21/2024 at 4:26 PM, Caregiver 1 (CG1) stated that R1 was provided 1:1 staffing for 8 hours a day and only when they are awake. CG1 stated that during an incident on 07/30/2024, R1 became agitated and hit them. CG1 stated R1 was not being provided with their 1:1 staffing at that time.

Attestation Statement

Statement of Deficiencies	License #: 567800	Compliance Determination # 45967
Plan of Correction	BETHEL HOME 1	Completion Date
Page 3 of 4	Licensee: ARCHITON AND LUCILA ESCOBIDO	09/20/2024

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, BETHEL HOME 1 is or will be in compliance with this law and / or regulation on (Date) 10/03/24

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

Provider (or Representative) RN Date 10/03/24

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number; and

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to report suspected abuse of 2 of 6 residents (Resident 1 [R1]and Resident 2 [R2]) to the department's toll-free hotline. This failure placed R1 and R2 at risk for ongoing harm.

Findings included...

On 08/21/2024 at 3:10 PM, R1 stated that during a blood pressure check by Caregiver 1 (CG1) they attempted to bite CG1 and pull their arm away and then CG1 hit them in the face like a slap. R1 stated this happened a few weeks ago and they believe they told the Provider it happened.

On 08/21/2024 at 3:25 PM, Provider stated they became aware of CG1 allegedly hitting R1 after the incident happened from R1 support team. Provider stated they did not report it to the departments toll free hotline as they believed the support team would make the report.

On 08/21/2024 at 4:23 PM, Caregiver 2 (CG2) stated when they were working with R2, R2 reported to them that R1 had pinched them and CG2 observed a red mark on R2's upper right arm.

On 08/21/2024 at 4:19 PM, Provider stated they were aware of the incident of R1 allegedly pinching R2, but it was not witnessed by staff in the AFH.

Statement of Deficiencies	License #: 567800	Compliance Determination # 45967
Plan of Correction	BETHEL HOME 1	Completion Date
Page 4 of 4	Licensee: ARCHITON AND LUCILA ESCOBIDO	09/20/2024

Review of AFH record, titled "Progress notes", dated 08/18/2024, showed R2 reported to AFH staff that R1 had pinched them, and a red mark was visible on R2.

On 08/21/2024 at 3:25 PM, Provider stated that they were aware resident to resident allegations of abuse need to be reported to the department. Provider stated they did not report the incident to the department.

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, BETHEL HOME 1 is or will be in compliance with this law and / or regulation on (Date) 10/03/24.

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

A Escobido RN — Provider (or Representative)

10/03/24 — Date

Plan of Correction

Agency Name	Citation Date
Residential Care Services, Region 3	9.25.24
Submitted by	**Date of POC Submission**
Lucila Escobido	10.03.24
☐ **Complaint Citation** ☐ **Certification Citation**	

Citation: (WAC 388-76-10390)	
What *initial or immediate actions* were taken to address concerns affecting clients?	**Partnered with Case Manager to redefine 1:1 criteria with clearer verbiage, ensure that 1:1 hours are staffed.**
How will you apply the correction to all clients you support?	**Audit daily schedule and staffing to ensure 1:1 hours are staffed correctly.**
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Tasks will be owned by: [redacted], Admin Raniel Rivera, Manager Additional support and oversight by Lucila Escobido, Provider Bethel Homes 1
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. 10/3/2024
Additional Information	Please see the attached Case Manager notes and pending assessment

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

Region3:
rcsregion3email@dshs.wa.gov

Lakewood
Lakewood, WA 98499
Fax: (253) 589-7240

Tumwater
6639 Capital Blvd. SW
Tumwater, WA 98501
Fax: (360) 664-8451

Vancouver
800 NE 136th Avenue, Suite 220
Vancouver, WA 98684
Fax: (360) 992-7969

IDR
Lacey
PO Box 45600
Olympia, WA 98504-5600
RCSIDR@dshs.wa.gov

Send copy to DDA Resource Manager and Residential Program Specialist for your region.

Plan of Correction

Agency Name	Citation Date
Residential Care Services, Region 3	9.25.24
Submitted by	**Date of POC Submission**
Lucila Escobido	10.03.24
☐ Complaint Citation ☐ Certification Citation	

Citation: WAC 388.76.10225	
What *initial or immediate actions* were taken to address concerns affecting clients?	**Partnered with BSP, [redacted] and provider on an mandatory in service training for Abuse and Neglect Mandatory Reporting**
How will you apply the correction to all clients you support?	**Reviewed mandatory reporting procedures for any allegations or suspicions of abuse.**
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Raniel Rivera, Manager Marie Sto. Domingo, Caregiver Zenaida Budano, Caregiver Elma Aquino, Caregiver Josefina Coronado, Caregiver [redacted], Caregiver Maricel Yamut, Caregiver, Newtelyn Oliver, Caregiver Mary Grace Leckron, Caregiver Mercy Komen, Caregiver Additional support and oversight by Lucila Escobido, Provider Bethel Homes 1
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. 10/3/2024
Additional Information	Please see the attached In Service Training Attendance Sheet

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

Region3:
rcsregion3email@dshs.wa.gov

Lakewood
Lakewood, WA 98499
Fax: (253) 589-7240

Tumwater
6639 Capital Blvd. SW
Tumwater, WA 98501
Fax: (360) 664-8451

Vancouver
800 NE 136th Avenue, Suite 220
Vancouver, WA 98684
Fax: (360) 992-7969

IDR
Lacey
PO Box 45600