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

Brook House II AFH LLC

Brook House II AFH LLC
7118 Turquoise Dr SW
Lakewood, WA 98498

RE: Brook House II AFH LLC License # 753871

Dear Provider:

This letter addresses Compliance Determination(s) 29841 (Completion Date 09/25/2023) and 19000 (Completion Date 02/09/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/25/2023 and found that you have corrected the violations listed in the Full report dated 02/09/2023. Your home is back in compliance as of 07/30/2023 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 388-76-10198-4, WAC 388-76-10198-2-a

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

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Statement of Deficiencies	License #: 753871	Compliance Determination # 19000
Plan of Correction	Brook House II AFH LLC	Completion Date
Page 1 of 3	Licensee: Brook House II AFH LLC	02/09/2023

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 01/25/2023 and 01/25/2023 of:
Brook House II AFH LLC
7118 Turquoise Dr SW
Lakewood, WA 98498

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:

Daphne Gill, 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.

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.

Provider (or Representative) Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to keep records related to staff orientation and hire dates and failed to keep the final fingerprint report on file for 4 out of 11 caregivers (Staff F, Staff G, Staff H, and Staff I). This failure prevented the Department from determining required training requirements and criminal history for caregiving staff.

Findings included...

During an administrative/staff record review on 01/25/2023 at 11:45 A.M., the records for Staff F, Staff G, Staff H, and Staff I did not have documented hire dates or completion of orientation to the home. The records for Staff F, Staff G, Staff H, and Staff I also contained no evidence of a fingerprint background check.

The Provider was given until 5:00 P.M. on 02/01/2023 to locate and fax or E-mail the missing background checks to the department.

On 02/06/2023 an E-mail was received by the department from the provider explaining Staff I worked in another home and was discharged in 2019.

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, Brook House II AFH 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