STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Julie's Bayview Inc

Julie's Bayview Inc
3344 Aldergrove Rd
Ferndale, WA 98248

RE: Julie's Bayview Inc License # 754381

Dear Provider:

This letter addresses Compliance Determination(s) 54744 (Completion Date 02/19/2025) and 51953 (Completion Date 01/22/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/19/2025 and found that you have corrected the violations listed in the Follow up report dated 01/22/2025. Your home is back in compliance as of 02/04/2025 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 388-76-10475-1, WAC 388-76-10475-3-a, WAC 388-76-10475-3-b, WAC 388-76-10475-3-c-i, WAC 388-76-10475-3-c-ii, WAC 388-76-10135-4, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10135-9, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10198-1, WAC 388-76-10198-4, WAC 388-76-10198-2-a, WAC 388-76-10198-2, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-2-d

The Department staff who did the on-site verification:

Toni Bolo, Complaint Investigator
Kimberly Rush, Long Term Care Surveyor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

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

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 12/17/2024 of:

Julie's Bayview Inc
8261 HARBORVIEW RD
BLAINE, WA 98230

This document references the following SOD dated: 01/22/2025

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

The department staff that inspected the Adult Family Home:

Toni Bolo, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(b) If the medication was refused and the reason for the refusal; and

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the medication log (ML) for 2 of 5 residents (Resident 1 & 4) were up to date with caregiver documentation of medication assistance and results of resident blood sugar checks. These failures resulted in inaccurate medication logs and placed the residents at risk for harm and medication errors.

Findings included…

RESIDENT 1
Record review showed the AFH admitted Resident 1 on, [redacted]/2021 with diagnoses including [redacted]. Resident 1's assessment dated, 02/24/2024, showed Resident 1 required caregiver assistance with medication management.

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

Record review of Resident 1's December 2024 ML, showed Acetaminophen (pain medication) 325mg (milligrams) take two tablets by mouth every six to eight hours if needed for pain, documented as given on 12/17/2024 at 9:00 AM by Staff C (caregiver). Resident 1's December 2024 ML showed that Staff C did not complete documentation for the effectiveness of the Acetaminophen given on 12/17/2024.

RESIDENT 4
Record review showed the AFH admitted Resident 4 on [redacted]/2008. Resident 4's assessment dated, 11/19/2024, showed Resident 4 required caregiver assistance with medication management and blood glucose checks.

Record review of Resident 4's December 2024 ML, showed Levothyroxine (medication that treats low thyroid) 75 mcg (micrograms) take one tablet by mouth once a day for thyroid replacement. Resident 4's December 2024 ML showed no staff initials as Levothyroxine dose given on 12/17/2024.

Record review of Resident 4's December 2024 ML, showed Humalog (medication that treats high blood sugar) 100 units/ml (milliliters) inject 6 units into the skin at breakfast and dinner. Inject 5 units at lunch. Hold if premeal blood sugar is less than 100.

Record review of Resident 4's December 2024 ML, showed no documentation of a blood sugar on the following times and dates:

- 10:00 AM on 12/15/2024, 12/16/2024, and 12/17/2024
- 12:00 PM on 12/15/2024, 12/16/2024, and 12/17/2024
- 8:00 PM on 12/03/2024, 12/14/2024, 12/15/2024, and 12/16/2024

Record review of Resident 4's December 2024 ML, showed Resident 4 had a blood sugar of 69 prior to lunch meal on 12/16/2024. Resident 4's December 2024 ML showed Staff C initialed Humalog 12:00 PM dose as given on 12/16/2024.

Resident 4's December 2024 ML showed Resident 4 had a blood sugar of 99 prior to breakfast meal on 12/17/2024. Resident 4's December 2024 ML showed Staff C initialed Humalog 8:00 AM dose as given on 12/17/2024.

Resident 4's December 2024 ML showed no staff initials as Humalog dose given for lunch dose on 12/17/2024.

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

Interview on, 12/17/2024 at 3:10 PM, Staff A (Entity Representative) stated that they had not had the chance to review the ML and that's why they were in the AFH on 12/17/2024.

This is an uncorrected deficiency cited on 11/01/2024 and a repeated deficiency previously cited on 11/29/2023.

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, Julie's Bayview Inc 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 388-76-10135 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;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

(9) Meets the tuberculosis screening requirements of this chapter.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 4 staff (Staff C & D, caregivers) met the minimum caregiver qualifications that included training, first-aid certification, cardiopulmonary resuscitation (CPR) certification, and complete tuberculosis (TB) screening. This failure placed the AFH residents at risk of receiving care from caregivers who did not meet minimum qualifications.

