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

St. Elias A.F.H. LLC

St. Elias A.F.H. LLC
125 118th St E
Tacoma, WA 98445

RE: St. Elias A.F.H. LLC License # 755718

Dear Provider:

This letter addresses Compliance Determination(s) 55838 (Completion Date 03/05/2025) and 53626 (Completion Date 01/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/05/2025 and found that you have corrected the violations listed in the Full report dated 01/28/2025. Your home is back in compliance as of 01/28/2025 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 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10320, WAC 388-76-10165, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-2, WAC 388-76-10360, WAC 388-76-10280, WAC 388-76-10280-1, WAC 388-76-10280-2

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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

Sincerely,

Lisa Cramer

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 01/27/2025 of:

St. Elias A.F.H. LLC
125 118th St E
Tacoma, WA 98445

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:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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.

Lisa Cramer
Residential Care Services

01/30/2025
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)

02/27/25
Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) had a current inventory of their personal belongings dated and signed by the Resident and the Provider. This failure placed all five residents at risk of missing personal belongings.

Findings included...

Resident 1
On 01/27/2025, record review showed Resident 1 (R1) admitted to the AFH on [redacted]2023. There was no documentation the Provider signed and dated R1's Personal Belongings Inventory form.

Resident 2
On 01/27/2025, record review showed Resident 2 (R2) admitted to the AFH on [redacted]/2024. There was no documentation R2 had an inventory of their personal belongings.

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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) had a current inventory of their personal belongings dated and signed by the Resident and the Provider. This failure placed all five residents at risk of missing personal belongings.

Findings included…

Resident 1
On 01/27/2025, record review showed Resident 1 (R1) admitted to the AFH on [redacted]/2023. There was no documentation the Provider signed and dated R1's Personal Belongings Inventory form.

Resident 2
On 01/27/2025, record review showed Resident 2 (R2) admitted to the AFH on [redacted]/2024. There was no documentation R2 had an inventory of their personal belongings.

Resident 3
On 01/27/2025, record review showed Resident 3 (R3) admitted to the AFH on [redacted] 2025. There was no documentation the Provider signed or dated R3's Personal Belongings Inventory form.

Resident 4
On 01/27/2025, record review showed Resident 4 (R4) admitted to the AFH on [redacted] 2023. There was no documentation the Provider and R4 had signed or dated R4's Personal Belongings Inventory form.

On 01/27/25 at 1:32 PM, when asked why the Provider and R1, R2, R3, and R4 did not sign or date the Personal Belongings Inventory form, the Provider did not answer. CG A stated it was their mistake.

Resident 5
On 01/27/2025, record review showed R5 admitted to the AFH on [redacted] 2024. There was no documentation the Provider and R5 signed and dated an inventory of R5's personal belongings.

On 01/27/2025 at 1:32 PM, when asked why the Provider and R5 did not sign and date the inventory of personal belongings, the Provider did not answer. CG A stated R5 did not comply when they asked. There was no documentation R5 had been asked and refused to sign.

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, St. Elias A.F.H. LLC is or will be in compliance with this law and / or regulation on (Date) 01/28/25 .

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

Provider (or Representative) — Date: 02/27/25

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years

Resident 3
On 01/27/2025, record review showed Resident 3 (R3) admitted to the AFH on [redacted]/2025. There was no documentation the Provider signed or dated R3's Personal Belongings Inventory form.

Resident 4
On 01/27/2025, record review showed Resident 4 (R4) admitted to the AFH on [redacted]/2023. There was no documentation the Provider and R4 had signed or dated R4's Personal Belongings Inventory form.

On 01/27/25 at 1:32 PM, when asked why the Provider and R1, R2, R3, and R4 did not sign or date the Personal Belongings Inventory form, the Provider did not answer. CG A stated it was their mistake.

Resident 5
On 01/27/2025, record review showed R5 admitted to the AFH on [redacted]/2024. There was no documentation the Provider and R5 signed and dated an inventory of R5's personal belongings.

On 01/27/2025 at 1:32 PM, when asked why the Provider and R5 did not sign and date the inventory of personal belongings, the Provider did not answer. CG A stated R5 did not comply when they asked. There was no documentation R5 had been asked and refused to sign.

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, St. Elias A.F.H. 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years

from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on observations, interview, and record reviews, the adult family home (AFH) failed to ensure 1 of 3 AFH staff (Provider) had a valid Washington State Background Check and 2 of 3 AFH staff (Provider and Caregiver A) had documentation of a completed National Fingerprint Background Check. This failure placed 5 of 5 Residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk of being cared for by an unqualified staff member.

Findings included…

Provider
On 01/27/2025, record review showed the Provider started on 07/13/2022. There was no documentation the Provider completed a National Fingerprint Background Check. Their Washington State Background Check expired on 04/20/2024. There was no documentation the Provider had renewed their Washington State Background Check.

On 01/27/2025 at 9:00 AM, observation showed the Provider worked in the AFH.

