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

BETHANY AFH INC
BETHANY AFH INC
4506 NE 17TH ST
RENTON, WA 98059

RE: BETHANY AFH INC License # 751848

Dear Provider:

This letter addresses Compliance Determination(s) 40013 (Completion Date 04/18/2024) and 38207 (Completion Date 03/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/18/2024 and found that you have corrected the violations listed in the Full report dated 03/18/2024. Your home is back in compliance as of 03/24/2024 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 388-76-101632-1, WAC 388-76-10176-1, WAC 388-76-10532-2-a

The Department staff who did the off-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

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 03/12/2024 and 03/12/2024 of:

BETHANY AFH INC
4506 NE 17TH ST
RENTON, WA 98059

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:

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

03/19/2024
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.

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

Provider (or Representative) 3/25/24 Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) did not ensure a national fingerprint background check/inquiry (FBGC) was completed within 120 days of hire for 2 of 2 staff (Staff B and E, Caregivers) who were hired after January 7, 2012. This failure placed all the residents at risk of being cared for by unqualified staff.

Findings included...

During unannounced visit at the AFH on 03/12/2024 between 10:30 AM and 4:30 PM, Staff B interacted and provided care to five current residents. Staff E was not in the home at the time of the visit.

Record review of personnel file showed the AFH hired Staff B as a caregiver on 05/01/2018. The AFH hired Staff E on 05/20/2021. There was no FBGC found on both Staff A and E's file.

In an interview on 03/12/2024 at 4:11 PM, Staff A, Entity Representative, stated that Staff B did not have FBGC because the staff started working as a caregiver in another AFH since year 2011.

In an interview on 03/12/2024 at 4:24 PM, Staff A stated that Staff E did not have FBGC because the staff started working as a caregiver in another home since year 2002.

Attestation Statement

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Provider (or Representative) Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) did not ensure a national fingerprint background check/inquiry (FBGC) was completed within 120 days of hire for 2 of 2 staff (Staff B and E, Caregivers) who were hired after January 7, 2012. This failure placed all the residents at risk of being cared for by unqualified staff.

Findings included...

During unannounced visit at the AFH on 03/12/2024 between 10:30 AM and 4:30 PM, Staff B interacted and provided care to five current residents. Staff E was not in the home at the time of the visit.

Record review of personnel file showed the AFH hired Staff B as a caregiver on 05/01/2018. The AFH hired Staff E on 05/20/2021. There was no FBGC found on both Staff A and E's file.

In an interview on 03/12/2024 at 4:11 PM, Staff A, Entity Representative, stated that Staff B did not have FBGC because the staff started working as a caregiver in another AFH since year 2011.

In an interview on 03/12/2024 at 4:24 PM, Staff A stated that Staff E did not have FBGC because the staff started working as a caregiver in another home since year 2002.

Attestation Statement

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

Statement of Deficiencies	License #: 751848	Compliance Determination # 38207
Plan of Correction	BETHANY AFH INC	Completion Date
Page 3 of 4	Licensee: BETHANY AFH INC	03/18/2024

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, BETHANY AFH INC is or will be in compliance with this law and / or regulation on (Date) 3/21/24.

see attached

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

Lorna Moran — Provider (or Representative)

3/25/24 — Date

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not complete and provide a copy of the Department's disclosure of charges form to 2 of 2 [redacted] funded (State paid for care and services) residents (Residents 2 and 3) prior or upon admission to the home. This failure placed the residents at risk of not being fully aware and informed about charges as outlined in the Department's disclosure of charges form.

Findings included...

During unannounced visit at the AFH on 03/12/2024 between 10:30 AM and 4:30 PM, Staff A, Entity Representative, and Staff B, Caregiver, interacted and provided care to Residents 2 and Resident 3.

In an interview on 03/12/2024 at 11:17 AM, Staff A stated that the AFH had five current residents. Residents 1, Resident 4, and Resident 5 were privately funded (privately paying for care and services) and Residents 2 and Resident 3 were [redacted] funded.

Review of Resident 2's Negotiated Care Plan dated 03/23/2023 showed the AFH admitted the resident on [redacted]/2014.

Record review of Resident 3 Notice of Services showed the AFH admitted the resident on [redacted]2012.

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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, BETHANY AFH INC 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 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not complete and provide a copy of the Department's disclosure of charges form to 2 of 2 [redacted] funded (State paid for care and services) residents (Residents 2 and 3) prior or upon admission to the home. This failure placed the residents at risk of not being fully aware and informed about charges as outlined in the Department's disclosure of charges form.

Findings included...

During unannounced visit at the AFH on 03/12/2024 between 10:30 AM and 4:30 PM, Staff A, Entity Representative, and Staff B, Caregiver, interacted and provided care to Residents 2 and Resident 3.

In an interview on 03/12/2024 at 11:17 AM, Staff A stated that the AFH had five current residents. Residents 1, Resident 4, and Resident 5 were privately funded (privately paying for care and services) and Residents 2 and Resident 3 were [redacted] funded.

Review of Resident 2's Negotiated Care Plan dated 03/23/2023 showed the AFH admitted the resident on [redacted]/2014.

Record review of Resident 3 Notice of Services showed the AFH admitted the resident on [redacted] 2012.

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Statement of Deficiencies	License #: 751848	Compliance Determination # 38207
Plan of Correction	BETHANY AFH INC	Completion Date
Page 4 of 4	Licensee: BETHANY AFH INC	03/18/2024

Record review of Residents 2 and Resident 3 files in the AFH showed both residents records did not include a copy of the completed disclosure of charges form provided by the Department.

In an interview on 03/12/2024 at 3:50 PM, Staff A stated that Resident 2 paid their care and services privately upon admission but changed to State funding four to five years ago. Resident 3 had always been a [redacted]unded since admission in 2012. Staff A further stated that Residents 2 and Resident 3 did not have a disclosure of charges because they were State funded residents.

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, BETHANY AFH INC is or will be in compliance with this law and / or regulation on (Date) 3/24/24 see attached.

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

Provider (or Representative) — Date: 3/25/24

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

Record review of Residents 2 and Resident 3 files in the AFH showed both residents records did not include a copy of the completed disclosure of charges form provided by the Department.

In an interview on 03/12/2024 at 3:50 PM, Staff A stated that Resident 2 paid their care and services privately upon admission but changed to State funding four to five years ago. Resident 3 had always been a [redacted] funded since admission in 2012. Staff A further stated that Residents 2 and Resident 3 did not have a disclosure of charges because they were State funded residents.

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, BETHANY AFH INC 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

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