



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

Immanuel Family Care LLC
Immanuel Family Care LLC
12119 SE 71st PL
Newcastle, WA 98056

RE: Immanuel Family Care LLC License # 753768

Dear Provider:

This letter addresses Compliance Determination(s) 30942 (Completion Date 10/11/2023) and 29366 (Completion Date 09/25/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/11/2023 and found that you have corrected the violations listed in the Full report dated 09/25/2023. Your home is back in compliance as of 09/13/2023 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 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:

Liza Flowers, AFH Licenser

If you have any questions, please contact me at (253)234-6033.

Sincerely,

A handwritten signature in black ink, appearing to read "Cecile Leano", is located below the "Sincerely," text.

Cecile Leano, Field Manager
Region 2, 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 # 753768	Compliance Determination # 29366
Plan of Correction	Immanuel Family Care LLC	Completion Date
Page 1 of 3	Licensee: Immanuel Family Care LLC	09/25/2023

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 09/07/2023 and 09/07/2023 of:
Immanuel Family Care LLC
12119 SE 71st PL
Newcastle, WA 98056

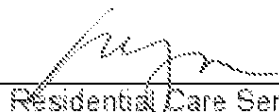
The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licenser

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

09/25/2023

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.

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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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Caregiver) had two-step tuberculosis (TB) skin testing. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of exposure to a communicable disease.

Findings included...

During an unannounced visit at the AFH on 09/07/2023 from 10:11 AM to 4:11 PM, observation showed Staff B interacted and provided care to Residents 1, 2, 3, 4, and 5.

Review of personnel records showed the AFH hired Staff B as a Caregiver on 09/15/2022. Staff B's records did not include an initial TB skin testing that was done within three days of employment and a second test one to three weeks after the initial test.

In an interview on 09/07/2023 at 3:56 PM, Staff A, Entity Representative, stated that Staff B had a TB test but could not locate it.

In a telephone interview on 09/25/2023 at 11:39 PM, Staff A stated that they could not remember whether they were given a copy of Staff B's chest X-ray (Pulmonary imaging used in the diagnosis of TB) results or not when they hired Staff B.

Attestation Statement

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

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, Immanuel Family Care 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



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

09/25/2023

Immanuel Family Care LLC
Immanuel Family Care LLC
12119 SE 71st PL
Newcastle , WA 98056

RE: Immanuel Family Care LLC # 753768

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/25/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

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09/25/2023

Page 2 of 4

Kent, WA 98032

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

During an unannounced visit on 09/07/2023 at 11:50 AM, observation showed there was no inspection report posted in a visible location in a common area of the Adult Family Home. Staff A, Entity Representative, immediately posted the last inspection report.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

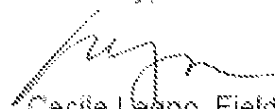
You May:

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (253)234-6033.

Sincerely,



Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

Enclosure

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

**Plan
(Plan of Correction)**

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an '**IDR Request Form**' for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

Immanuel Family Care LLC # 753768

09/25/2023

Page 4 of 4

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