



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

JATINDER HANSPAL
UNITED ADULT FAMILY HOMES
3055 238TH AVE SE
SAMMAMISH, WA 98075

RE: UNITED ADULT FAMILY HOMES License # 750200

Dear Provider:

This letter addresses Compliance Determination(s) 52186 (Completion Date 01/27/2025) and 49074 (Completion Date 12/02/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/27/2025 and found that you have corrected the violations listed in the Full report dated 12/02/2024. Your home is back in compliance as of 12/03/2024 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 388-76-10485-1, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10161-2-a

The Department staff who did the on-site verification:

Karen Beardsley, NCI

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

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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 #: 750200	Compliance Determination # 49074
Plan of Correction	UNITED ADULT FAMILY HOMES	Completion Date
Page 1 of 4	Licensee: JATINDER HANSPAL	12/02/2024

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 the unannounced on-site full inspection on 10/21/2024 and 10/21/2024 of:

UNITED ADULT FAMILY HOMES
3055 238TH AVE SE
SAMMAMISH, WA 98075

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Karen Beardsley, NCI

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

12/03/2024

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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 750200	Compliance Determination # 49072
Plan of Correction	UNITED ADULT FAMILY HOMES	Completion Date
Page 2 of 4	Licensee: JATINDER HANSPAL	12/02/2024

Jatinder Hanspal
Provider (or Representative)

12/03/2024
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on interview and observation, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 5) had all medications in locked storage. This placed the residents living in the home at potential risk for misuse of medications.

Findings included...

On 10/21/2024 at 10:08 AM, observation of Resident 5's bedroom, showed a 5.29 ounce (oz) tube of seven percent over-the-counter pain relief gel laying on the foot of bed, still sealed in the box, two 80/4.5 microgram inhaler for respiratory problem and another half empty 5.29 oz tube of pain relief gel in the unlocked top drawer of the resident's side table and a half empty bottle of over-the-counter 325/10/5 milligram, 12 oz cough syrup on top of the side table.

On 10/21/2024 at 10:10 AM, during an interview, Staff A, Provider, stated that Resident 5's family brought the medications, and that the resident was independent for medication management. When asked why Resident 5 didn't have a lock box or a way to secure the medications, Staff A stated Resident 5 handled their medications by themselves but stated their understanding that medications needed to be secured. Staff was further asked if Resident 5 had any prescription medications that were locked up somewhere else or if they were kept in the room and they stated that they had medication in the medication supply closet.

On record review, Resident 5's 03/03/2024 Negotiated Care Plan showed that the resident was diagnosed with [REDACTED] and [REDACTED].

On review of Resident 5's 12/27/2023 Assessment, the resident's functional abilities regarding medication management were described as "Ability Fluctuates. Does not follow frequency or dosage. Forgets to take medications."

On 10/21/2024 at 4:18 PM, in an interview with Staff A they stated they would address the problem, and all medications would be secured.

This document was prepared by Residential Care Services for the Locator website.

Provider (or Representative)

Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on interview and observation, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 5) had all medications in locked storage. This placed the residents living in the home at potential risk for misuse of medications.

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On 10/21/2024 at 10:10 AM, during an interview, Staff A, Provider, stated that Resident 5's family brought the medications, and that the resident was independent for medication management. When asked why Resident 5 didn't have a lock box or a way to secure the medications, Staff A stated Resident 5 handled their medications by themselves but stated their understanding that medications needed to be secured. Staff was further asked if Resident 5 had any prescription medications that were locked up somewhere else or if they were kept in the room and they stated that they had medication in the medication supply closet.

On record review, Resident 5's 03/03/2024 Negotiated Care Plan showed that the resident was diagnosed with [REDACTED] and [REDACTED].

On review of Resident 5's 12/27/2023 Assessment, the resident's functional abilities regarding medication management were described as "Ability Fluctuates. Does not follow frequency or dosage. Forgets to take medications."

