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

#1 Bethlehem Adult Family Home LLC

#1 Bethlehem Adult Family Home LLC
2505 Panaview Blvd
Everett, WA 98203

RE: #1 Bethlehem Adult Family Home LLC License # 754383

Dear Provider:

This letter addresses Compliance Determination(s) 57844 (Completion Date 04/11/2025) and 55648 (Completion Date 03/27/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/11/2025 and found that you have corrected the violations listed in the Full report dated 03/27/2025. Your home is back in compliance as of 04/04/2025 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 388-76-10161-3, WAC 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6

The Department staff who did the off-site verification:
Kimberly Rush, Long Term Care Surveyor

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

Sincerely,

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

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 03/04/2025 of:

#1 Bethlehem Adult Family Home LLC
2505 Panaview Blvd
Everett, WA 98203

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

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

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.

Provider (or Representative) Date

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

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 household member over the age of eleven, had a Washington state name and date of birth background check (WSNDOB BGI). This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 & 5) at risk at being accessed by someone with an unverified background.

Findings included...

Interview on 03/04/2025 at 9:23 AM, Staff B (Resident Manager) stated that there were five current residents.

Record review, of the Department's Secure Tracking and Reporting System (STARS) showed that the AFH was licensed to provide care and services for up to six residents with developmental disabilities, dementia, and mental health needs.

Interview on 03/04/2025 at 10:11 AM, Staff B stated that one household member (HH1) who may have unsupervised access to residents was born in July 2012 and was over the age of eleven. Staff B stated that (HH1) did not have a WSNDOB BGI.

Record review of, undated, employee files, including non caregiving staff, showed no documentation of HH1's WSNDOB BGI.

Interview on, 03/04/2025 at 4:00 PM, Staff B stated that they thought household members over the age of thirteen were required to have WSNDOB BGI.

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, #1 Bethlehem Adult Family Home 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 388-76-10522 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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 resident's (Resident 4) records had a signed and dated copy of the AFH's policy on accepting Medicaid as a payment source. This failure placed Resident 4 at risk of not being fully informed of their rights or understanding the AFH's Medicaid policy.

Findings included...

Record review showed the AFH admitted Resident 4 on [redacted]/2020. Resident 4's record did not contain a signed and dated copy of the AFH's Medicaid policy.

Interview on, 03/04/2025 at 1:30 PM, Staff B (Resident Manager) stated that they were unaware that Resident 4's Medicaid policy was not in their record. Staff B stated that Resident 4's Medicaid policy likely got discarded when purging and updating documents.

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, #1 Bethlehem Adult Family Home 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