STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

SHALOM ADULT FAMILY HOME LLC

SHALOM ADULT FAMILY HOME LLC
14522 52ND PL W
EDMONDS, WA 98026

RE: SHALOM ADULT FAMILY HOME LLC License # 752264

Dear Provider:

This letter addresses Compliance Determination(s) 54112 (Completion Date 01/31/2025) and 52872 (Completion Date 01/09/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/31/2025 and found that you have corrected the violations listed in the Follow up report dated 01/09/2025. Your home is back in compliance as of 01/24/2025 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 388-76-10355-2, WAC 388-76-10355-3

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 an unannounced on-site follow-up on 01/09/2025 and 01/09/2025 of:
SHALOM ADULT FAMILY HOME LLC
14522 52ND PL W
EDMONDS, WA 98026

This document references the following SOD dated: 01/09/2025

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:

Spomenka Hodzic, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

01/15/2025
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.

License #: 752284
SHALOM ADULT FAMILY HOME LLC
Licensee: SHALOM ADULT FAMILY HOME LLC

Compliance Determination # 52872
Completion Date
01/09/2025

S. Ashpis
Provider (or Representative)

01/23/25
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on observation, interview and record review Adult Family Home (AFH) failed to ensure that negotiated care plan for 1 of 5 residents (Resident 3) identified amount of assistance Resident 3 required with their transfers, bed mobility, toileting, dressing and bathing per their assessment. This failure placed Resident 3 at risk of inadequate care and decreased quality of life.

Findings included...

On 01/09/2025 at 12:10 PM, observation showed the AFH was providing various services and care for five residents (Resident 1,2,3, 4 and 5).

< Resident 3 >

Review of Resident 3's demographic records showed Resident 3 was admitted to the AFH on [redacted]2024.

Review of Resident 3' assessment, dated 10/24/2024, showed Resident 3 had multiple medical diagnoses including [redacted]

Resident 3's assessment showed Resident 3 required the following activities of daily living:

- Bed mobility, physical assistance of 2 persons
- Transfers, physical assistance of 1 to 2 persons with [redacted]
- Toileting, physical assistance of 2 persons
- Dressing, physical assistance of 1 person
- Personal hygiene, physical assistance of 1 person

Provider (or Representative) _____ Date _____

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on observation, interview and record review Adult Family Home (AFH) failed to ensure that negotiated care plan for 1 of 5 residents (Resident 3) identified amount of assistance Resident 3 required with their transfers, bed mobility, toileting, dressing and bathing per their assessment. This failure placed Resident 3 at risk of inadequate care and decreased quality of life.

Findings included...

On 01/09/2025 at 12:10 PM, observation showed the AFH was providing various services and care for five residents (Resident 1,2,3, 4 and 5).

< Resident 3 >

Review of Resident 3's demographic records showed Resident 3 was admitted to the AFH on [redacted]2024.

Review of Resident 3' assessment, dated 10/24/2024, showed Resident 3 had multiple medical diagnoses including [redacted]

Resident 3's assessment showed Resident 3 required the following activities of daily living:

- Bed mobility, physical assistance of 2 persons
- Transfers, physical assistance of 1 to 2 persons with [redacted]
- Toileting, physical assistance of 2 persons
- Dressing, physical assistance of 1 person
- Personal hygiene, physical assistance of 1 person

- Bathing, physical assistance of 2 persons

Review of Resident 3' negotiated care plan (NCP), dated 11/20/2024, showed the AFH documented Resident 3 was dependent with the activities of the daily life without specifying how many staff members Resident 3 would require assisting them with mobility, bed mobility and transfers, toileting, dressing, personal hygiene, and bathing.

In an interview, on 01/09/2025 at 12:15 PM, Staff B, Co-Provider, stated that Resident 3' s NCP was done by them and not their Registered Nurse Delegator (RND). Staff B stated that they did not know that they needed to updated Resident 3's NCP with how many staff members were required to assist residents with their care. Staff B stated that they misunderstood Statement of Deficiency already issued to them.

This is an uncorrected deficiency previously cited on 12/31/2024.

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, SHALOM ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 01/29/25.

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

S. Ashanafi — Provider (or Representative)

01/29/25 — Date

- Bathing, physical assistance of 2 persons

Review of Resident 3' negotiated care plan (NCP), dated 11/20/2024, showed the AFH documented Resident 3 was dependent with the activities of the daily life without specifying how many staff members Resident 3 would require assisting them with mobility, bed mobility and transfers, toileting, dressing, personal hygiene, and bathing.

