



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

Yekaterina A. Melnikov
Faith Adult Family Home
2635 W Westover Rd
Spokane, WA 99208

RE: Faith Adult Family Home License # 752551

Dear Provider:

This letter addresses Compliance Determination(s) 38745 (Completion Date 03/22/2024) and 36561 (Completion Date 02/13/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/22/2024 and found that you have corrected the violations listed in the Full report dated 02/13/2024. Your home is back in compliance as of 03/20/2024 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 388-76-10015-1

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

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

Sincerely,

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

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



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Statement of Deficiencies	License #: 752551	Compliance Determination # 36561
Plan of Correction	Faith Adult Family Home	Completion Date
Page 1 of 3	Licensee: Yekaterina A. Melnikov	02/13/2024

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 the unannounced on-site full inspection on 02/07/2024 and 02/07/2024 of:

Faith Adult Family Home
2635 W Westover Rd
Spokane, WA 99208

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Selena Clemons, NCI-Complaint Investigator

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.

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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:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure fit-testing for N95 respirators was completed for 3 of 3 staff (Staff A, B, & C). This failure placed residents at risk of exposure to communicable diseases.

Findings included...

WAC 296-842-15005

Conduct fit testing.

(1) Provide, at no cost to the employee, fit tests for ALL tight fitting respirators on the following schedule:

(a) Before employees are assigned duties that may require the use of respirators

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.

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 to resources for fit testing N95 respirators.

Review of Dear Provider Letter dated 09/14/2023 "Provider Responsibilities for Provision Of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and Changes To Department Of Health RPP Resources" provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators.

On 02/07/2024 review of personnel files showed Staff A, Provider, Staff B, Caregiver, and Staff C, Caregiver, showed there were no records of completed fit-testing for N95 respirators.

On 02/07/2024 at 2:40 PM, Staff A stated that they had completed their written respiratory

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protection program regarding fit-testing and use of N95 respirators and had not yet arranged for staff members to complete fit-testing for N95 respirators.

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, Faith Adult Family Home 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