Findings included…

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

Record review of Staff C showed the AFH hired Staff C on 11/08/2020. Record review of Staff C showed a photocopy of a first aid and CPR certificate with no date and expiration date.

Record review of Staff D showed the AFH hired Staff D on 08/27/2024. Record review of Staff D showed no record of mental health specialty training certificate. Record review of Staff D's employee record showed one documented TB test dated 02/10/2015.

Record review of an email from Staff A (Entity Representative) dated, 12/19/2024, Staff A stated that Staff D was a caregiver that was rehired, worked limited hours, and that Staff D's record was confusing.

This is an uncorrected deficiency previously cited on 11/01/2024.

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, Julie's Bayview Inc 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 5 resident's (Resident 4) Negotiated Care Plan (NCP) was agreed to and signed and dated by the resident and/or resident's representative and AFH. This failure placed Resident 4 at risk for unrecognized and unmet care needs.

Findings included…

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

Record review showed the AFH admitted Resident 4 on [redacted]/2008 with diagnoses including [redacted] and [redacted] Resident 4's assessment dated, 11/26/2024, showed Resident 4 required caregiver assistance with activities of daily living.

Review of Resident 4's dated December 2023, NCP on 09/24/2024 at 12:57 PM, showed there were no signatures from Resident 4 or their representative, and the AFH indicating it was agreed to.

Review of Resident 4's record on 12/17/2024, showed Resident 4's most recent and overdue NCP, dated December 2023, was signed by Resident 4's representative on 11/28/2023.

In an interview, on 12/17/2024 3:10 PM Staff A (Entity Representative) stated the signed December 2023 NCP was in Resident 4's record.

This is an uncorrected deficiency previously cited on 11/01/2024.

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, Julie's Bayview Inc 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 388-76-10198 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:

(1) Staff information such as address and contact information.

(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;

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(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

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

This requirement was not met as evidenced by:

Based on interview and observation, the Adult Family Home (AFH) failed to maintain complete employee records for at least two years for 2 of 4 former staff (Staff E & I, both caregivers). This failure placed residents at risk of receiving care from staff with unknown qualifications and resulted in the personnel records to not be readily accessible to authorized personnel.

Findings included…

Record review on 11/01/2024, showed that Staff E had a name and date of birth background check that expired 07/20/2025. Staff E's record did not contain an orientation and training records and staff information regarding of date of hire and date of departure.

Record review on 11/04/2024, showed that the AFH hired Staff I on 06/15/2020. Staff I's date of departure from the AFH was 02/01/2023. Staff I's record showed no final fingerprint background check results as required.

Observation on, 12/17/2024 at 3:10 PM, showed Staff A (Entity Representative) arrived at the AFH and Staff C left the AFH. Staff A was observed printing paperwork and organizing files. Staff A stated that they had not had the chance to get all the paperwork together.

Interview on 12/17/2024 4:11 PM, Staff A stated that they did not know where the previous employee records were. Staff A stated that they hired someone to specifically work and organize the previous employee records and that person did not finish the work.

Interview on 01/28/2025 at 2:07 PM, Staff A stated that they were still working on finding the former employee records.

This is an uncorrected deficiency previously cited on 11/01/2024.

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, Julie's Bayview Inc 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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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 09/24/2024 and 09/24/2024 of:

Julie's Bayview Inc
8261 HARBORVIEW RD
BLAINE, WA 98230

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Toni Bolo, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

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

Provider (or Representative) Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(b) If the medication was refused and the reason for the refusal; and

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the medication log (ML) for 4 of 6 residents (Residents 1, 3, 4 & 5) were up to date with all prescribed medications, caregiver documentation of medication administration, and results of resident blood sugar checks. These failures resulted in inaccurate medication logs and placed the residents at risk for harm and medication errors.

Findings included…

RESIDENT 1
Record review showed the AFH admitted Resident 1 on, [redacted]/2021 with diagnoses including [redacted]. Resident 1's assessment dated, 02/20/2024, showed Resident 1 required caregiver assistance with medication management.

Record review of Resident 1's September 2024 ML, showed Zinc Oxide 25% Ointment (medication used to treat and prevent skin irritation) apply small amount to skin three times daily as needed for rash. Resident 1's September 2024 ML showed Staff C (Caregiver) initialed Zinc Oxide on 09/11/2024. Resident 1's September 2024 ML showed that Staff C did not complete documentation for the time, reason for use, and the effectiveness of Zinc Oxide given on 09/11/2024.

