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

Faith Care Adult Family Home LLC

Faith Care Adult Family Home LLC
1210 131st St S
Tacoma, WA 98444

RE: Faith Care Adult Family Home LLC License # 754565

Dear Provider:

This letter addresses Compliance Determination(s) 58371 (Completion Date 04/22/2025) and 48211 (Completion Date 10/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/22/2025 and found that you have corrected the violations listed in the Full report dated 10/04/2024. Your home is back in compliance as of 10/08/2024 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 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10198-4

The Department staff who did the on-site verification:
Gary Fuentebella, Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Adult Family Home Field Manager
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

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 10/03/2024 and 10/03/2024 of:

Faith Care Adult Family Home LLC
1210 131st St S
Tacoma, WA 98444

The following sample was selected for review during the unannounced on-site visit: 2 of 3 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.

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 388-76-10530 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 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.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to provide a written Notice of Rights and Services (Admission Agreement) at least every twenty-four (24) months to 1 of 2 sampled residents (Resident 2). This failure prevented Resident 2 from knowing their rights, rules of the AFH, services, activities, and items available in the AFH including its fees, how to file a complaint to the state hotline, and how the AFH managed residents' funds.

Findings included…

On 10/03/2024, record review revealed the last time the AFH provided a written Notice of Rights and Services to Resident 2 was on 03/05/2022, thirty (30) months ago.

On 10/03/2024 at 1:10 PM, in an interview, the Provider said they were not aware of the regulations.

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, Faith Care 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 388-76-10198 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:

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

This requirement was not met as evidenced by:

Based on observations, interview and record review the Adult Family Home (AFH) failed to ensure 3 of 7 former Caregivers (Caregiver B, Caregiver C, and Caregiver G) 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 10/03/2024, review of former Caregivers' name/date of birth (NDOB) background check and national fingerprint results revealed the following:
- Caregiver B: NDOB background check-valid until 12/16/2021 (no findings). Caregiver B's fingerprint result was not on file.
- Caregiver C: NDOB background check result was not on file. Caregiver C fingerprint result dated 01/02/2024 (no findings).
- Caregiver G: NDOB background check result was not on file. Caregiver G fingerprint result dated 08/17/2023 (no findings).

On 10/03/2024 at 1:10 PM, during interview, the Provider stated that they will look for the missing personnel files and send copies to the Department for review.

On 10/04/2024 the Department received the following from the AFH via email:

- Caregiver B: fingerprint result dated 03/03/2024 (no findings).
- Caregiver C: No new information received for the fingerprint results or the NDOB background check results.
- Caregiver G: No new information received for the fingerprint results or the NDOB background check results.

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, Faith Care 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

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

Faith Care Adult Family Home LLC
Faith Care Adult Family Home LLC
1210 131st St S
Tacoma, WA 98444

RE: Faith Care Adult Family Home LLC # 754565

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/04/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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

(9) Provide rapid access for all staff to any bedroom, toilet room, shower room, closet, other room occupied by each resident;

On 10/03/2024 at 9:58 AM, the Provider was unable to locate the key to open the bathroom door located inside Bedroom [redacted] (used by Resident 3). On 10/03/2024 at 11:35 AM, the Provider found the key and when tested, was able to open the above-mentioned bathroom door from the outside.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(3) When and how the care and services will be provided;

On 10/03/2024, record review of Resident 3's Negotiated Care Plan (NCP) dated 09/06/2024, revealed no written interventions to address Resident 3's wound on their buttocks. The Provider later wrote interventions as instructed by the Home Home (HH) agency, and instructions by the Registered Nurse Delegator (RND) to correct the issue.

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 388-112A-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:

(iii) A certified nursing assistant, and a person with special education training and an

endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

On 10/03/2024, review of personnel files revealed the Co-Provider completed twelve (12) hours of Continuing Education (CE), however it was completed after their birthday in 2023. Inn an interview, the Provider said they were not aware of the regulation.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600