In an interview, on 01/09/2025 at 12:15 PM, Staff B, Co-Provider, stated that Resident 3' s NCP was done by them and not their Registered Nurse Delegator (RND). Staff B stated that they did not know that they needed to updated Resident 3's NCP with how many staff members were required to assist residents with their care. Staff B stated that they misunderstood Statement of Deficiency already issued to them.

This is an uncorrected deficiency previously cited on 12/31/2024.

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, SHALOM ADULT FAMILY HOME LLC 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 _____

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 752264	Compliance Determination #51534
Plan of Correction	SHALOM ADULT FAMILY HOME LLC	Completion Date
Page 1 of 9	Licensee: SHALOM ADULT FAMILY HOME LLC	12/31/2024

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 an unannounced on-site complaint investigation on 12/10/2024 and 12/30/2024 of:

SHALOM ADULT FAMILY HOME LLC
14522 52ND PL W
EDMONDS, WA 98026

This document references the following complaint number(s): 155531, 157230, 158847

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

12/31/2024
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.

Statement of Deficiencies	License #: 752264	Compliance Determination #51531
Plan of Correction	SHALOM ADULT FAMILY HOME LLC	Completion Date
Page 2 of 9	Licensee: SHALOM ADULT FAMILY HOME LLC	12/31/2024

Provider (or Representative) 1/7/25 Date

WAC 388-76-10665 Resident evacuation from adult family home.

(4) Ramps for residents to enter, exit, or evacuate on homes licensed after November 1, 2016 must

(a) Comply with chapter 51-51 WAC;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 5 of 5 residents (Resident 1, 2, 3, 4 and 5) could safely evacuated from the AFH through the backyard gate without requiring special knowledge to open a combination lock. This failure placed Resident 1, 2,3,4 and 5 at risk for or injury and death from not being able to have an unobstructed emergency evacuation route.

Findings included...

Observation, on 12/10/2024 at 11:20 AM, showed the main entrance to the AFH was through the backyard wooden gate on the northwest side of the home via concreted path. The backyard wooden gate was locked. There was a doorbell on the exterior side of the gate. After the doorbell was rang, Staff A, Provider, came and unlocked the gate from the interior side to allow the Department's Regulator access to the main door of the AFH. Observation showed the AFH used a heavy combination lock to lock the backyard gate. The main entrance to the AFH was located approximately 50 feet from the back yard gate with slight slopping down when entering AFH and slight incline (about 15 to 20 degrees) when exiting the AFH.

<Resident 1>

Review of Resident 1's demographic records showed Resident 1 was admitted to the AFH on [redacted] 2015.

Review of Resident 1' assessment, dated 12/09/2024, showed Resident 1 had multiple medical diagnoses including [redacted] Review showed Resident 1 required assistance with evacuation.

<Resident 2>

Provider (or Representative) _____ Date _____

WAC 388-76-10865 Resident evacuation from adult family home.

(4) Ramps for residents to enter, exit, or evacuate on homes licensed after November 1, 2016 must:

(a) Comply with chapter 51-51 WAC;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 5 of 5 residents (Resident 1, 2, 3, 4 and 5) could safely evacuated from the AFH through the backyard gate without requiring special knowledge to open a combination lock. This failure placed Resident 1, 2,3,4 and 5 at risk for or injury and death from not being able to have an unobstructed emergency evacuation route.

Findings included...

Observation, on 12/10/2024 at 11:20 AM, showed the main entrance to the AFH was through the backyard wooden gate on the northwest side of the home via concreted path. The backyard wooden gate was locked. There was a doorbell on the exterior side of the gate. After the doorbell was rang, Staff A, Provider, came and unlocked the gate from the interior side to allow the Department's Regulator access to the main door of the AFH. Observation showed the AFH used a heavy combination lock to lock the backyard gate. The main entrance to the AFH was located approximately 50 feet from the back yard gate with slight slopping down when entering AFH and slight incline (about 15 to 20 degrees) when exiting the AFH.

<Resident 1>

Review of Resident 1's demographic records showed Resident 1 was admitted to the AFH on [redacted]2015.

Review of Resident 1' assessment, dated 12/09/2024, showed Resident 1 had multiple medical diagnoses including [redacted]. Review showed Resident 1 required assistance with evacuation.

<Resident 2>

Review of Resident 2's demographic records showed Resident 2 was admitted to the AFH on [redacted] 2024.

