STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

05/07/2025

Hussien Ahmedein
Aysha's Loving Care AFH
13107 110th Avenue Ct E
Puyallup, WA 98374

RE: Aysha's Loving Care AFH # 754275

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59190 (Completion Date 05/07/2025) and 57435 (Completion Date 04/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/07/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

The Department staff who did the Off Site verification:
Gary Fuentebella, Licensor

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

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manger
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 754275	Compliance Determination # 57435
Plan of Correction	Aysha's Loving Care AFH	Completion Date
Page 1 of 3	Licensee: Hussien Ahmedein	04/08/2025

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 an unannounced on-site follow-up on 04/03/2025 of:
Aysha's Loving Care AFH
13107 110th Avenue Ct E
Puyallup, WA 98374

This document references the following SOD dated: 04/08/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Lisa Cramer
Residential Care Services

04/14/2025
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)

04-28-25
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview and record reviews the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license before providing blood sugar (BS) testing to 2 of 2 residents (Resident 3 and Resident 4) who required BS testing. This failure placed both residents at risk for staff administering medical tests and interpreting test results without a required MTSW license.

Findings included...

On 01/11/2025, the AFH was cited for not having a MTSW license.

On 03/21/2025, the Department received the AFH's Plan of Correction (POC) stating the citation had been correct on 03/20/2025.

On 04/03/2025, review of administrative records revealed the AFH did not have a MTSW license.

Record review of Resident 3's Assessment dated 12/09/2024, revealed they had diagnosis to include [redacted] and required BS testing. Record review of Resident 4's Assessment dated 04/22/2024, revealed they had diagnoses to include [redacted] and required BS testing.

On 04/03/2025 at 11:35 AM, during interview the Provider verified the findings and stated that they had not yet applied for a MTSW license from the Department of Health (DOH).

This is an uncorrected deficiency previously cited on 01/11/2025.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 04-28-25 .

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

Provider (or Representative) _____ Date 04-28-25

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 754275	Compliance Determination # 52919
Plan of Correction	Aysha's Loving Care AFH	Completion Date
Page 1 of 15	Licensee: Hussien Ahmedein	01/11/2025

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 01/10/2025 and 01/10/2025 of:

Aysha's Loving Care AFH
13107 110th Avenue Ct E
Puyallup, WA 98374

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:

Gary Fuentebella, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Lisa Cramer — Residential Care Services

01/16/2025 — 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)

03-20-24
Date

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

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to have 1 of 1 recent full inspection report (dated 06/07/2022) posted in a visible location in a common area. This failure kept prospective and current residents and their representatives from having access to this information.

Findings included...

Record review of Department records showed the most recent full inspection on the AFH was completed on 06/07/2022.

On 01/10/2025 at 10:20 AM, observation revealed the AFH's most recent full inspection report was not posted in a visible area in the home.

On 01/10/2025 at 12:50 PM during interview, the Provider stated that Resident 1 would constantly remove the inspection report from the bulletin board and tried to use it as a cigarette paper, so it was removed from the bulletin board.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24.

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

Provider (or Representative) — Date: 03-20-24

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure 1 of 2 bathrooms (Bathroom 2) sink and 1 of 1 kitchen sink's water temperatures did not exceed 120 degrees Fahrenheit (F). This failure placed 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6) at risk for accidental burns.

Findings included...

On 01/10/2025 at 10:25 AM, observation showed the kitchen sink water temperature measurement at 122 F. On 01/10/2025 at 10:30 AM, observation showed Bathroom 2's (adjacent to Bedroom A) sink water temperature measurement at 122 F.

On 01/10/2025 at 11:00 AM, observation showed Resident 1 went into Bathroom 2 alone. On 01/10/2025 at 11:20 AM, observation showed Resident 4 went into Bathroom 2 alone.

On 01/10/2025 at 12:50 PM, during interview, the Provider stated that the last time they checked the hot water temperature was two weeks ago.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24.

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

Provider (or Representative) — Date: 03-20-24

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure 2 of 2 fire extinguishers were inspected and serviced annually. This failure placed all residents at risk for a non-working fire extinguisher.

Findings included...

On 01/10/2025 at 10:20 AM, observation showed a fire extinguisher located in the kitchen area and another one located on the upper level of the AFH did not have service tags on them.

