



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Oak Wood Haven Adult Family Home LLC
Oak Wood Haven Adult Family Home LLC
1518 Jensen Ave
Centralia, WA 98531

RE: Oak Wood Haven Adult Family Home LLC License # 751188

Dear Provider:

This letter addresses Compliance Determination(s) 35471 (Completion Date 01/29/2024) and 32072 (Completion Date 11/22/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/29/2024 and found that you have corrected the violations listed in the Full report dated 11/22/2023. Your home is back in compliance as of 01/05/2024 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 388-76-10146-2-c, WAC 388-76-10146-2

The Department staff who did the off-site verification:
Allen Baldaray, LTC ESF/AFH Licenser

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

11.27.2023 13:34:25

State of Washington

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 751188	Compliance Determination # 32072
Plan of Correction	Oak Wood Haven Adult Family Home LLC	Completion Date
Page 1 of 2	Licensee: Oak Wood Haven Adult Family Home LLC	11/22/2023

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 11/15/2023 and 11/17/2023 of:

Oak Wood Haven Adult Family Home LLC
1518 Jensen Ave
Centralia, WA 98531

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:

Allen Baldaray, LTC ESF/AFH Licenser

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

11/27/2023

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.

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State of Washington

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Statement of Deficiencies	License #: 751188	Compliance Determination # 32072
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Page 2 of 2	Licensee: Oak Wood Haven Adult Family Home LLC	11/22/2023

Provider (or Representative)

Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 7 caregivers (Caregiver C) completed required Mental Health (MH) training. This failure placed 2 of 6 residents (Resident 1 and Resident 2) at risk of receiving inappropriate care.

Findings included..

During the Administrative Records Review on 11/15/2023 at 2:03 pm, review of Caregiver C's records showed the MH certification was absent and not present in the AFH.

During the Resident Record Review for Resident 1 and Resident 2 on 11/17/2023 at 11:24 am, the assessments dated 05/11/2023 and 10/20/2023 respectively, showed that both required MH care and observation by staff.

During the Exit interview on 11/17/2023 at 12:51 pm with Staff A (Provider), they confirmed Staff C had not completed the MH certification.

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, Oak Wood Haven Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 01/15/2024

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

Provider (or Representative)

*Denise Shero*Date 12-3-23

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