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

JCB ADULT FAMILY HOME LLC
JCB II ADULT FAMILY HOME
757 N 200TH ST
SHORELINE, WA 98133

RE: JCB II ADULT FAMILY HOME License # 750222

Dear Provider:

This letter addresses Compliance Determination(s) 54320 (Completion Date 02/04/2025) and 52231 (Completion Date 12/31/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/04/2025 and found that you have corrected the violations listed in the Full report dated 12/31/2024. Your home is back in compliance as of 01/07/2025 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 388-76-10532-2-a, WAC 388-76-10532-2-c, WAC 388-76-10375-1, WAC 388-76-10890, WAC 388-76-10890-1, WAC 388-76-10890-2, WAC 388-76-10485-2, WAC 388-76-10430-1, WAC 388-76-101632-1, WAC 388-76-10135-4

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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 #: 750222	Compliance Determination #52231
Plan of Correction	JCB II ADULT FAMILY HOME	Completion Date
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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 12/27/2024 and 12/27/2024 of:
JCB II ADULT FAMILY HOME
19613 LINDEN AVE N
SHORELINE, WA 98133

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

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

Renee' Bourque
Residential Care Services

01/07/2025
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 #: 750222	Compliance Determination #52231
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JOSEFINA C. BORROMEO
Provider (or Representative)

01/07/2025
Date

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 70.129 , 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 obtain a Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring, as required. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for illness and infection.

Findings included...

Review of the Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as blood glucose [sugar in the blood] test) or interprets the test results, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State DOH website link to the MTSW licensing application

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2021 with multiple diagnoses including [redacted].

In an interview, on 12/27/2024 at 10:25 AM, Staff A, Entity Representative, stated that the caregivers checked Resident 2's blood sugar once a day. Staff A reported the AFH did not have a MTSW license.

Review of facility records showed no record of the MTSW license available.

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, JCB II ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/07/25 .

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

Provider (or Representative) _____ Date _____

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 obtain a Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring, as required. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for illness and infection.

Findings included...

Review of the Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as blood glucose [sugar in the blood] test) or interprets the test results, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State DOH website link to the MTSW licensing application.

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2021 with multiple diagnoses including [redacted].

In an interview, on 12/27/2024 at 10:25 AM, Staff A, Entity Representative, stated that the caregivers checked Resident 2's blood sugar once a day. Staff A reported the AFH did not have a MTSW license.

Review of facility records showed no record of the MTSW license available.

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, JCB II 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.

JOSEFINA C. BORROMEO — Provider (or Representative)
01/07/25 — 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, record review, and interview, the Adult Family Home (AFH) failed to complete the Disclosure of Charges (DOC) form and keep a signed and dated copy on file for 2 of 3 residents (Resident 1 and Resident 2). This failure placed Residents 1 and 2 at risk for not being aware of the charges for their care.

Findings included...

RESIDENT 1:
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses including [redacted]. There was no DOC located in Resident 1's record.

In an interview on 12/27/2024 at 11:10 AM, Staff A (Entity Representative) reported Resident 1 did not have a signed and dated DOC.

RESIDENT 2:
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2021 with multiple diagnoses including [redacted]. Resident 2 had a DOC document in their record, dated 07/21/2021, which included pages 1, 2, 3 and 5 of the 5-page form and the standardized signature/date section had been removed. Resident 2 had no signatures or dates on the DOC and the other remaining DOC pages were incomplete.

In an interview on 12/27/2024 at 11:10 AM, Staff A reported they were not aware of the requirement to have the DOC signed and dated by the AFH and Resident 2 or their representative.

Attestation Statement

Provider (or Representative) _____ 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, record review, and interview, the Adult Family Home (AFH) failed to complete the Disclosure of Charges (DOC) form and keep a signed and dated copy on file for 2 of 3 residents (Resident 1 and Resident 2). This failure placed Residents 1 and 2 at risk for not being aware of the charges for their care.

Findings included...