RESIDENT 3

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

Record review showed the AFH admitted Resident 3 on [redacted]/2024 with diagnoses including [redacted] and [redacted]. Resident 3's assessment dated, 07/26/2024, showed Resident 3 required caregiver assistance with medication management.

Record review of Resident 3's September 2024 ML, showed Acetaminophen (pain medication) 160mg (milligrams) take 30ml (milliliters) by mouth in the morning, at noon, and at bedtime. Resident 3's September 2024 ML did not have staff initials for the Acetaminophen noon and bedtime dose on 09/03/2024. Resident 3's September 2024 ML showed "R" written multiple times from 09/02/2024-09/24/2024 without any documented explanation.

Interview on 09/24/2024 at 1:10 PM, Staff A (Entity Representative) stated that an "R" written on the ML meant the resident refused the medication.

Record review of Resident 3's September 2024 ML showed staff did not complete documentation for the dates and times Resident 3 had refused the Acetaminophen doses.

Record review of Resident 3's September 2024 ML showed an order for Morphine Sulfate (pain medication) 100mg/5ml take 0.25ml by mouth every hour as needed for pain. Resident 3's September 2024 ML showed staff initials that Morphine Sulfate had been given daily up to three times a day from 09/01/2024 to 09/23/2024. Resident 3's September 2024 ML showed staff did not complete documentation for Morphine Sulfate on 09/20/2024-09/23/2024.

Record review of Resident 3's September 2024 ML showed an order for Travoprost (medication used to treat pressure in the eye) 0.004% eye drop, place one drop into both eyes daily. Resident 3's September 2024 ML showed the printed time of 8:00 AM for the Travoprost and a handwritten slash over "AM" and handwritten underneath, "PM." Resident 3's Travoprost medication label on the eye drop box showed instructions to give dose at bedtime.

Observation of Resident 3's September 2024 ML at 1:13 PM, showed initials on Travoprost dose on 09/24/2024 as given.

Interview on, 09/24/2024 at 1:14 PM, Staff DC (Caregiver) stated that they had given Resident 3's Travoprost dose at 8:00 AM due to Resident 3's eyes appearing "gunky."

RESIDENT 4
Record review showed the AFH admitted Resident 4 on [redacted]/2008. Resident 4's assessment dated, 11/21/2023, showed Resident 4 required caregiver assistance medication management.

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

Record review of Resident 4's September 2024 ML showed an order for Humalog (medication that treats high blood sugar) 100units/ml (milliliters) inject six units into the skin at breakfast and dinner, inject five units at lunch, hold Humalog if pre-meal blood sugar is less than 100.

MISSING INITIALS AS HUMALOG GIVEN
Record review of Resident 4's September 2024 ML showed no staff initials as Humalog dose given at noon and 8:00 PM on 09/03 and 8:00 AM, noon, and 8:00 PM on 09/22.

MISSING DOCUMENTATION OF BLOOD SUGARS
Record review of Resident 4's September 2024 ML showed no documentation of Resident 43's blood sugars at noon on 09/03, 8:00 AM on 09/04, 8:00 PM on 09/07, noon on 09/09, and noon on 09/10.

HUMALOG INSULIN NOT INITIALED AS GIVEN
Record review of Resident 4's September 2024 ML showed documentation of a slash on Humalog 8:00 AM and noon doses on 09/07. Resident 4's blood sugar on 09/07 at 8:00 AM was 116 and at noon was 124. Resident 4's September 2024 ML showed documentation of a slash on Humalog 8:00 AM dose on 09/10. Resident 4's blood sugar on 09/10 at 8:00 AM was 104. Resident 4's September 2024 ML showed documentation of a slash on Humalog noon dose on 09/21. Resident 4's blood sugar at noon on 09/21 was 177.

MISSING DOCUMENTATION OF REFUSAL
Record review of Resident 4's September 2024 ML showed documentation of a "R" on Humalog noon and 8:00 PM doses on 09/14 and 09/15 and noon dose on 09/16. Resident 4's blood sugar at noon on 09/14 was 132. Record review of Resident 4's September 2024 ML showed staff did not complete documentation on why Humalog doses on 09/14, 09/15, and 09/16 were refused.

