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

ALTERNATIVE CARE SOLUTIONS LLC
THE GREAT SHEPHERD'S AFH 2
14511 WALLINGFORD AVE N
SHORELINE, WA 98133

RE: THE GREAT SHEPHERD'S AFH 2 License # 750923

Dear Provider:

This letter addresses Compliance Determination(s) 41329 (Completion Date 05/15/2024) and 39391 (Completion Date 04/09/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/15/2024 and found that you have corrected the violations listed in the Full report dated 04/09/2024. Your home is back in compliance as of 03/05/2024 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 388-76-10135-7

The Department staff who did the off-site verification:
Olga Petrov, NCI

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

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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 04/04/2024 and 04/04/2024 of:
THE GREAT SHEPHERD'S AFH 2
14511 WALLINGFORD AVE N
SHORELINE, WA 98133

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Petrov, NCI

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' Bourgue
Residential Care Services

04/22/2024
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.

Provider (or Representative) Date

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

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure 1 of 2 current caregivers (Staff B, Caregiver) had a cardiopulmonary resuscitation (CPR) card or certificate and a valid first-aid. This failure placed the 5 of 5 current residents (Resident 1,2, 3, 4 and 5) and potential new resident at risk of receiving incorrect care in the case of a medical emergency.

Findings included...

Observation on 04/04/2024 at 10:57 AM, showed Staff B, Caregiver was on duty and provided care to the residents in the home.

In interview on 04/04/2024 at 10:57 AM, Staff B, Caregiver, stated that the home had five residents.

Review of staff records showed Staff B had a nursing assistant registered credential. Staff B's record showed CPR and 1st aid certificate with expiration date on 3/02/2024.

In an interview, on 04/04/2024 at 11: 20 AM, Staff C stated that they would send Staff B's CPR and 1st aid certificate to the department.

In an email received on, 04/05/2024 at 4:04 PM, Staff B's CPR and 1st aid certificate, signed by Staff C and dated 04/05/2024 (date after inspection).

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, THE GREAT SHEPHERD'S AFH 2 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