



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Trinity Care Home, Inc
Trinity Care Home Inc
821 Rowland Dr SE
Olympia, WA 98513

RE: Trinity Care Home Inc License # 752633

Dear Provider:

This letter addresses Compliance Determination(s) 25553 (Completion Date 06/20/2023) and 21551 (Completion Date 04/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/20/2023 and found that you have corrected the violations listed in the Full report dated 04/13/2023. Your home is back in compliance as of 04/07/2023 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 388-76-10161-3

The Department staff who did the on-site verification:
Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

 for Jennifer LeMaster

Lisa Cramer, Field Manager
Region 3, Unit G
Residential Care Services

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

RECEIVED

APR 25 2023



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

DSHS RCS REGION 3
Tumwater Field Office

Statement of Deficiencies	License #: 752633	Compliance Determination # 21551
Plan of Correction	Trinity Care Home Inc	Completion Date
Page 1 of 3	Licensee: Trinity Care Home, Inc	04/13/2023

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 03/23/2023 and 03/23/2023 of:

Trinity Care Home Inc
821 Rowland Dr SE
Olympia, WA 98513

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

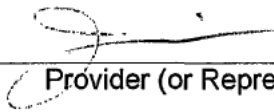
As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jennifer LeMaster
Residential Care Services

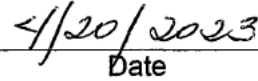
04/17/2023
Date

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.

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



Provider (or Representative)



Date

WAC 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a name and date of birth background check for 1 of 3 staff members (Volunteer 1). This failure placed 6 of 6 residents at risk from having a volunteer in the AFH with an unknown criminal background.

RECEIVED

Findings included...

APR 25 2023

DSHS RCS REGION 3
Tumwater Field Office

During staff record review on 03/23/2023 at 12:00 PM, Volunteer 1 did not have background check on file.

During initial interview with the Provider on 03/23/2023 at 12:05 PM, they stated that Volunteer 1 had completed a background check and they would find a copy.

During a phone call with the Provider on 04/07/2023 at 3:29 PM, they stated that Volunteer 1 did not complete a background check. The Provider acknowledged this was a mistake and stated that they completed a background check for Volunteer 1 on 04/07/2023.

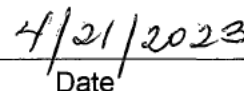
Attestation Statement

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, Trinity Care Home Inc is or will be in compliance with this law and / or regulation on (Date) 04/07/2023.

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



Provider (or Representative)



Date

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

Statement of Deficiencies

License #: 752633

Compliance Determination # 21551

Plan of Correction

Trinity Care Home Inc

Completion Date

Page 3 of 3

Licensee: Trinity Care Home, Inc

04/13/2023

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