HUMALOG INITIALED AS GIVEN WHEN BLOOD SUGAR WAS BELOW 100
Record review of Resident 4's September 2024 ML showed staff initials as Humalog dose given at noon on 09/18 and at 8:00 PM on 09/19. Resident 4's blood sugar at noon on 09/18 was 95. Resident 4's blood sugar at 8:00 PM on 09/19 was 84.

RESIDENT 5
Record review showed the AFH admitted Resident 5 on, [redacted]/2024. Resident 5's assessment dated, 06/15/2024, showed Resident 5 required caregiver assistance with medication management.

Record review of Resident 5's September 2024 ML showed the following medications:
- Melatonin (medication used for sleep) 3mg take one tablet by mouth at bedtime
- Potassium (supplement) CL ER 10meq (milliequivalents) take one tab by mouth twice daily, Senna-time (medication used to treat constipation) 8.6mg take two tablets

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by mouth at bedtime
- Trazodone (medication used to treat depression) 50mg take two tabs at bedtime
- Dulera (medication to treat wheezing) 100 100 mcg (micrograms) two puffs inhalation twice daily
- Metoprolol Tartrate (medication used to treat chest pain, high blood pressure, and heart failure) 25mg take half tab by mouth twice daily with breakfast and dinner, hold if systolic blood pressure (SBP) less than 100 or heart rate less than 55
- Nyamyc (antifungal) 100,000 unit/gm (gram) apply topically to affected skin area twice daily
- Oyster shell 500mg-Vit D3 (supplement) take half tablet by mouth twice daily

Record review of Resident 5's September 2024 ML showed no staff initials for 09/23 for the evening and bedtime doses for the medications listed above. Resident 5's September 2024 ML showed no documentation of Resident 5's systolic blood pressure and heart rate.

Interview, on 09/24/2024 at 3:00 PM, Staff A stated that AFH staff has had several trainings regarding medication documentation. Staff A stated that a slash on the ML meant the medication was held.

This is a repeat deficiency previously cited on 11/29/2023.

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, Julie's Bayview Inc 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 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the Adult Family Home (AFH) failed to ensure that 1 of 6 residents' (Residents 2) expired medications were disposed of per AFH policy. This failure placed Resident 2 at risk for being given an expired medication

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and the medication being used improperly.

Findings included…

Record review of the AFH's undated medication disposal policy titled, "Medication Disposal Policy", showed that expired medications were to be disposed of each month in coffee grounds or kitty litter, mixed with dish soap, and then placed into the trash.

Observations on, 09/24/2024 at 1:45 PM, of the AFH's scheduled medication lock box showed a pharmacy packaged medication card of Lorazepam (antianxiety medication) 1mg that showed an expiration date of 06/03/2024.

Interview on 09/24/2024 at 1:45 PM, Staff A (Entity Representative) stated that they were not aware Resident 2's Lorazepam was expired. Staff A stated that Resident 2 did not request the Lorazepam medication often.

This is a repeat deficiency previously cited on 11/29/2023.

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, Julie's Bayview Inc 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 388-76-10750 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;

(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;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

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Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure cleaning supplies, hazardous materials, and a sharps container were secured in locked storage. The AFH failed to ensure bathrooms were in good repair, sanitary, functioning, and maintained the minimum water temperature as required. These failures placed the safety and well-being of 5 of 5 ambulatory residents (Resident 1, 2, 4, 5, & 6) at risk by accessing harmful substances and hazardous materials, and a decreased quality of life from living in an unsanitary unsafe environment.

Findings included…

Observation, on 09/24/2024 2:50 PM, showed six residents resided at the AFH.

RESIDENT 1
Record review showed the AFH admitted Resident 1 on [redacted]/2021. Resident 1's assessment dated, 02/20/2024, showed Resident 1 required caregiver assistance with activities of daily living.

RESIDENT 2
Record review showed the AFH admitted Resident 2 on [redacted]/2016. Resident 2's assessment dated, 03/07/2024, showed Resident 2 preferred to use the staff bathroom.

RESIDENT 4
Record review showed the AFH admitted Resident 4 on [redacted]/2008. Resident 4's assessment dated, 11/21/2023, showed Resident 4 required caregiver assistance with activities of daily living.

RESIDENT 5
Record review showed the AFH admitted Resident 5 on [redacted]/2024. Resident 5's assessment dated, 06/15/2024, showed Resident 5 required caregiver assistance with activities of daily living.

RESIDENT 6
Record review showed the AFH admitted Resident 6 on [redacted]/2024.

Observations on, 09/24/2024 at 2:50 PM, showed Resident 6 ambulated independently around the AFH with no assistive device.

