



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

THE BEACON HOUSE AFH INC
The Beacon House AFH
3415 W Beacon Ave
Spokane, WA 99208

RE: The Beacon House AFH License # 751265

Dear Provider:

This letter addresses Compliance Determination(s) 27662 (Completion Date 08/04/2023) and 25089 (Completion Date 06/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/04/2023 and found that you have corrected the violations listed in the Full report dated 06/13/2023. Your home is back in compliance as of 07/27/2023 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 388-76-10015-1

The Department staff who did the on-site verification:
Jacqueline Block, AFH Licenser

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 751365	Compliance Determination # 25069
Plan of Correction	The Beacon House AFH	Completion Date
Page 1 of 3	Licensee: THE BEACON HOUSE AFH INC	06/13/2023

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 06/08/2023 and 06/09/2023 of:

The Beacon House AFH
3415 W BEACON
SPOKANE, WA 99208

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jacqueline Block, AFH Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo
Residential Care Services

06/20/2023

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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Statement of Deficiencies	License #: 751265	Compliance Determination # 25089
Plan of Correction	The Beacon House AFH	Completion Date
Page 1 of 3	Licensee: THE BEACON HOUSE AFH INC	06/13/2023

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 06/08/2023 and 06/08/2023 of:

The Beacon House AFH
3415 W BEACON
SPOKANE, WA 99208

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jacqueline Block, AFH Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Statement of Deficiencies	License #: 761266	Compliance Determination # 25053
Plan of Correction	The Beacon House AFH	Completion Date
Page 2 of 3	Licensee: THE BEACON HOUSE AFH INC	06/13/2023

Carla Bureley
Provider (or Representative)

6/27/23
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128, 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.38A RCW; and

This requirement was not met as evidenced by:

WAC 296-842-12005

Develop and maintain a written program.

(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.

Based on interview and record review, the Adult Family Home (AFH) failed to have a written respiratory program (RPP) including training on use of a respirator and fit testing for N95 respirators for 8 of 8 staff (Staff A, B, C, D, E & F). This failure placed residents at risk for exposure to communicable diseases by not having staff trained and fit tested for use of N95 respirators.

Findings included...

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed the AFH is required to develop and maintain a Respiratory Protection Program. The letter also required the AFH to fit test health care workers with a N95 respirator for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 "Respirator Fit Testing and Respiratory Protection Program Resource" provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators.

Review for RPP documentation showed there was no written respiratory protection program, no documentation that training for use of personal protective equipment or fit testing had occurred for Staff A, Provider, Staff B, Caregiver, Staff C, Caregiver, Staff D, Caregiver, Staff E, Caregiver and Staff F, Caregiver.

Provider (or Representative)

Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

WAC 296-842-12005

Develop and maintain a written program.

(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.

Based on interview and record review, the Adult Family Home (AFH) failed to have a written respiratory program (RPP) including training on use of a respirator and fit testing for N95 respirators for 6 of 6 staff (Staff A, B, C, D, E & F). This failure placed residents at risk for exposure to communicable diseases by not having staff trained and fit tested for use of N95 respirators.

Findings included...

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed the AFH is required to develop and maintain a Respiratory Protection Program. The letter also required the AFH to fit test health care workers with a N95 respirator for protection against communicable diseases.

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Review for RPP documentation showed there was no written respiratory protection program, no documentation that training for use of personal protective equipment or fit testing had occurred for Staff A, Provider, Staff B, Caregiver, Staff C, Caregiver, Staff D, Caregiver, Staff E, Caregiver and Staff F, Caregiver.

Statement of Deficiencies	License #: 751265	Compliance Determination #: 25053
Plan of Correction	The Beacon House AFH	Completion Date
Page 3 of 3	Licensee: THE BEACON HOUSE AFH INC	06/13/2023

In an interview on 06/08/2023 at 11:57 AM, Staff A stated they knew an RPP and fit testing needed to be done but did not understand what to do.

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 Beacon House AFH is or will be in compliance with this law and / or regulation on (Date) 7/27/23

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

Carla Lively
Provider (or Representative)

6/27/23
Date

In an interview on 06/08/2023 at 11:57 AM, Staff A stated they knew an RPP and fit testing needed to be done but did not understand what to do.

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 Beacon House AFH 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



3415 W Beacon Ave • Spokane WA 99208 • 509-327-7232 • fax 509-326-3823

CEL (509) 599 3399

JUNE 27, 2023

ATTN: Jennifer

PLEASE LET ME KNOW THIS
IS ALL THAT IS NEEDED.

WE HAVE FIT TESTED MOST
EMPLOYEES AND DEFINITELY
WILL BE IN FULL COMPLIANCE
BY 7-27-23

THANK YOU
Carla Sweley