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

Island Crest Adult Family Home INC

Island Crest Adult Family Home Inc
3321 72ND AVENUE SE
MERCER ISLAND, WA 98040

RE: Island Crest Adult Family Home Inc License # 753535

Dear Provider:

This letter addresses Compliance Determination(s) 51613 (Completion Date 12/11/2024) and 46029 (Completion Date 10/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/11/2024 and found that you have corrected the violations listed in the Full report dated 10/07/2024. Your home is back in compliance as of 08/28/2024 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 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Karen Beardsley, NCI

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

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 08/21/2024 and 08/21/2024 of:
Island Crest Adult Family Home Inc
3321 72ND AVENUE SE
MERCER ISLAND, WA 98040

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:

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 — 10/07/2024 (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 #: 753535	Compliance Determination # 46029
Plan of Correction	Island Crest Adult Family Home Inc	
Page 2 of 3	Licensee: Island Crest Adult Family Home INC	Completion Date 10/07/2024

Provider (or Representative)

10/08/2024
Date

WAC 388-76-10265 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff D, Caregiver) had completed the second step of Tuberculosis (TB) testing. 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 records on file for Staff D that they had been hired on 08/07/2024 and had received an initial TB skin test on 07/18/2024 which was read on the same day and had received no second TB skin test or any testing within 3 days of their hire date.

In an interview on 08/21/2024 at 11:22 AM, Staff A, Provider, stated that they thought Staff D had gotten the testing that they needed, was unaware anything was missing and further confirmed that Staff D had worked several shifts since they were hired.

In an interview on 09/12/2024 at 4:02 PM with Staff A, they stated that Staff D had been unable to locate any second TB test to show it was completed as required.

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, Island Crest Adult Family Home Inc is or will begin compliance with this law and / or regulation on (Date) 08/28/2024

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

Provider (or Representative) _____ Date _____

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment, and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff D, Caregiver) had completed the second step of Tuberculosis (TB) testing. 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 records on file for Staff D that they had been hired on 08/07/2024 and had received an initial TB skin test on 07/16/2024 which was read on the same day and had received no second TB skin test or any testing within 3 days of their hire date.

In an interview on 08/21/2024 at 11:23 AM, Staff A, Provider, stated that they thought Staff D had gotten the testing that they needed, was unaware anything was missing and further confirmed that Staff D had worked several shifts since they were hired.

In an interview on 09/12/2024 at 4:02 PM with Staff A, they stated that Staff D had been unable to locate any second TB test to show it was completed as required.

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, Island Crest Adult Family Home 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.

Statement of Deficiencies Plan of Correction Page 3 of 3	License #: 753535 Island Crest Adult Family Home Inc Licensee: Island Crest Adult Family Home INC	Compliance Determination # 45029 Completion Date 10/07/2024

Provider (or Representative)

10/08/2024
Date

Provider (or Representative) _____ Date _____

PLAN OF CORRECTION – ISLAND CREST AFH

WAC 388-76- 10285. – TUBERCULOSIS TESTING.

Island Crest AFH will ensure that ALL staff members get their TB testing as described in the WAC. The home will ensure ask the staff member to get a blood TB screening which will meet the testing requirements. Furthermore, the home will keep a system that will make sure the staff members are in compliance to this requirement.