On 01/10/2025 at 12:50 PM, during interview, the Provider stated that the two fire extinguishers were bought recently and that they would look for the receipt and fax a copy to the Department for review.

On 01/11/2025, the Department did not receive any documentation from the AFH on the fire extinguishers.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24 .

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

Provider (or Representative) — Date: 03-20-24

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observations and interview the Adult Family Home (AFH) failed to ensure the internal environment was in good repair and free from hazards. This failure placed 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) at risk for an unsafe conditions.

Findings included...

On 01/10/2025 at 10:15 AM, observation showed an old TV screen on the floor of Bedroom [redacted] (used by Resident 1 and Resident 4) that prevented an exit door to the yard from opening all the way.

On 01/10/2025 at 10:30 AM, observation showed the toilet flush handle was broken and a metal piece was being used instead to flush the toilet. A baseboard approximately five (5) feet in length was observed up against the wall in the living room.

On 01/10/2025 at 12:50 PM, the Provider verified the findings and stated that the old TV screen in Bedroom [redacted] belonged to Resident 1 and that it was recently replaced with a new one. The Provider said that the toilet flush handle had been broken for a week because residents flushed the toilet forcefully. The Provider added that residents' wheelchairs constantly hit the baseboard and it came off the wall.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24 .

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

Provider (or Representative) — Date: 03-20-24

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview and record reviews the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license before providing blood sugar (BS) testing to 2 of 2 residents (Resident 3 and Resident 4) who required BS testing. This failure placed both residents at risk for staff administering medical tests and interpreting test results without a required MTSW license.

Findings included...

Record review of Resident 3's Assessment dated 12/09/2024, revealed they had diagnosis to include [redacted] and required BS testing. Record review of Resident 4's Assessment dated 04/22/2024, revealed they had diagnoses to include [redacted] and required BS testing.

On 01/10/2025 at 9:50 AM, during interview, the Provider stated that both Resident 3 and Resident 4 were diabetics and required staff to do BS tests on them.

Review of administrative records showed the AFH did not have a MTSW license.

On 01/10/2025 at 12:50 PM, during interview, the Provider verified the findings and stated that they were not aware of the requirements.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24.

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

Provider (or Representative) — Date: 03-20-24

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure they had a written succession plan. This failure placed 6 of 6 current residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) at risk for relocation in the event the Provider became unable to fulfill their duties.

Findings included...

On 01/10/2025, review of administrative records revealed that the AFH did not have a written succession plan.

On 01/10/2025 at 12:50 PM, during interview, the Provider verified the findings and stated that they were not aware of the requirements.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24.

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

Provider (or Representative) — Date: 03-20-24

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) Negotiated Care Plan (NCP) was readily available for review. This failure placed Resident 1 at risk for unmet care needs, and prevented the Department from knowing if Resident 1's NCP was completed according to the requirements.

Findings included...

On 01/10/2025, record review revealed Resident 1's 2024 NCP was readily available for review, but the 2023 NCP was not making it difficult to know if the 2024 NCP was reviewed and/or updated within twelve months. The Provider looked for it but did not find it.

On 10/10/2025 at 12:50 PM, during interview, the Provider stated that they will ask the Resident Manager (RM) about it and fax a copy to the Department for review.

On 01/11/2025, the Department had not received any documentation from the AFH.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24.

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

Provider (or Representative) — Date: 03-20-24

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to have current business liability insurance and professional liability insurance coverage. This failure placed 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) at risk for being unable to seek financial restitution in the event of a claim for injury due to acts and omissions of any employee or volunteer.

Findings included...

On 01/10/2025, review of administrative records revealed that the AFH did not have current business and professional liability insurance coverage.

On 01/10/2025 at 12:50 PM, during interview, the Provider stated that Caregiver B was designated to be in-charge of ensuring the AFH had current business and professional liability insurance. The Provider said that they would talk to Caregiver B about it and fax insurance to the Department for review.

On 01/11/2025, the Department had not received any documentation from the AFH.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24 .

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

Hbm — Provider (or Representative)

03-20-24 — Date

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure 4 of 5 staff (Resident Manager [RM], Caregiver A, Caregiver B, and Caregiver C) had valid food-handler's training. This failure placed all residents at risk for food-borne illnesses.

