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

Fairwood Residence AFH 2, LLC

Fairwood Residence AFH2, LLC
16934 130th Ave SE
Renton, WA 98058

RE: Fairwood Residence AFH2, LLC License # 754308

Dear Provider:

This letter addresses Compliance Determination(s) 51790 (Completion Date 12/13/2024) and 47436 (Completion Date 12/03/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/13/2024 and found that you have corrected the violations listed in the Full report dated 12/03/2024. Your home is back in compliance as of 09/19/2024 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 388-76-10280-2, WAC 388-76-10380-4

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

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

Sincerely,

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

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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 09/18/2024 and 09/18/2024 of:

Fairwood Residence AFH2, LLC
16934 130th Ave SE
Renton, WA 98058

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:

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

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 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 current staff (Staff D, Caregiver) had tuberculosis testing done within one to three days of employment. This failure placed all residents and staff at risk of possible exposure to TB, a communicable disease.

Findings included…

Observation on 09/18/2024 at 8:51 AM, showed that Staff A, Provider, and Staff D, Caregiver, were the staff working in the home at that time.

Review of Staff D's orientation document showed a hire date of 08/27/2024. Staff D had documented negative TB test results dated 06/16/2024 and 07/07/2023. There was no record of a TB test done within three days of Staff A's employment.

In an interview on 09/18/2024 at 10:10 AM, Staff D stated that they had not had any additional testing after being hired because they had two negative tests from their previous employer.

In an interview on 09/18/2024 at 3:30 PM, Staff A stated that they had not realized that Staff D needed another TB test since he had two the year before.

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, Fairwood Residence AFH2, 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

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review and revised the Negotiated Care Plan (NCP) for 1 of 4 residents (Resident 3) at least every 12 months. This failure placed Resident 3 at risk of unmet care needs

Findings included…

Review of Resident 3's 06/09/2023 NCP showed that they had been admitted to the AFH on [redacted]/2023. No updated NCP for 2024 was found for Resident 3.

In an interview on 09/18/2024 at 2:18 PM, Staff A, Provider, stated that Resident 3 was due for a new NCP but that they were not done yet, that the resident had not had any major changes, and that Staff A would work on it and send a copy of the new NCP to the Department staff once completed.

On 09/18/2024 at 3:20 PM, in an interview with Resident 3, they stated that they received assistance from staff for shower, to prepare meals and to provide their medications.

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, Fairwood Residence AFH2, 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