



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

A Quality Adult Homecare Inc
A Quality Adult Homecare Inc
1703 13th Ave SW
Olympia, WA 98502

RE: A Quality Adult Homecare Inc License # 754149

Dear Provider:

This letter addresses Compliance Determination(s) 25567 (Completion Date 06/20/2023) and 22473 (Completion Date 05/12/2023).

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 05/12/2023. Your home is back in compliance as of 05/10/2023 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 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10265-1-d

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,

Jennifer LeMaster

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

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



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MAY 30 2023

DSHS RCS REGION 3
 Tumwater Field Office

Statement of Deficiencies	License # 754149	Compliance Determination # 22473
Plan of Correction	A Quality Adult Homecare Inc	Completion Date
Page 1 of 4	Licensee: A Quality Adult Homecare Inc	05/12/2023

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 04/12/2023 and 04/12/2023 of:

A Quality Adult Homecare Inc
 1703 13th Ave SW
 Olympia, WA 98502

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:

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

05/16/2023

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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Statement of Deficiencies

License #: 764149

Compliance Determination # 22473

Plan of Correction

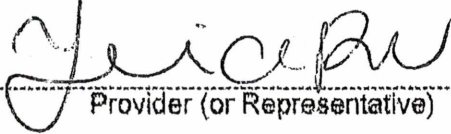
A Quality Adult Homecare Inc

Completion Date

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Licensee: A Quality Adult Homecare Inc

05/12/2023



Provider (or Representative)

5/24/23
Date

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

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by: _____

Based on record review, observations and interview, the Adult Family Home (AFH) failed to have 2 of 2 caregivers (Caregiver 1 and Caregiver 2) complete Washington state name and date of birth background checks. This failure placed all residents at risk of being cared for by caregivers with unknown criminal backgrounds.

Findings included...

During record review on 04/12/2023 at 12:25 PM, there were no records showing Caregiver 1 or Caregiver 2 had completed Washington state name and date of birth background checks. Records showed Caregiver 1 was hired on 3/23/2023 and Caregiver 2 was hired on 3/29/2023.

Caregiver 2 was observed to be with residents unsupervised during inspection on 04/12/2023 at 11:15 AM.

During interview with Provider on 04/12/2023 at 12:50 PM, Provider said she believed both caregivers had completed background checks and she needed to find the documentation.

In an interview on 04/18/2023 at 3:47 PM, the Provider verified that Caregiver 1 and Caregiver 2 did not have completed background checks at time of inspection and completed both background checks on 04/13/2023.

Attestation Statement

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

Statement of Deficiencies

License #: 754149

Compliance Determination # 22473

Plan of Correction

A Quality Adult Homecare Inc

Completion Date

Page 3 of 4

Licensee: A Quality Adult Homecare Inc

05/12/2023

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, A Quality Adult Homecare Inc is or will be in compliance with this law and / or regulation on (Date) _____
 Provider (or Representative) _____ 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:

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(d) Caregiver;

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This requirement was not met as evidenced by:DSHS RCS REGION 3
Tumwater Field Office

Based on record review and interview, the Adult Family Home (AFH) failed to have 1 of 2 caregivers (Caregiver 1) complete Tuberculosis testing within three days of employment. This failure placed all residents at risk of being cared for by a caregiver with unknown Tuberculosis status.

Findings included...

During administrative record review on 04/12/2023 at 12:30 PM, there were no records of Caregiver 1 completing Tuberculosis testing. Records showed Caregiver 1 was hired on 03/23/2023.

During interview with the Provider on 04/12/2023 at 12:40 PM, they said they believed Caregiver 1 completed this testing and they would need to find the paperwork.

On 04/18/2023 at 04:18 PM the Provider wrote in an email to the department that Caregiver 1 would be getting her first Tuberculosis test on 04/19/2023 and had not completed any Tuberculosis testing yet.

Attestation Statement

Statement of Deficiencies

License #: 754149

Compliance Determination # 22473

Plan of Correction

A Quality Adult Homecare Inc

Completion Date

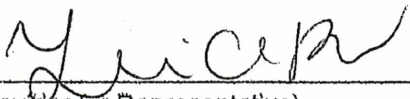
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Licensee: A Quality Adult Homecare Inc

05/12/2023

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, A Quality Adult Homecare Inc is or will be in compliance with the law and/or regulation on (date) 5/10/23.

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


Provider (or Representative)

5/24/23
Date

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