STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

6/15/2023

Quilceda Creek Manor LLC
QUILCEDA CREEK MANOR, LLC
12900 48TH DR NE
MARYSVILLE, WA 98271

RE: QUILCEDA CREEK MANOR, LLC License # 750376

Dear Provider:

This letter addresses Compliance Determination(s) 25374 (Completion Date 06/14/2023) and 24766 (Completion Date 06/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/14/2023 and found that you have corrected the violations listed in the Full report dated 06/05/2023. Your home is back in compliance as of 06/12/2023 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 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the off-site verification:
Patricia Lafond-Anderson, Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 06/01/2023 and 06/01/2023 of:

QUILCEDA CREEK MANOR, LLC
12900 48TH DR NE
MARYSVILLE, WA 98271

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:

Patricia Lafond-Anderson, Licensor
Candie Salatka, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

6/8/2023
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) Date

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

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled Staff (Staff D, Caregiver) completed two step Tuberculin (TB) skin testing. This failure placed residents a risk of being exposed to a communicable disease.

Findings included...

Review of the Dear Provider Letter titled, Reinstatement of Tuberculosis Testing Requirements July 1, 2022, dated May 17, 2022 and amended May 26, 2022, showed that the emergency rules set in place to suspend TB skin testing were due to expire on July 1, 2022. Residential Care Services (RCS) facilities were not required to have staff TB skin tested. The Dear Provider Letter showed that RCS encouraged Providers to immediately begin staff TB testing to allow time for compliance by July 1, 2022.

Review of employee records, on 06/01/2023, showed that Staff D was hired on 06/09/2022. The first TB skin test was completed on 04/15/2022 and showed a negative result. Staff D did not initiate TB testing within 3 days of hire. Staff D's employee file did not contain evidence of a second TB skin test.

During an interview, on 06/01/2023 at 1:30 PM, Staff A (Entity Representative) stated that they thought that Staff D completed the TB testing.

In an interview, on 06/01/2023 at 1:30 PM, Staff D stated that they had not completed the second TB skin testing. Staff D stated that they did not know they needed two TB skin tests.

In an interview, on 06/05/2023 at 1:55 PM, Staff A stated that they did not realize Staff D's first TB skin test was done 2 months before their hire date.

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, QUILCEDA CREEK MANOR, LLC 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