Interview, on 09 /24/2024 at 3:40 PM, Resident 6, stated that they required caregiver assistance with activities of daily living.

ENVIRONMENTAL TOUR

BEDROOMS

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

Observation, on 09/24/2024 at 9:27 AM, showed Resident 3's bedroom had a doorknob with no locking device. Observation of Resident 3's bedroom showed Febreze air freshener spray and nail polish remover sitting out unsecured on a shelf.

STAFF BATHROOM
Observation, on 09/24/2024 at 9:40 AM, showed an unlocked bathroom labeled as staff bathroom. The staff bathroom showed three, gallon sized bottles of laundry detergent, one bottle of fabric softener, one gallon bottle of bleach, one spray bottle of Fabuloso cleaner, and one air freshener spray. Observation of the staff bathroom showed the sink was slow to drain and the water temperature was 103.8 degrees Fahrenheit.

Interview, on 09/24/2024 at 9:40 AM, Staff D (Caregiver) stated that Resident 6 preferred to use the staff bathroom.

BATHROOM 1
Observation, on 09/24/2024 at 10:24 AM, showed one Clorox disinfectant spray, one Lysol spray, and two Febreze sprays sitting out unsecured in the bathroom.

BATHROOM 2
Observation, on 09/24/2024 at 10:27 AM, of Bathroom 2 (Resident 1 and 4's attached bathroom), showed one Febreze air freshener spray unsecured on a bedside table. Observation of Bathroom 2 at 10:29 AM presented a urine odor, flickering light, loose toilet with urine around the base, one bottle of CLR (calcium, lime and rust) cleaner, and two canisters of powdered Comet cleaners sitting out unsecured in the bathroom.

AFH ENTRY WAY
Observation, on 09/24/2024 at 10:34 AM, of the AFH front entry way showed two bags of ice melter unsecured sitting on the floor.

DINING ROOM
Observation, on 09/24/2024 at 10:35 AM, of the dining room area showed a full sharps container unsecured on top of a standard sized fridge. Observation of the kitchen windowsill showed a bottle labeled Restore and Finish (solvent blended with stain and mineral oil to repair wood finishes) and a paint can labeled Clear Zinc (coating to protect surfaces from corrosion), sitting out unsecured. Observation at 1:00 PM showed Staff A (Entity Representative) removed the Restore and Finish bottle and the can of Clear Zinc from the kitchen windowsill.

Interview, on 09/24/2024 at 3:00 PM, Staff A stated that they were aware of the staff bathroom sink being slow to drain. Staff A stated the staff bathroom hot water took a long time to warm up. Staff A stated that the staff bathroom was accessible for Resident 6 because Resident 6 preferred to use the staff bathroom. Staff A stated that they were not aware ice melter was considered a toxic substance and that cleaning supplies had to be secured. Staff A stated that Resident 1 and 4's bathroom toilet was loose, and Staff A was planning to have the bathroom remodeled. Staff A stated they were aware

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of the smell in Resident 1 and 4's bathroom.

Attestation Statement

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

Provider (or Representative) _____ Date _____

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have all medications secured in locked storage. This failure placed 5 of 5 ambulatory residents' (Residents 1, 2, 4, 5 & 6) safety at risk by having access to medications not prescribed for them.

Findings included…

RESIDENT 1
Record review showed the AFH admitted Resident 1 on, [redacted]/2021. Resident 1's assessment dated, 02/20/2024, showed Resident 1 required caregiver assistance with medication management.

RESIDENT 2
Record review showed the AFH admitted Resident 2 on, [redacted]/2016. Resident 2's assessment dated, 03/07/2024, showed Resident 2 required caregiver assistance with medication management.

RESIDENT 4
Record review showed the AFH admitted Resident 4 on, [redacted]/2008. Resident 4's assessment dated, 11/21/2023, showed Resident 4 required caregiver assistance medication management.

RESIDENT 5

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

Record review showed the AFH admitted Resident 5 on, [redacted]/2024. Resident 5's assessment dated, 06/15/2024, showed Resident 5 required caregiver assistance with medication management.

RESIDENT 6
Record review showed the AFH admitted Resident 6 on, [redacted]/2024.

Observations on, 09/24/2024 at 2:50 PM, showed Resident 6 ambulated independently around the AFH with no assistive device.

Interview, on 09 /24/2024 at 3:40 PM, Resident 6, stated that they required caregiver assistance with activities of daily living.

