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) 50819 (Completion Date 11/25/2024) and 47881 (Completion Date 10/09/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/25/2024 and found that you have corrected the violations listed in the Full report dated 10/09/2024. Your home is back in compliance as of 10/21/2024 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 388-76-10380-4, WAC 388-76-10165-1-a

The Department staff who did the on-site verification:
Joshua Robison, Community Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 09/26/2024 and 09/26/2024 of:
The Beacon House AFH
3415 W Beacon Ave
Spokane, WA 99208

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

The department staff that inspected the Adult Family Home:

Joshua Robison, Community Licensor

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.

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 interview and record review, the Adult Family Home (AFH) failed to ensure that negotiated care plans (NCP) were updated at least every 12 months for 4 of 5 sampled residents (Residents 1, 3, 4, & 5). This failure placed residents at risk for unmet care needs due to out of date negotiated care plans.

Findings included…

On 09/26/2024 beginning at 9:03 AM Residents 1, 3, 4 and 5 were observed in the AFH and interacted with Staff A, Provider, and Staff C, Caregiver.

Review of resident records on 09/26/2024 showed the following:

-The negotiated care plan dated 01/25/2023 for Resident 1 was nine months overdue.
-The negotiated care plan dated 07/07/2023 for Resident 3 was two months overdue.
-The negotiated care plan dated 06/27/2022 for Resident 4 was fifteen months overdue.
-The negotiated care plan dated 06/18/2023 for Resident 5 was three months overdue.

On 09/26/2024 at 2:30 PM, during an interview, Staff A, Provider, acknowledged that 4 of the 5 negotiated care plans had not been reviewed every twelve months.

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

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete an updated Washington State name and date of birth (NDOB) background check every two years for 1 of 4 staff (Staff B). This placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included….

Review of employee records showed Staff B, Caregiver, had a name and date of birth background check that expired 09/21/2024 (five days overdue).

In an interview on 09/26/2024 at 12:45 PM, Staff A, Provider, stated that they were unaware Staff B's background check had expired.

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