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

BEST HEALTH FAMILY HOME INC
BEST HEALTH FAMILY HOME INC
6625 112TH AVE SE
NEWCASTLE, WA 98056

RE: BEST HEALTH FAMILY HOME INC License # 751034

Dear Provider:

This letter addresses Compliance Determination(s) 30941 (Completion Date 10/11/2023) and 28818 (Completion Date 09/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/11/2023 and found that you have corrected the violations listed in the Full report dated 09/05/2023. Your home is back in compliance as of 09/01/2023 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 388-76-10575-1-c, WAC 388-76-10585-1, WAC 388-76-10585-1-a, WAC 388-76-10585-1-b, WAC 388-76-10845-6, WAC 388-76-10380-4, WAC 388-76-10810-2-a

The Department staff who did the on-site verification:
Liza Flowers, 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
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 751034	Compliance Determination # 28818
Plan of Correction	BEST HEALTH FAMILY HOME INC	Completion Date
Page 1 of 6	Licensee: BEST HEALTH FAMILY HOME INC	09/05/2023

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 08/29/2023 and 08/29/2023 of:
BEST HEALTH FAMILY HOME INC
9625 112TH AVE SE
NEWCASTLE, 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:

Liza Flowers, 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 — 09/07/2023 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.

HAZELINE V. GUMARAN - ALEJANDRO 9/18/2023
Provider (or Representative) Date

WAC 388-76-10675 Resident rights Privacy.

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep the residents' records for 1 of 4 current residents (Resident 3) and 1 of 1 former residents in a confidential manner. This failure placed the residents at risk for violation of privacy.

Findings included...

On 08/29/2023 at 12:04 PM, observation showed residents' list dated 12/01/2016, 12/28/2016, 08/05/2014, 09/12/2011, and 04/08/2010, were placed together with the Statement of Deficiencies (SOD) that were in a binder that was placed in a common area of the AFH. The lists included Resident 1 and former residents' names.

On 08/29/2023 at 12:06 PM, when asked why residents' lists were placed together with the SOD, Staff A, Co- Provider, stated that they forgot to "thin" the records.

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 HEALTH FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 8/30/2023

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

HAZELINE V. GUMARAN - ALEJANDRO 9/18/2023
Provider (or Representative) Date

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to place copies of the most recent inspection reports in a visible location for review of 4 of 4 current residents (Residents 1, 2, 3, and 4), their representatives, the Department, and anyone interested without having to ask for them. This failure placed the residents and/or their representatives at risk of not being able to make an informed decision due to lack of information regarding AFH's compliance with the regulation.

Findings included...

During the tour of the AFH on 08/29/2023 at 11:58 AM, observation showed no inspection and complaint investigation reports that were visibly posted and/or placed in the common areas of the home.

On 08/29/2023 at 11:58 AM, when asked about the inspection and complaint investigation reports, Staff A, Co-Provider, took a binder that was labeled "ANNUAL INSPECTION" that was placed underneath another binder that was labeled "FIRE DRILL".

In an interview on 08/29/2023 at 12:23 PM, Staff A stated that the "ANNUAL INSPECTION" binder that contained the inspection reports was placed on top of the table but was possibly removed by the caregivers.

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 HEALTH FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 8/29/2023

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

HAZELINE V. EUNURAN-ALEJANDRO 9/18/2023
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:

(6) Is stored in a cool, dry location away from direct sunlight.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the on-site emergency water supplies were stored out of direct sunlight as required. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of harm from consumption of water contaminated by chemicals leaching out of the plastic packaging due to inappropriate storage in the event of an emergency.

Findings included...

On 08/29/2023 at 12:32 PM, Staff A, Co-Provider, showed the AFH's emergency drinking water that was in nine plastic water containers. Each container had five gallons of water. The AFH's emergency water was stored outside of the AFH under direct sunlight.

In an interview on 08/29/2023 at 12:32 PM, Staff A stated that they usually put the emergency water inside the AFH, but the delivery person left it outside. According to Staff A, the emergency water was left outside the house for about a month.

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 HEALTH FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 8/29/2023

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

HAZELINE V. EUNURAN-ALEJANDRO 9/18/2023
Provider (or Representative) Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised 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 update the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2) at least every twelve months. This failure placed Residents 2 at risk for unmet care needs.

Findings included...

During an unannounced visit on 08/29/2023 between 10:15 AM to 4:45 PM, observation showed staff interacted and provided care to Resident 2.

Review of Resident 2's records showed the NCP were reviewed and dated 02/10/2022 and 02/10/2021. There was no other NCP found in Resident 2's file and/or record.

In an interview on 08/29/2023 at 3:14 PM, Staff A, Co-Provider, stated that they forgot to update and/or review Resident 2's NCP.

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 HEALTH FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 9/30/2023

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

HAZELINE V. GUINURAN - ATTORNEY 9/18/2023

Provider (or Representative) Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(a) Mounted or securely fastened in a stationary position at a minimum of four inches from the floor and a maximum of sixty inches from the floor;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) did not ensure 1 of 2 portable fire extinguisher was mounted or securely fastened. This failure placed 4 of 4

residents (Residents 1, 2, 3, and 4) at risk of harm and/or injury in the event of fire if the fire extinguishers were moved and could not be located.

Findings included...

On 08/29/2023 at 10:59 AM, Staff A, Co-Provider, stated that the AFH was a two-level home. All the residents (Resident 1, 2 , 3, 4, and 5) lived on the upper/main level and staff lived on the lower level.

During the environmental tour on 08/29/2023 at 12:39 PM, observation showed the fire extinguisher on the upper/main level of the home was placed on the floor in an upright position and was not properly secured or mounted.

In an interview on 08/29/2023 at 12:41 PM, Staff A stated that the fire extinguisher was not securely fastened and mounted because it fell from the wall where it was previously mounted.

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 HEALTH FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 9/1/2023

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

HAZELINE V. GUNDRAN-ARELLANO 9/18/2023

Provider (or Representative) Date