Observation on 09/24/2024 at 9:27 AM of Resident 3's room showed an unopened box of Salonpas (medicated pain relief patches placed on the skin) and an open bottle of liquid Tylenol (medication that treats aches, pain, and reduces fever) unsecured on a shelf.

Observation on 09/24/2024 at 10:21 AM of Resident 5 and 6's room showed Gabapentin (medication that treats nerve pain) 300mg (milligrams), Vitamin C (supplement) 1000mg, Aripiprazole (antipsychotic medication) 5mg, Iron (supplement) 65mg, B12 (supplement) 1000mcg (micrograms), and four bottles of essential oils unsecured in a basket on Resident 6's bedside table.

Interview on 09/24/2024 at 10:55 AM, Staff D (Caregiver) stated that they did not know Resident 6 had medications.

Interview on 09/24/2024 at 1:30 PM, Staff A (Entity Representative) stated that they thought Resident 6's medications were in a lock box in their room.

Interview on 09/24/2024 at 3:00 PM, Staff A stated that they were not aware there was a bottle of liquid Tylenol in Resident 3's bedroom. Staff A stated that Resident 3's power of attorney brought Salonpas for Resident 3 and left it in Resident 3's room.

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, Julie's Bayview Inc 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.

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

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that 1 of 1 resident (Resident 3) had completed an assessment and informed consent with information about the risks and benefits of [redacted] use, prior to the use of the medical device. This failure placed the resident at risk for misuse or injury.

Findings included…

Record review showed the AFH admitted Resident 3 on [redacted]/2024 with diagnoses including [redacted] and [redacted]. Resident 3's assessment dated, 07/26/2024, showed Resident 3 required physical assistance with turning and repositioning in bed with no medical devices noted.

Observations of Resident 3's room on 09/24/2024 at 9:27 AM, showed Resident 3 in a [redacted] that had [redacted] up on both sides.

Observations on 09/24/2024 at 9:45 AM, showed Staff D (Caregiver) providing care for Resident 3. Resident 3 was observed using the [redacted] to hold on to during care and repositioning.

Record review of Resident 3's record on 09/24/2024, showed no informed consent for [redacted] use and information about the risks and benefits of [redacted] use signed and dated by the AFH, Resident 3, or Resident 3's power of attorney.

Interview on, 09/24/2024 at 3:00 PM, Staff A (Entity Representative) stated that they were unsure why Resident 3's record did not have the documents for [redacted] use.

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Provider (or Representative) Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location; and

(b) A partial evacuation is evacuation to the designated emergency exit.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to conduct partial evacuation drills every 60 days and full evacuation drills every calendar year. These failures placed 6 of 6 current residents (Resident 1, 2, 3, 4, 5, & 6) and AFH staff at risk of delayed evacuation in the event of an emergency.

Findings included…

RESIDENT 1
Record review showed the AFH admitted Resident 1 on, [redacted]/2021. Resident 1's assessment dated, 02/20/2024, showed Resident 1 required caregiver cues and assistance with evacuations.

RESIDENT 2
Record review showed the AFH admitted Resident 2 on [redacted]/2016. Resident 2's assessment dated, 03/07/2024, showed Resident 2 was independent with evacuations.

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Observation on 09/24/2024 at 10:01 AM, showed Resident 2 ambulated independently around the AFH kitchen.

RESIDENT 3
Record review showed the AFH admitted Resident 3 on [redacted]/2024. Resident 3's assessment dated, 07/26/2024, showed Resident 3 required caregiver assistance with evacuations.

RESIDENT 4
Record review showed the AFH admitted Resident 4 on, [redacted]/2008. Resident 4's assessment dated, 11/21/2023, showed Resident 4 required caregiver assistance with evacuations.

Observation on 09/24/2024 10:41 AM, showed Resident 4 ambulated independently around the AFH living room with no assistive device. Observation showed Resident 4 navigated the room by touch and used their hands to feel furniture around the room.

RESIDENT 5
Record review showed the AFH admitted Resident 5 on, [redacted]/2024. Resident 5's assessment dated, 06/15/2024, showed Resident 5 required caregiver assistance with evacuations.

RESIDENT 6
Record review showed the AFH admitted Resident 6 on, [redacted]/2024.

Interview on 09 /24/2024 at 3:40 PM, Resident 6, stated that they required caregiver assistance with activities of daily living.

Observations on 09/24/2024 at 2:50 PM, showed Resident 6 ambulated independently around the AFH with no assistive device.