On 10/21/20224 at 4:18 PM, in an interview with Staff A they stated they would address the problem, and all medications would be secured.

Statement of Deficiencies	License #: 750200	Compliance Determination # 49074
Plan of Correction	UNITED ADULT FAMILY HOMES	Completion Date
Page 3 of 4	Licensee: JATINDER HANSPAL	12/02/2024

Record review of Resident 5's file in the Careweb system (the Washington State online system used by case managers to document long term care services and functional needs for clients) on 10/24/2024, showed under Provider task assignment, the AFH was assigned and paid for medication management.

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, UNITED ADULT FAMILY HOMES is or will be in compliance with this law and / or regulation on
(Date) Dec 3, 2024

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

Jatinder Hanspal
Provider (or Representative)

12/03/2024
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

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:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(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 observation, interview and record review, the Adult Family Home failed to ensure there was a valid Washington state name and date of birth background check for 1 of 5 sampled staff (Staff C, Caregiver). This failure placed the residents living in the home at risk of harm from a caregiver with an unknown current criminal background.

Record review of Resident 5's file in the Careweb system (the Washington State online system used by case managers to document long term care services and functional needs for clients) on 10/24/2024, showed under Provider task assignment, the AFH was assigned and paid for medication management.

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Provider (or Representative)

Date

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(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 observation, interview and record review, the Adult Family Home failed to ensure there was a valid Washington state name and date of birth background check for 1 of 5 sampled staff (Staff C, Caregiver). This failure placed the residents living in the home at risk of harm from a caregiver with an unknown current criminal background.

Statement of Deficiencies	License #: 750200	Compliance Determination # 49074
Plan of Correction	UNITED ADULT FAMILY HOMES	Completion Date
Page 4 of 4	Licensee: JATINDER HANSPAL	12/02/2024

Findings included...

On record review of staff files for Staff C, no Washington state name and date of birth background check was found.

In an interview on 10/21/2024 at 10:07 AM, Staff A, Provider, stated that they provided full time care in the home and Staff C is part time. Staff A was unsure of Staff C hired date but stated that they would email the information from their payroll office to the department staff (DS).

DS received an email correspondence on 10/22/2024 at 1:36 PM, from Staff A, stating that Staff C's hired date was on 07/29/2024.

On 10/23/2024 at 8:38 AM, DS was copied on an email from Staff A that was sent to the Background Check Central Unit (BCCU) requesting they provide copies of the Washington state name and date of birth background check result for Staff C.

On 10/23/2024 at 1:03 PM, DS received an email correspondence from BCCU stating that they were unable to locate a Washington state name and date of birth background check submitted for Staff

C. *Please Note Background check was provided by BCCU
Please see enclosed dated 10/23/2024.*

Attestation Statement

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(Date) Dec 3, 2024

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

Jatinder Hanspal 12/03/2024
Provider (or Representative) Date

Findings included...

On record review of staff files for Staff C, no Washington state name and date of birth background check was found.

In an interview on 10/21/2024 at 10:07 AM, Staff A, Provider, stated that they provided full time care in the home and Staff C is part time. Staff A was unsure of Staff C hired date but stated that they would email the information from their payroll office to the department staff (DS).

DS received an email correspondence on 10/22/2024 at 1:36 PM, from Staff A, stating that Staff C's hired date was on 07/29/2024.

On 10/23/2024 at 8:38 AM, DS was copied on an email from Staff A that was sent to the Background Check Central Unit (BCCU) requesting they provide copies of the Washington state name and date of birth background check result for Staff C.

On 10/23/2024 at 1:03 PM, DS received an email correspondence from BCCU stating that they were unable to locate a Washington state name and date of birth background check submitted for Staff C.

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, UNITED ADULT FAMILY HOMES is or will be in compliance with this law and / or regulation on (Date)_____.

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Provider (or Representative)

Date