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

Safeside Homes, LLC
SafeSide Homes LLC
15840 SE 170th Street
Renton, WA 98058

RE: SafeSide Homes LLC License # 753437

Dear Provider:

This letter addresses Compliance Determination(s) 51924 (Completion Date 12/16/2024) and 45856 (Completion Date 09/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/16/2024 and found that you have corrected the violations listed in the Full report dated 09/16/2024. Your home is back in compliance as of 09/25/2024 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 388-76-10265-1-d

The Department staff who did the on-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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

Statement of Deficiencies	License #: 753437	Compliance Determination # 45856
Plan of Correction	SafeSide Homes LLC	Completion Date
Page 1 of 3	Licensee: Safeside Homes, LLC	09/16/2024

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 08/19/2024 and 08/19/2024 of:
SafeSide Homes LLC
15840 SE 170th Street
Renton, WA 98058

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:

Karen Beardsley, NCI

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 — 09/17/2024 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.

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Residential Care Services

Date

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Statement of Deficiencies	License #: 753437	Compliance Determination # 45856
Plan of Correction	SafeSide Homes LLC	Completion Date
Page 2 of 3	Licensee: Safeside Homes, LLC	09/16/2024

Maria Macariola
Provider (or Representative)

11-25-2024
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 7 staff (Staff C, Caregiver) had completed tuberculosis (TB) testing within three days of hire. This placed all the residents living in the home at potential risk for exposure to serious illness.

Findings included...

Record review showed the AFH had no records on file regarding TB testing for Staff C, Caregiver. Staff records showed Staff C was hired on 04/06/2019.

In an interview on 08/19/2024 at 1:34 PM, Staff A, Provider, stated that Staff C was on vacation and out of the country, and was difficult to reach and that while they thought the testing had been done, they did not know where the records were.

On 08/22/2024 at 9:40 AM, Department Staff (DS) received an email correspondence from Staff A to inform that Staff C was still out of the country and scheduled to be back on 09/06/2024.

On 09/16/2024 at 3:09 PM, DS received an email correspondence from Staff A, that showed Staff C had received and completed treatment for latent TB on 01/09/2020 (nine months after Staff C's hired date).

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, SafeSide Homes LLC is or will be in compliance with this law and / or regulation on (Date) 09/25/2024

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

Provider (or Representative) Date

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Findings included…

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Plan of Correction	SafeSide Homes LLC	Completion Date
Page 3 of 3	Licensee: Safeside Homes, LLC	09/16/2024

Maria Macarida	11-25-2024
Provider (or Representative)	Date

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