Record review of the AFH evacuation drill binder, showed partial evacuation drill forms dated 03/12/2024 and 06/25/2024 (105 days between these two dates). Record review of the AFH evacuation drill binder, showed the last full evacuation drill form dated 06/14/2023.

Interview on 09/24/2024 at 3:00 PM, Staff A (Entity Representative) stated that the AFH missed an evacuation drill between March 2024 and June 2024 due to having a hospice resident that was actively dying. Staff A stated that all the AFH evacuation drills were conducted where all residents who agreed to participate would evacuate to the meeting place outside the front of the AFH.

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

Provider (or Representative) 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

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Department's background check central unit received a new Department of Social and Health Services (DSHS) background authorization form every two years as required for 1 of 4 staff (Staff A, Entity Representative). The AFH failed to ensure 1 of 4 staff (Staff C, Caregiver) had a national fingerprint background check. These failures placed residents at risk of being cared for and having unsupervised access by staff with an unknown and unverified background check.

Findings included…

Record review of the Department’s Secure Tracking And Reporting System (STARS) showed the Department licensed the AFH on 02/11/2020 to provide care for up to six residents.

Observation, on 09/24/2024 at 2:50 PM, showed there were six residents living at the AFH.

Record review of Staff A’s employee file showed their most recent and expired Washington state name and date of birth background check was dated 03/15/2022. Staff A’s background check had been expired by six months and one week at the time of the full inspection on 09/24/2024.

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Record review of Staff C's employee file showed they were hired on 11/08/2020. Staff C's employee file showed no record of a national fingerprint background check.

In an interview, on 09/24/2024 at 3:00 PM, Staff A stated that they noticed they were overdue for a Washington state name and date of birth background check. Staff A stated that they were not aware Staff C's employee file did not have a national fingerprint background check.

Attestation Statement

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

_____ _____

Provider (or Representative) Date

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;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

(9) Meets the tuberculosis screening requirements of this chapter.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 3 of 4 staff (Staff A, Entity Representative and Staff C & D, Caregivers) met the minimum caregiver qualifications that included training, first-aid certificate, cardiopulmonary resuscitation (CPR) certificate, and tuberculosis screening. This failure placed the AFH residents at risk of receiving care from caregivers who did not meet minimum qualifications.

Findings included…

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Record review of Staff A's employee record, undated, showed documentation of the six hours of continuing education for Staff A for August 2023 to August 2024. Record review of Washington State Department of Health Provider Credential Search, on 09/25/2024, showed that Staff A's Nursing Assistant Registration expired on 08/07/2024.

Record review of Staff C's employee record, dated 10/08/2020, showed no documentation of the required 12 hours of continuing education for Staff C for September 2023 through September 2024. Staff C had no record of a current first aid and CPR certificate.

Record review of Staff D's employee record, dated 08/27/2024, showed no record of mental health specialty training certificate, developmental disabilities training certificate, and 12 hours of continuing education for May 2023 to May 2024. Staff D's employee records showed Staff D's last TB screening was done on 02/10/2015.

Interview on 09/24/2024 at 2:30 PM, Staff A stated that there was a pile of staff paperwork not at the AFH that Staff A was trying to organize and go through.

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, Julie's Bayview Inc 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 388-76-10315 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:

(c) Be kept confidential so that only authorized persons see their contents;

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 6 of 6 residents (Resident 1, 2, 3, 4, 5, & 6) records were secured and available for review when requested by Department staff. This failure placed the

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residents' information at risk for unauthorized use and resulted in the Department not having access to information required for the full inspection.

Findings included…

Observation on 09/24/2024 at 10:40 AM, showed a metal file cabinet with no locking device located in the AFH dining room that contained two drawers of Resident 1, 2, 3, 4, and 5's records in file folders. Observation showed that Resident 6's admission paperwork was stored in an unsecured paper sorter located on the kitchen counter.

Record review of Resident 6's admission paperwork dated, [redacted]/2024, showed no assessment paperwork printed out for department review.

Interview on, 09/24/2024 at 3:00 PM, Staff A (Entity Representative) stated that they thought the file cabinet had a lock. Staff A stated that no residents or family had tried opening the file drawers. Staff A stated that Resident 6 recently moved into the AFH and Staff A was still working on organizing Resident 6's record. Staff A stated that Resident 6's assessment was in their email inbox.

Attestation Statement

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 6 resident's (Resident 4) Negotiated Care Plan (NCP) was agreed to and signed and dated by the resident and/or resident's representative and AFH. This failure placed Resident 4 at risk for unrecognized and unmet care needs.