RESIDENT 1:
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses including [redacted]. There was no DOC located in Resident 1's record.

In an interview on 12/27/2024 at 11:10 AM, Staff A (Entity Representative) reported Resident 1 did not have a signed and dated DOC.

RESIDENT 2:
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2021 with multiple diagnoses including [redacted] Resident 2 had a DOC document in their record, dated 07/21/2021, which included pages 1, 2, 3 and 5 of the 5-page form and the standardized signature/date section had been removed. Resident 2 had no signatures or dates on the DOC and the other remaining DOC pages were incomplete.

In an interview on 12/27/2024 at 11:10 AM, Staff A reported they were not aware of the requirement to have the DOC signed and dated by the AFH and Resident 2 or their 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, JCB II ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/07/25

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

JOSEFINA C. BORROMEO — Provider (or Representative)

01/07/25 — Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 3 residents (Resident 1) was signed by the resident and/or their representatives. This failure placed Resident 1 at risk for unmet care needs.

Findings included...

RESIDENT 1
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses including [redacted]. The current NCP in Resident 1's file, dated 10/03/2023, had been updated on 01/20/2024 after a change of condition of Resident 1. The NCP was signed by Staff A, Entity Representative (ER), dated 1/20/2024, but was not signed for the most recent changes by Resident 1 or their Representative.

In an interview, on 12/27/2024 at 11:00 AM, Staff A stated they were not aware of the NCP being unsigned.

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, JCB II ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/06/25

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

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, JCB II 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

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 3 residents (Resident 1) was signed by the resident and/or their representatives. This failure placed Resident 1 at risk for unmet care needs.

Findings included...

RESIDENT 1
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses including [redacted]. The current NCP in Resident 1's file, dated 10/03/2023, had been updated on 01/20/2024 after a change of condition of Resident 1. The NCP was signed by Staff A, Entity Representative (ER), dated 1/20/2024, but was not signed for the most recent changes by Resident 1 or their Representative.

In an interview, on 12/27/2024 at 11:00 AM, Staff A stated they were not aware of the NCP being unsigned.

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, JCB II 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.

Statement of Deficiencies	License #: 750222	Compliance Determination #52231
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JOSEFINA C. BORROMEO — Provider (or Representative) — 01/06/25 — Date

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure an evacuation map was posted on the upstairs floor of the AFH. This failure placed 3 of 3 Residents (Resident 1, 2 and 3) at risk of delayed emergency evacuation assistance.

Findings included...

Observation of the AFH, on 12/27/2024 at 9:30 AM, showed a private residence two story addition had adjoined the AFH. The addition was occupied by the Resident Manager.

In an interview on 12/27/2024 at 10:20 AM, Staff A, Entity Representative (ER), reported that they were unaware of the requirement to have an evacuation map posted on all floors of the AFH

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, JCB II ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/07/25

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

JOSEFINA C. BORROMEO — Provider (or Representative) — 01/07/25 — Date

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

Provider (or Representative) _____ Date _____

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure an evacuation map was posted on the upstairs floor of the AFH. This failure placed 3 of 3 Residents (Resident 1, 2 and 3) at risk of delayed emergency evacuation assistance.

Findings included...

Observation of the AFH, on 12/27/2024 at 9:30 AM, showed a private residence two story addition had adjoined the AFH. The addition was occupied by the Resident Manager.

In an interview on 12/27/2024 at 10:20 AM, Staff A, Entity Representative (ER), reported that they were unaware of the requirement to have an evacuation map posted on all floors of the AFH.

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, JCB II 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 _____

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

(2) In the original container with legible and original labels; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (Residents 1 and 2) had labeled over the counter (OTC) medications. In addition, the AFH failed to ensure a house supply of Acetaminophen 500 mg was kept in the original container with a complete label. These failure's placed sampled Residents 1 and 2 at risk for medication errors.

Findings included...