Findings included...

On 01/10/2025 at 12:20 PM, observation showed Caregiver C serving lunch to the residents.

On 01/10/2025, review of personnel files revealed that the RM's food handler's card expired on 01/07/2024, while Caregiver A, Caregiver B and Caregiver C did not have a current food handler's card on file.

On 01/10/2025 at 12:50 PM, during interview, the Provider stated that they (Provider),

the RM, and Caregiver B were in-charge of ensuring food-handler's training were current, and that they would look for the training cards or certificates and fax copies to the Department for review.

On 01/11/2025, the Department had not received any documentation from the AFH.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24 .

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

Provider (or Representative) — Date: 03-20-24

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

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews the Adult Family Home (AFH) failed to ensure 3 of 5 staff (Caregiver A, Caregiver B and Caregiver C) had valid background check and fingerprint results. This failure placed all residents at risk for unsupervised access from staff with a possible disqualifying criminal history.

Findings included...

On 01/10/2025 at 12:20 PM, observation showed Caregiver C working in the AFH.

On 01/10/2025, review of administrative records revealed no documentation to show that Caregiver A (hired 01/29/2008), and Caregiver B (hired 06/01/2003) had valid background check results, and that Caregiver C completed a background check and fingerprint check.

On 01/10/2025 at 12:50 PM, during interview, the Provider stated that they (Provider), the Resident Manager (RM), and Caregiver B were in-charge of ensuring AFH staff completed a background check and fingerprint check, and that they would look for the documents and fax copies to the Department for review.

On 01/11/2025, the Department had not received any documentation from the AFH.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24 .

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

Provider (or Representative) — Date: 03-20-24

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews the Adult Family Home (AFH) failed to ensure 3 of 5 staff (Provider, Caregiver A, and Caregiver B) completed twelve (12) hours of continuing education (CE) at the time of their birthdays. This failure placed all residents at risk for receiving care and services from inadequately trained staff.

Findings included...

On 01/10/2025 at 9:30 AM, observation showed the Provider working on the AFH.

Review of personnel files revealed the Provider [Home Care Aide (HCA)], Caregiver A [Nursing Assistant-Registered (NAR)], and Caregiver B (NAR) did not complete 12 hours of CE at the time of their birthdays.

On 01/10/2025 at 12:50 PM, during interview, the Provider stated that they (Provider), the Resident Manager (RM), and Caregiver B were in-charge of ensuring AFH staff completed 12 hours of CE, that they would look for the documents and fax copies to the Department for review.

On 01/11/2025, the Department had not received any documentation from the AFH.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24 .

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

Provider (or Representative) — Date: 03-20-24

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;

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required twelve hours per WAC 388-112A-0610 for NA-Cs, HCAs and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

This requirement was not met as evidenced by:

Based on observations, interview, and record reviews the Adult Family Home (AFH) failed to ensure 5 of 7 staff (Provider, Resident Manager [RM], Caregiver (CG) C, Former Caregiver [FCG] D, and Former Caregiver (FCG) E personnel files were readily available for review. This failure placed all residents at risk for receiving care and services from unqualified staff.

Findings included...

On 01/10/2025 at 9:30 AM, observation showed the Provider working in the AFH. On 01/10/2025 at 12:20 PM, observation showed Caregiver C working in the AFH.

On 01/10/2025, record review of personnel files revealed the following documents were not readily available for review:
-Provider: Certified Nursing Assistant (CNA) credential was missing.
-RM: Registered Nurse (RN) credential was missing.
-CG C: background check and fingerprint results were missing.
-FCG D: background check and fingerprint results were missing.

-FCG E: background check and fingerprint results were missing.

On 01/10/2025 at 12:50 PM, during interview, the Provider stated that they (Provider), the RM, and Caregiver B were in-charge of ensuring AFH staff had all required documents, and they will look for the missing documents and fax copies to the Department for review.

On 01/11/2025, the Department had not received any documentation from the AFH.

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, Aysha's Loving Care AFH is or will be in compliance with this law and / or regulation on (Date) 03-20-24 .

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

Provider (or Representative) — Date: 03-20-24