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

HAZELINE GUMIRAN ALEJANDRO
BEST HEALTH FAMILY HOME
17403 SE 196TH DR
RENTON, WA 98058

RE: BEST HEALTH FAMILY HOME License # 707700

Dear Provider:

This letter addresses Compliance Determination(s) 44909 (Completion Date 07/29/2024) and 41853 (Completion Date 06/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/29/2024 and found that you have corrected the violations listed in the Full report dated 06/04/2024. Your home is back in compliance as of 07/15/2024 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 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10685-2-b, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c, WAC 388-76-10130-2-a, WAC 388-76-10285-1

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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

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 05/28/2024 and 05/28/2024 of:
BEST HEALTH FAMILY HOME
17403 SE 196TH DR
RENTON, WA 98058

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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

06/07/2024
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 #: 707700	Compliance Determination # 41853
Plan of Correction	BEST HEALTH FAMILY HOME	Completion Date
Page 2 of 7	Licensee: HAZELINE GUMIRAN ALEJANDRO	06/04/2024

Provider (or Representative) 6/17/2024 Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the use of a medical device ([redacted]) was assessed, included in Negotiated Care Plan (NCP) and information about safety risks associated with their use was provided for 1 of 1 resident (Resident 5) that used the device. This failure placed the resident at risk for injury or death due to entrapment and inadequate monitoring of the medical device.

Findings included...

During a guided residents bedroom tour with Staff A, Provider, on 05/28/2024 at 12:37 PM, observation showed Resident 5's bed had a half [redacted] on each side of the bed that were in up position.

In an interview on 05/28/2024 at 12:37 PM, Staff C, Caregiver, stated that Resident 5 used the [redacted] since they arrived in the AFH.

In an interview on 05/28/2024 at 12:38 PM, Resident 5 stated that the [redacted] were not necessary to have as they did not roll off the bed.

Record review of Resident 5's admission agreement dated [redacted]/2024 showed they were admitted to the home on [redacted]/2024.

Record review of Resident 5's assessment dated 02/14/2024 showed Resident 5 was not assessed for the safe used of the [redacted].

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Record review of Resident 5's NCP showed the used of the [redacted] was not addressed or included. There was no caregiver directive on what to do, when, and how to monitor the medical device.

In an interview on 05/28/2024 at 12:43 PM, Staff A stated that Resident 5's [redacted] used was not assessed and included in the NCP. Staff A further stated that the [redacted] risks and benefits were not yet discussed with the resident because they were newly admitted to the home.

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, BEST HEALTH FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5/29/24.

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

Provider (or Representative) — Date: 6/17/2024

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) provider failed to ensure the door on 1 of 6 residents' bedroom (Bedroom [redacted]), occupied by Resident 6 had a screen that prevented entrance of flies and other insects. This failure placed Resident 6 at risk of insect bites and/or insect-borne diseases.

Findings included...

During a guided tour with Staff A, Entity Representative, on 05/28/2024 at 1:22 PM, Bedroom [redacted] was observed with no window. The room had a glass door leading to the back deck.

In an interview on 05/28/2024 at 1:22 PM, Resident 6 stated that they did not have a window and did not like to open the door because it has no screen and afraid of bugs coming to their room.

In an interview on 05/28/2024 at 1:29 PM, Staff A stated that Bedroom [redacted] door had no screen and did not offer further explanation as to why.

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, BEST HEALTH FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) JULY 15, 2024

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

Provider (or Representative) 6/17/2024 Date

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not complete and provide a copy of the Department's disclosure of charges form to 1 of 2 sampled residents (Resident 2) prior or upon admission to the home. This failure placed the resident at risk of not being fully aware and informed about charges as outlined in the Department's disclosure of charges form.

Findings included...

During unannounced visit to the AFH on 05/28/2024 between 10:27 AM and 5:46 PM, Staff A, Entity Representative, Staff C and D, Caregivers, interacted and provided care to Resident 2.

Review of Resident 2's Negotiated Care Plan dated 05/30/2023 showed the AFH admitted the resident on [redacted]/2022.

Review of Resident 2's records in the AFH showed no copy of the completed disclosure of

charges form provided by the Department.

In an interview on 05/28/2024 at 5:31 PM, Staff A stated that they could not find Resident 2's disclosure of charges.

In a telephone interview on 06/04/2024 at 2:13 PM, Staff A stated that the disclosure of charges for Resident 2 was provided to and signed by Resident 2's representative the day following the Department Staff unannounced visit.

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, BEST HEALTH FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5/29/2024.

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

Provider (or Representative) 6/17/2024 Date

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 , or any English or translated government document of the following:

(a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to provide documents or papers to show for 1 of 1 staff (Staff B, Resident Manager [RM]) met the minimum requirement and was qualified for the role. This failure placed all residents at risk of not receiving day-to-day oversight from a qualified designated RM.

Findings included...

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During an unannounced visit to the home on 05/28/2024 between 10:27 AM to 5:45 PM, Staff B was not observed in the home.

Department record review showed Staff B was the designated RM for the home.

In an interview on 05/28/2024 at 11:07, Staff A, Provider, confirmed that Staff B was the AFH RM.

Review of personnel records showed Staff B was hired by the AFH on 10/05/2005. Staff B's records did not include a document that supported the educational requirement for the RM role of at least a high school diploma was met.

In an interview on 05/28/2024 at 5:38 PM, Staff A stated that Staff B was a college graduate in a foreign country. However, they were unable to locate Staff B's High School or College Diploma.

On 05/29/2024 at 7:18 AM, Staff A called the Department staff and left a voicemail message to inform that they would remove Staff B as the designated RM due to inability to provide Staff B's High School Diploma.

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, BEST HEALTH FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/30/2024

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

Provider (or Representative) _____ Date 6/17/2024

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

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Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Resident Manager [RM]) had two-step tuberculosis (TB) skin testing. This failure placed residents at risk of exposure to a communicable disease.

Findings included...

On 05/28/2024 between 10:27 AM to 5:45 PM, Staff B was not observed in the home.

Review of personnel records showed Staff B was the RM of the AFH. Staff B was hired by the AFH on 10/05/2005. Staff B's records included a negative x-ray (a medical test that produces images of a part of the body) result dated 08/31/2005. There was no record to show that a TB skin testing was done.

In an interview on 05/28/2024 at 5:35 PM Staff A, Provider, stated that RM had a history of positive PPD but unable to locate the records.

On 05/29/2024 at 7:18 AM, Staff A called the Department staff and left a voicemail message to inform that Staff B did not have a skin test done as they would test positive due to a history of TB vaccination in another country.

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, BEST HEALTH FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/30/2024.

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

Provider (or Representative) 6/17/2024 Date