



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Janeluv AFH LLC
Janeluv AFH LLC
5608 N Drumheller St
Spokane, WA 99205

RE: Janeluv AFH LLC License # 754938

Dear Provider:

This letter addresses Compliance Determination(s) 39272 (Completion Date 04/03/2024) and 36907 (Completion Date 02/20/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/03/2024 and found that you have corrected the violations listed in the Full report dated 02/20/2024. Your home is back in compliance as of 04/01/2024 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 388-76-10810-2-b, WAC 388-76-10310-2

The Department staff who did the on-site verification:
Scott Sorensen, AFH Licensors

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services

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



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Statement of Deficiencies	License #: 754938	Compliance Determination # 36907
Plan of Correction	Janeluv AFH LLC	Completion Date
Page 1 of 3	Licensee: Janeluv AFH LLC	02/20/2024

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 02/14/2024 and 02/14/2024 of:

Janeluv AFH LLC
5608 N Drumheller St
Spokane, WA 99205

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

The department staff that inspected the Adult Family Home:

Selena Clemons, NCI-Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 388-76-10810 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 complete an inspection and annual servicing for 2 of 2 fire extinguishers (Upper Level and Basement fire extinguishers.) This failure placed residents at risk for harm in the event of a fire.

Findings included...

On 02/14/2024 at 2:00 PM, observation of the fire extinguisher on the upper level of the AFH showed it was last serviced in January 2023. At 2:25 PM observation of the fire extinguisher on the basement level showed it was last serviced in January 2023. Both fire extinguishers were two months overdue for inspection and service.

On 02/14/2024 at 3:00 PM, Staff A, Provider, stated they had forgotten their fire extinguishers were due for inspection and service.

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, Janeluv AFH 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 388-76-10310 Tuberculosis Test records. The adult family home must:

(2) Make the records readily available to the appropriate health authority and licensing agency;

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) test records were available when requested by the Department for 1 of 4 caregivers (Staff C). This failure resulted in the Department being unable to determine the TB status of the caregivers.

Findings included...

On 02/14/2024 review of the employee record for Staff C, Caregiver, showed that a one-step TB skin test was completed on 08/04/2022.

On 02/14/2024 at 3:20 PM, Staff A, Provider, stated they knew that Staff C had completed a second TB skin test at the same time as their other caregivers and would look for a copy to send to the Department.

On 02/20/2024 at 3:15 PM, Staff A stated they had been unable to find a copy of Staff C's second one-step TB skin test records.

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, Janeluv AFH 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