Review of Resident 2' assessment, dated 12/17/2024, showed Resident 2 had multiple medical diagnoses including [redacted]. Review showed Resident 2 was independent with emergency evacuation with cuing.

< Resident 3 >

Review of Resident 3's demographic records showed Resident 3 was admitted to the AFH on [redacted] 2024.

Review of Resident 3' assessment, dated 10/24/2024, showed Resident 3 had multiple medical diagnoses including [redacted]. Review showed Resident 3 was wheelchair bound and required assistance with evacuation.

<Resident 4>

Review of Resident 4's demographic records showed Resident 4 was admitted to the AFH on [redacted] 2022.

Review of Resident 4' assessment, dated 03/06/2024, showed Resident 4 had multiple medical diagnoses including [redacted]. Review showed Resident 3 was wheelchair bound and required assistance with evacuation.

<Resident 5>

Review of Resident 5's demographic records showed Resident 5 was admitted to the AFH on [redacted] 2023 with multiple medical diagnoses including [redacted].

Review of Resident 5's negotiated care plan (NCP), 08/28/2024, showed Resident 5 was wheelchair bound and required assistance with evacuation.

Review showed 4 of 5 Residents (Resident 1, 3, 4 and 5) required assistance with

evacuation and that 3 of 5 Residents were wheelchair bound (Resident 3, 4 and 5).

In an interview, on 12/10/2024 at 11:31 AM, Staff A stated that they were keeping the backyard gate locked because they wanted to keep Resident 2 from running away and safe.

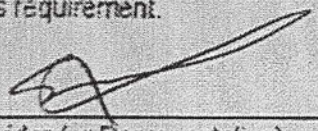
Additionally, Staff A stated that that in case of an emergency when residents needed to be quickly evacuated out of the home there would be someone who could unlock the gate and then evacuate residents. Staff A stated that the last emergency evacuation drill was in October of 2024 and that they themselves (Staff A) were able to evacuate two wheelchair bound residents (Resident 4 and 5) and two residents who needed some assistance (Resident 1 and Resident 2) within less than 5 minutes. Staff A stated that next emergency evacuation drill was due at the end of the December and that it might be challenging for one person to evacuate all the residents because now they have additional resident who was also wheelchair bound (Resident 3) and required assistance with the evacuation.

Review of "Adult Family Home Emergency Evacuation Drill", dated 10/25/2024, showed that AFH evacuated (Resident 1, 2, 4 and 5) within 4 minutes. Resident 3 was not admitted and living in the AFH at that time.

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, SHALOM ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12/10/2024.

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



Provider (or Representative) — 1/7/2025 Date

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(1) Each resident's right to be free from physical and mechanical restraints used for discipline or convenience;

(2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

(3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and

(4) If physical or mechanical restraints are used to treat a resident's medical symptoms,

evacuation and that 3 of 5 Residents were wheelchair bound (Resident 3, 4 and 5).

In an interview, on 12/10/2024 at 11:31 AM, Staff A stated that they were keeping the backyard gate locked because they wanted to keep Resident 2 from running away and safe.

Additionally, Staff A stated that that in case of an emergency when residents needed to be quickly evacuated out of the home there would be someone who could unlock the gate and then evacuate residents. Staff A stated that the last emergency evacuation drill was in October of 2024 and that they themselves (Staff A) were able to evacuate two wheelchair bound residents (Resident 4 and 5) and two residents who needed some assistance (Resident 1 and Resident 2) within less than 5 minutes. Staff A stated that next emergency evacuation drill was due at the end of the December and that it might be challenging for one person to evacuate all the residents because now they have additional resident who was also wheelchair bound (Resident 3) and required assistance with the evacuation.

Review of "Adult Family Home Emergency Evacuation Drill", dated 10/25/2024, showed that AFH evacuated (Resident 1, 2, 4 and 5) within 4 minutes. Resident 3 was not admitted and living in the AFH at that time.

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, SHALOM ADULT FAMILY HOME LLC 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 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(1) Each resident's right to be free from physical and mechanical restraints used for discipline or convenience;

(2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

(3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and

(4) If physical or mechanical restraints are used to treat a resident's medical symptoms,

the restraints are applied and immediately supervised on-site by a:

(a) Licensed registered nurse;

(b) Licensed practical nurse; or

(c) Licensed physician.

(5) For the purposes of this section, "immediately supervised" means that the licensed person is in the home and quickly and easily available.