RESIDENT 1
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses including [redacted]. In addition, Resident 1 was on multiple medications including Acetaminophen (a pain relief medication) 500 mg every four to six hours as needed for pain, and an OTC medication Vitamin D3 (a vitamin supplement) 2,000 units per day.

Observation, on 12/27/2024 at 11:40 AM, of the AFH's medication storage cabinet showed a orange medication bottle with no label with approximately 10 white capsules. Written on the top of the lid was "Acetamin 500 mg". There was no other information written anywhere on the bottle.

Observation of Resident 1's medication box showed a bottle of Vitamin D3 2,000 units with no label indicating name, dose and/or time of administration.

In an interview, on 12/27/2024 at 11:30 AM, with Staff A, Entity Representative (ER), reported it was not known when the Acetaminophen was placed in the medication bottle. Staff A stated that Resident 1's medications would be labelled as soon as possible.

RESIDENT 2
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2021 with multiple diagnoses including [redacted]. Resident 2 was on multiple medications including Vitamin D3 (a vitamin supplement) 2,000 units per day and Centrum Silver Ultra (a multivitamin) one tablet every day.

Observation, on 12/27/2024 at 12:00 PM, of Resident 2's medication box showed a bottle of Vitamin D3 and a bottle of Centrum Silver Ultra with no label indicating name, dose and/or time of administration.

In an interview, on 12/27/2024 at 12:00 PM, Staff A reported Resident 2's medications would be labelled as soon as possible.

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, JCB II ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/27/25.

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

JOSEFINA C. BORROMEO — Provider (or Representative)

01/07/25 — 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 interview, observation and record review, the Adult Family Home (AFH) failed to ensure a medication system was in place to meet the medication administration needs for 1 of 3 residents (Resident 1). This failure led to Resident 1 receiving the wrong dose of a medication and placed Resident 1 at risk of receiving expired medications.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses including [redacted]. Resident 1 was on multiple medications including Melatonin (a hormone naturally produced to assist with the sleep cycle) 3 mg tablet one tablet at night. Review of Resident 1's Medication Administration Record (MAR) for December 2024 showed Resident 1 had received a dose of Melatonin every night in December 2024.

Observation, on 12/27/2024 at 12:00 PM, of Resident 1's medication box showed a bottle of Melatonin 5 mg tablets, and no Melatonin 3 mg tablets were noted

In an interview, on 12/27/2024 at 12:10 PM, Staff A, Entity Representative (ER), reported that it was a mistake that Resident 1 had gotten 5 mg tablets of Melatonin instead of the ordered 3 mg dose. Staff A stated that they would confirm the dose with

In an interview, on 12/27/2024 at 12:00 PM, Staff A reported Resident 2's medications would be labelled as soon as possible.

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, JCB II 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

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 interview, observation and record review, the Adult Family Home (AFH) failed to ensure a medication system was in place to meet the medication administration needs for 1 of 3 residents (Resident 1). This failure led to Resident 1 receiving the wrong dose of a medication and placed Resident 1 at risk of receiving expired medications.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses including [redacted]. Resident 1 was on multiple medications including Melatonin (a hormone naturally produced to assist with the sleep cycle) 3 mg tablet one tablet at night. Review of Resident 1's Medication Administration Record (MAR) for December 2024 showed Resident 1 had received a dose of Melatonin every night in December 2024.

Observation, on 12/27/2024 at 12:00 PM, of Resident 1's medication box showed a bottle of Melatonin 5 mg tablets, and no Melatonin 3 mg tablets were noted.

In an interview, on 12/27/2024 at 12:10 PM, Staff A, Entity Representative (ER), reported that it was a mistake that Resident 1 had gotten 5 mg tablets of Melatonin instead of the ordered 3 mg dose. Staff A stated that they would confirm the dose with

Resident 1's Dr. and inform Resident 1's representative.

EXPIRED MEDICATIONS:
Observation, on 12/27/2024 at 12:00 PM, of Resident 1's medication box showed a labelled bottle of Lasix (a medication to induce urination) 20 mg tablets with approximately 20 tablets in the bottle. The bottle of Lasix had expired 12/03/2024. Resident 1 was currently prescribed Lasix 20 mg once a day.