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Findings included…

Record review showed the AFH admitted Resident 4 on [redacted]/2008 with diagnoses including [redacted] and [redacted] Resident 4's assessment dated, 11/21/2023, showed Resident 4 required caregiver assistance with activities of daily living.

Review of Resident 4's NCP, dated 12/01/2023, showed there were no signatures from Resident 1 or their representative, and the AFH indicating it was agreed to.

In an interview, on 09/24/2024 3:00 PM, Staff A (Entity Representative) stated that Resident 4's representative had changed recently, and they were not aware the NCP was not signed and dated.

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, Julie's Bayview Inc 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep a copy of the AFH'S policy on accepting Medicaid as a payment source that was signed and dated by the resident for 4 of 6 residents (Resident 3, 4, 5, & 6). This failure placed the residents at risk of not being fully informed of their rights or understanding the AFH's policy regarding Medicaid as a payment source.

Findings included…

Record review of Resident 3's record, dated 05/15/2024, showed no documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 4's record, dated 09/21/2008, showed no documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 5's record, dated [redacted]/2024, showed no documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 6's record, dated [redacted]2024, showed no documentation of the AFH's policy on accepting Medicaid as a payment source.

In an interview, on 09/24/2024 3:00 PM, Staff A (Entity Representative) stated that they were not sure why the AFH Medicaid policy forms were missing from the residents' records.

Attestation Statement

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

_____ _____

Provider (or Representative) Date

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

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

(4) Notify the department's complaint resolution unit if there is any lapse in required liability insurance coverage.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure general liability insurance was maintained. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, & 6) at risk of additional losses if the AFH had adverse events.

Findings included…

Observation on 09/24/2024 at 2:50 PM, showed that six residents lived at the AFH.

Record review of the AFH Certificate of Liability Insurance, dated 04/01/2020, showed that the AFH general liability insurance expired on 04/01/2021.

Interview on 09/24/2024 at 3:00 PM, Staff A (Entity Representative) stated that they were aware the AFH liability insurance was expired. Staff A stated that they did not intend to obtain liability insurance until the rates were more affordable.

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, Julie's Bayview Inc 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in

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the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 6 residents (Resident 4) had a notice of services form that was signed and dated at least once every twenty-four months from the date of the residents' admission. This failure placed the residents at risk of not being fully informed of their rights and the care and services provided in the AFH.

Findings included…

Record review showed the AFH admitted Resident 4 on [redacted]/2008. Resident 4's record showed that resident notice of services and rights were listed on the AFH admission agreement form. Resident 4's admission agreement was last reviewed, signed, and dated on [redacted]/2008. Resident 4's admission agreement was due for review and signatures in 2020, 2022 and 2024.

In an interview, on 09/24/2024 3:00 PM, Staff A (Entity Representative) stated that Resident 4's representative had changed recently, and they were not aware resident's admission agreements were required to be reviewed, signed, and dated every twenty-four months.

Attestation Statement

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

_____ _____
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:

(1) Staff information such as address and contact information.

(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;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to maintain complete employee records at least two years for 5 of 6 former staff (Staff E, G, H, I, & J, all caregivers) who were employed in the AFH. This failure placed the residents at risk of being cared for by caregivers with unknown background checks.

Findings included…

Record review showed that Staff E had a name and date of birth background check that expired 07/20/2025. Staff E's record did not contain an orientation and training records and staff information regarding of date of hire and date of departure.

Record review showed that the AFH hired Staff G on 03/31/2022. Staff G's date of

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departure from AFH was 11/02/2022. Staff G's record showed no final fingerprint background check results as required.

Record review showed that Staff H had a name and date of birth background check that expired on 10/24/2021. Staff H's record did not contain an orientation and training records and staff information regarding date of hire and date of departure.

Record review showed that the AFH hired Staff I on 06/15/2020. Staff I's date of departure from the AFH was 02/01/2023. Staff I's record showed no final fingerprint background check results as required.

Record review of AFH Respirator Fit test record dated 05/31/2022, showed Staff J listed on employee name list. Record review showed the AFH had no record for Staff J that contained orientation, training, background check results, and staff information regarding date of hire and date of departure from the AFH.

Interview on 09/24/2024 at 2:30 PM, Staff A (Entity Representative) stated that there was a pile of staff paperwork not at the AFH that Staff A was trying to organize and go through.

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, Julie's Bayview Inc 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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