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

PAULA MURESAN
BEST QUALITY HOME CARE
1924 ABERDEEN AVE NE
RENTON, WA 98056

RE: BEST QUALITY HOME CARE License # 750522

Dear Provider:

This letter addresses Compliance Determination(s) 24760 (Completion Date 06/01/2023) and 12957 (Completion Date 10/25/2022).

The Department completed a follow-up inspection of your Adult Family Home on 06/01/2023 and found that you have corrected the violations listed in the Full report dated 10/25/2022. Your home is back in compliance as of 11/03/2022 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 388-76-10845-1, WAC 388-76-10845-2, WAC 388-76-10845-5, WAC 388-76-10161-3, WAC 388-76-10415-1, WAC 388-112A-0600-2-d, WAC 388-76-10350-4

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor
Kim Co, 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 08/24/2022 and 08/24/2022 of:

BEST QUALITY HOME CARE
1924 ABERDEEN AVE NE
RENTON, WA 98056

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lyra Ouano, AFH Licensor
Evan Heckler, 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 _____ 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 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

(5) Is replaced every six months, unless it is sealed and commercially bottled; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure there was adequate supply of emergency drinking water for 4 of 4 residents (Residents 1, 2, 3, and 4), three staff, and four household members. This failure placed all residents at risk of adequate drinking water in the event of an emergency.

Findings included….

The department record review found the AFH, licensed on 07/05/2007 had a bed capacity of six residents.

During the environmental tour on 08/24/2022 at 10:22 AM with Staff A, Entity Representative and Staff B, Caregiver, who also performed maintenance work at the AFH, observation showed the AFH only had supply of three 5-gallon containers, for a total of 15 gallons of emergency drinking water in the basement of the AFH. There was no other drinking water supply found in the home.

In an interview at 10:30 AM on 08/24/2022, Staff B stated they had enough emergency drinking water and two water heaters for the home. Staff B added that the Department of Health had approved use of water in their water heater tank for emergency use.

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 QUALITY HOME CARE 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 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that there was a Washington state name and date of Birth Background Check (BGC) for 1 of 1 Household Member (Household Member 2) over the age of 11. This placed all 4 residents at risk of harm, from household member with unknown criminal record disqualifying them from having unsupervised access to residents.

Findings included…

In an interview on 08/24/2022 at 10:00 AM, Staff A, Entity Representative stated that Household Member 1 and Household Member 2 were over the age of 11.

Record review showed that Household Member 2 did not have a current BGC. There was no other BGC found for Household Member 2.

In an interview at 1:00 PM on 08/22/2022, Staff A, stated they forgot to get a BGC of Household Member 2 when they turned 11 years old.

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 QUALITY HOME CARE 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 388-112A-0600 What is continuing education and what topics may be covered in continuing education?

(2) The same continuing education course must not be repeated for credit unless it is a new or more advanced training on the same topic. However, a long-term care worker may repeat up to five credit hours per year on the following topics:

(d) Food handling training;

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; 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 3 staff (Staff A, Entity Representative, and Staff C, Caregiver) had current Continuing Education (CE) requirements in food safety training. This placed all residents at risk for food borne illnesses related to food handling issues from staff with no knowledge of current standards in food safety.

Findings included…

On 08/24/2022 at 9:40 AM, observation showed Resident 1 sat in a living room recliner, Residents 2 and 4 eating breakfast in the dining room, and Resident 3 lying in bed in their bedroom.

On 08/24/2022 at 1:17 PM, Staff C prepared lunch in the AFH kitchen for and served lunch to Resident 4 in the dining room. At 1:20 PM, Staff A served Resident 1 their lunch in the dining room.

Review of staff records showed Staff A's food handling CE expired on 06/20/2022 and their food worker card was not available in the AFH. Staff C's food worker card showed an expiration date of 10/16/2021.

In an interview on 08/24/2022 at 3:16 PM, Staff A stated they had forgotten to take their CE on food handling training when they were due.

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 QUALITY HOME CARE 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 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the assessment of 1 of 2 sampled residents (Resident 1) whose care was privately sponsored, was reviewed and/or updated at least every twelve months as required. This placed Resident 1 at risk of unmet needs.

Findings included…

On 08/24/2022 at 9:40 AM, observed Resident 1 sat in a recliner in the AFH living room.

Record review on 08/24/2022 showed that Resident 1's assessment was last updated on 04/18/21. There was no other assessment found for Resident 1.

In an interview at 3:16 PM on 08/22/2022, Staff A, Entity Representative stated Resident 1 paid with private funds. Staff A added that they overlooked Resident 1's assessment and would contact their nurse assessor immediately.

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 QUALITY HOME CARE 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