This requirement was not met as evidenced by:

Based on observation, interview and record review Adult Family Home (AFH) failed to ensure a mechanical restraint, a wheelchair [redacted], was not placed on 1 of 5 resident (Resident 3) before an assessment was completed indicating why the mechanical restraint was used. The AFH also failed to ensure the need for a mechanical restraint was addressed on Resident 3's negotiated care plan (NCP). This failure placed Resident 3 at risk for injury and decreased quality of life.

Findings included...

On 12/10/2024 at 11:20 AM, observation showed the AFH was providing various services and care for five residents (Resident 1,2,3, 4 and 5).

Additionally, observation showed that Resident 3 was sitting in the [redacted] with a [redacted] across their chest.

< Resident 3 >

Review of Resident 3's demographic records showed Resident 3 was admitted to the AFH on [redacted] 2024.

Review of Resident 3's assessment, dated 10/24/2024, showed Resident 3 had multiple medical diagnoses including [redacted].

Review of Resident 3's negotiated care plan (NCP), dated 11/20/2024, showed that AFH did not document that less restrictive alternatives have been used and tried before use of a mechanical restraint for Resident 3. The NCP did not show if Resident 3 to use a mechanical restraint to treat their symptoms. The NCP did not show if the AFH had licensed personnel, such as registered nurse or licensed nurse or physician, quickly and easily available on- site for immediate supervision when the mechanical restraints were

applied

During a joint observation and interview, on 12/10/2024 at 11:31 AM, Staff A, Provider, stated that they believed that Resident 3 had been assessed for use of the [redacted] with the wheelchair and that wheelchair came with the [redacted] attached from the durable medical company. Staff A was observed to look for the assessment but could not find it.

In an interview, on 12/11/2024 at 1:52 PM, Staff B, Co-Provider, reported that they did not have an assessment for Resident 3 to use a mechanical restraint, the [redacted]. Staff B stated that they (Staff B) had asked Resident 3s' Physical Therapist (PT), who ordered the wheelchair, for the assessment. Staff B stated that Resident 3's PT told staff B that the assessment will be provided after the wheelchair and [redacted] have been tried and things have settled down for Resident 3.

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, SHALOM ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12/11/2024.

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

Provider (or Representative) — Date: 1/7/2025

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on observation, interview and record review Adult Family Home (AFH) failed to ensure that negotiated care plan for 1 of 5 residents (Resident 3) identified amount of assistance Resident 3 required with their transfers, bed mobility, toileting, dressing and bathing per their assessment. This failure placed Resident 3 at risk of inadequate care and decreased quality of life.

Findings included...

applied.

During a joint observation and interview, on 12/10/2024 at 11:31 AM, Staff A, Provider, stated that they believed that Resident 3 had been assessed for use of the [redacted] with the wheelchair and that wheelchair came with the [redacted] attached from the durable medical company. Staff A was observed to look for the assessment but could not find it.

In an interview, on 12/11/2024 at 1:52 PM, Staff B, Co-Provider, reported that they did not have an assessment for Resident 3 to use a mechanical restraint, the [redacted] Staff B stated that they (Staff B) had asked Resident 3s' Physical Therapist (PT), who ordered the wheelchair, for the assessment. Staff B stated that Resident 3's PT told staff B that the assessment will be provided after the wheelchair and [redacted] have been tried and things have settled down for Resident 3.

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, SHALOM ADULT FAMILY HOME LLC 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 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on observation, interview and record review Adult Family Home (AFH) failed to ensure that negotiated care plan for 1 of 5 residents (Resident 3) identified amount of assistance Resident 3 required with their transfers, bed mobility, toileting, dressing and bathing per their assessment. This failure placed Resident 3 at risk of inadequate care and decreased quality of life.

Findings included...

On 12/10/2024 at 11:20 AM, observation showed the AFH was providing various services and care for five residents (Resident 1, 2 3, 4 and 5).

< Resident 3 >

Review of Resident 3's demographic records showed Resident 3 was admitted to the AFH on [redacted] 2024.