Resident 1's medication box also included a bottle of Tramadol (a pain relief medication) 50 mg tablets with approximately 10 tablets in the bottle which had expired on 11/08/2024. Resident 1 was no longer prescribed Tramadol.

In an interview, on 12/27/2024 at 12:10 PM, Staff A stated that they were not aware of the expired medications in Resident 1's medication box.

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, JCB II ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/09/25.

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

JOSEFINA C. BORROMEO — Provider (or Representative)

01/07/25 — Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10181 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 caregivers (Caregiver C) had completed the National Fingerprint Background Check. This failure place 3 of 3 Residents (Residents 1, 2 and 3) at risk of receiving care from an unqualified caregiver.

Findings included...

Resident 1's Dr. and inform Resident 1's representative.

EXPIRED MEDICATIONS:
Observation, on 12/27/2024 at 12:00 PM, of Resident 1's medication box showed a labelled bottle of Lasix (a medication to induce urination) 20 mg tablets with approximately 20 tablets in the bottle. The bottle of Lasix had expired 12/03/2024. Resident 1 was currently prescribed Lasix 20 mg once a day.

Resident 1's medication box also included a bottle of Tramadol (a pain relief medication) 50 mg tablets with approximately 10 tablets in the bottle which had expired on 11/08/2024. Resident 1 was no longer prescribed Tramadol.

In an interview, on 12/27/2024 at 12:10 PM, Staff A stated that they were not aware of the expired medications in Resident 1's medication box.

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, JCB II 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

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 caregivers (Caregiver C) had completed the National Fingerprint Background Check. This failure place 3 of 3 Residents (Residents 1, 2 and 3) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of the AFH's staff records, on 12/27/2024 at 2:00 PM, showed Caregiver C did not have a National Fingerprint Background Check in their file. Caregiver C had been hired by the AFH on 08/05/2023.

In an interview, on 12/27/2024 at 2:00 PM, Staff A, Entity Representative (ER), reported that Caregiver C had completed the required test but had not received the results. Staff A stated that Caregiver C would obtain the results.

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, JCB II ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/30/24

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

JOSEFINA C. BORROMEO
Provider (or Representative)

01/07/25
Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 caregivers (Caregiver D) had completed the required twelve hours of continuing education credits (CEU's). This failure placed 3 of 3 Residents (Residents 1, 2 and 3) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of the AFH's staff records, on 12/27/2024 at 2:00 PM, showed Caregiver D did not have the required CEU's in their file. Caregiver D had been hired by the AFH on 08/01/2008.

In an interview, on 12/27/2024 at 2:00 PM, Staff A, Entity Representative (ER), reported that Caregiver D would be scheduled to complete the CEU's.

Attestation Statement

Review of the AFH's staff records, on 12/27/2024 at 2:00 PM, showed Caregiver C did not have a National Fingerprint Background Check in their file. Caregiver C had been hired by the AFH on 08/05/2023.

In an interview, on 12/27/2024 at 2:00 PM, Staff A, Entity Representative (ER), reported that Caregiver C had completed the required test but had not received the results. Staff A stated that Caregiver C would obtain the results.

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, JCB II 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

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 caregivers (Caregiver D) had completed the required twelve hours of continuing education credits (CEU's). This failure placed 3 of 3 Residents (Residents 1, 2 and 3) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of the AFH's staff records, on 12/27/2024 at 2:00 PM, showed Caregiver D did not have the required CEU's in their file. Caregiver D had been hired by the AFH on 08/01/2008.

In an interview, on 12/27/2024 at 2:00 PM, Staff A, Entity Representative (ER), reported that Caregiver D would be scheduled to complete the CEU's.

Attestation Statement

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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, JCB II ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/30/25

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

JOSEFINA C. BORROMEO — 01/07/25

Provider (or Representative) — Date