Review of Resident 3' assessment, dated 10/24/2024, showed Resident 3 had multiple medical diagnoses including [redacted]

Resident 3's assessment showed Resident 3 required the following activities of daily living:

- Bed mobility, physical assistance of 2 persons
- Transfers, physical assistance of 1 to 2 persons with [redacted]
- Toileting, physical assistance of 2 persons
- Dressing, physical assistance of 1 person
- Personal hygiene, physical assistance of 1 person
- Bathing, physical assistance of 2 persons

Review of Resident 3' negotiated care plan (NCP), dated 11/20/2024, showed the AFH documented Resident 3 was dependent with the activities of the daily life without specifying how many staff members Resident 3 would require assisting them with mobility, bed mobility and transfers, toileting, dressing, personal hygiene, and bathing.

In an interview, on 12/10/2024 at 11:31 AM, Staff A, Provider, stated that Resident 3's NCP was done by their register nurse delegator (RND) and that they (Staff A) would reach out to their RND to ask why specifics for Resident 3's assistance was not added on Resident 3'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, SHALOM ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12/12/24.

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

On 12/10/2024 at 11:20 AM, observation showed the AFH was providing various services and care for five residents (Resident 1,2,3, 4 and 5).

< Resident 3 >

Review of Resident 3's demographic records showed Resident 3 was admitted to the AFH on [redacted] 2024.

Review of Resident 3' assessment, dated 10/24/2024, showed Resident 3 had multiple medical diagnoses including [redacted].

Resident 3's assessment showed Resident 3 required the following activities of daily living:

- Bed mobility, physical assistance of 2 persons
- Transfers, physical assistance of 1 to 2 persons with [redacted]
- Toileting, physical assistance of 2 persons
- Dressing, physical assistance of 1 person
- Personal hygiene, physical assistance of 1 person
- Bathing, physical assistance of 2 persons

Review of Resident 3' negotiated care plan (NCP), dated 11/20/2024, showed the AFH documented Resident 3 was dependent with the activities of the daily life without specifying how many staff members Resident 3 would require assisting them with mobility, bed mobility and transfers, toileting, dressing, personal hygiene, and bathing.

In an interview, on 12/10/2024 at 11:31 AM, Staff A, Provider, stated that Resident 3's NCP was done by their register nurse delegator (RND) and that they (Staff A) would reach out to their RND to ask why specifics for Resident 3's assistance was not added on Resident 3'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, SHALOM ADULT FAMILY HOME LLC 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) 01/07/25 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;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure that 1of 7 Staff members (Staff E, Caregiver) had a Washington state name and dated of birth background check. This failure resulted in 5 of 5 Residents (Resident 1,2,3, 4, & 5) being cared for by a staff member with unknown background history.

Findings included...

On 12/10/2024 at 11.20 AM, observation showed the AFH was providing various services and care for five residents (Resident 1,2,3, 4 and 5).

Record review of Staff E's "Orientation Documentation" showed Staff E was hired by the AFH on 12/15/2022.

Record review of Staff E's Washington state name and dated of birth background check showed it had been completed on 10/03/2022. Review showed the AFH was sixty-eight days overdue with Staff E's background check.

In an interview, on 12/30/2024 at 12:10 PM, Staff A, Provider, stated that they believe that they checked Staff's E background timely they just could not locate the document, therefore they had run Staff's E background check again on 12/12/2024 after Department's visit on 12/10/2024.

Attestation Statement

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 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure that 1of 7 Staff members (Staff E, Caregiver) had a Washington state name and dated of birth background check. This failure resulted in 5 of 5 Residents (Resident 1,2,3, 4, & 5) being cared for by a staff member with unknown background history.

Findings included...

On 12/10/2024 at 11:20 AM, observation showed the AFH was providing various services and care for five residents (Resident 1,2,3, 4 and 5).

Record review of Staff E's "Orientation Documentation" showed Staff E was hired by the AFH on 12/16/2022.

Record review of Staff E's Washington state name and dated of birth background check showed it had been completed on 10/03/2022. Review showed the AFH was sixty-eight days overdue with Staff E's background check.

In an interview, on 12/30/2024 at 12:10 PM, Staff A, Provider, stated that they believe that they checked Staff's E background timely they just could not locate the document, therefore they had run Staff's E background check again on 12/12/2024 after Department's visit on 12/10/2024.

Attestation Statement

Statement of Deficiencies	License #: 752284	Compliance Determination # 51534
Plan of Correction	SHALOM ADULT FAMILY HOME LLC	Completion Date
Page 9 of 9	Licensee: SHALOM ADULT FAMILY HOME LLC	12/31/2024

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, SHALOM ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12/12/2024

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

Provider (or Representative) — Date: 1/7/25

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, SHALOM ADULT FAMILY HOME LLC 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