On 01/27/2025 at 1:32 PM, when asked why they did not have documentation of a National Fingerprint Background Check and why the Washington State Background Check was not renewed, the Provider did not answer.

On 01/28/2024, record review of Department email showed the Provider renewed their Washington State Background Check on 01/27/2025. There were no findings. There was no documentation of their National Fingerprint Background Check results.

Caregiver A
On 01/27/2025, record review showed Caregiver A (CG A) was hired on 03/20/2023. There was no documentation CG A completed a National Fingerprint Background Check.

On 01/27/2025 at 9:00 AM, observation showed CG A worked in the AFH.

On 01/27/2025 at 1:32 PM, when asked why they did not have documentation of a National Fingerprint Background Check, CG A stated they did not know.

On 01/28/2025, record review of Department email showed there was no documentation of CG A's National Fingerprint Background Check results.

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, St. Elias A.F.H. LLC is or will be in compliance with this law and / or regulation on (Date) 01/28/25 .

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

Provider (or Representative) — Date: 02/27/25

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure 1 of 5 Residents (Resident 5) had documentation that a negotiated care plan was developed and completed within thirty (30) days of their admission. This failure placed Resident 5 at risk of unmet care needs.

Findings included...

On 01/27/2025, record review showed Resident 5 (R5) admitted to the AFH on [redacted] 2024. There was no documentation of a Negotiated Care Plan.

On 01/27/2025 at 1:32 PM, when asked why R5 did not have documentation of a Negotiated Care Plan, Caregiver A stated they gave it to R5's Power of Attorney. The Provider did not respond.

On 01/27/2025 at 9:00 AM, observation showed CG A worked in the AFH.

On 01/27/2025 at 1:32 PM, when asked why they did not have documentation of a National Fingerprint Background Check, CG A stated they did not know.

On 01/28/2025, record review of Department email showed there was no documentation of CG A's National Fingerprint Background Check results.

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, St. Elias A.F.H. 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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure 1 of 5 Residents (Resident 5) had documentation that a negotiated care plan was developed and completed within thirty (30) days of their admission. This failure placed Resident 5 at risk of unmet care needs.

Findings included…

On 01/27/2025, record review showed Resident 5 (R5) admitted to the AFH on [redacted]/2024. There was no documentation of a Negotiated Care Plan.

On 01/27/2025 at 1:32 PM, when asked why R5 did not have documentation of a Negotiated Care Plan, Caregiver A stated they gave it to R5's Power of Attorney. The Provider did not respond.

On 01/28/2025, record review of Department email showed the AFH sent R5's Negotiated Care Plan dated 01/27/2025. The Provider and R5 signed the Negotiated Care Plan on 01/28/2025.

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, St. Elias A.F.H. LLC is or will be in compliance with this law and / or regulation on (Date) 01/28/25 .

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

Provider (or Representative) _____ Date 02/27/25

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:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

(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 observation, interview, and record reviews, the adult family home (AFH) failed to ensure 1 of 3 AFH staff (Caregiver B) had documentation of a single tuberculosis (TB, an infectious disease) test after their date of hire. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk of being exposed to an infectious disease.

Findings included...

On 01/27/2025, record review showed Caregiver B (CG B) was hired on 03/20/2025, and had documentation of a one-step TB test completed on 03/11/2024. There was no documentation CG B completed TB testing after their date of hire.

On 01/27/2025, at 9:00 AM, observation showed CG B worked in the AFH.

On 01/27/2025 at 1:32 PM, when asked why CG B did not have documentation of a TB test after their date of hire, Caregiver A stated they did not know. The Provider stated

On 01/28/2025, record review of Department email showed the AFH sent R5's Negotiated Care Plan dated 01/27/2025. The Provider and R5 signed the Negotiated Care Plan on 01/28/2025.

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, St. Elias A.F.H. 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 388-76-10280 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:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

(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 observation, interview, and record reviews, the adult family home (AFH) failed to ensure 1 of 3 AFH staff (Caregiver B) had documentation of a single tuberculosis (TB, an infectious disease) test after their date of hire. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk of being exposed to an infectious disease.

Findings included…

On 01/27/2025, record review showed Caregiver B (CG B) was hired on 03/20/2025, and had documentation of a one-step TB test completed on 03/11/2024. There was no documentation CG B completed TB testing after their date of hire.

On 01/27/2025, at 9:00 AM, observation showed CG B worked in the AFH.

On 01/27/2025 at 1:32 PM, when asked why CG B did not have documentation of a TB test after their date of hire, Caregiver A stated they did not know. The Provider stated

they thought if the test was negative, and there was no need for additional testing.

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, St. Elias A.F.H. LLC is or will be in compliance with this law and / or regulation on (Date) 01/28/25 .

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

Provider (or Representative) — Date: 02/27/25

they thought if the test was negative, and there was no need for additional testing.

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, St. Elias A.F.H. 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

St. Elias A.F.H. LLC
St. Elias A.F.H. LLC
125 118th St E
Tacoma, WA 98445

RE: St. Elias A.F.H. LLC # 755718

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/28/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Lisa Cramer, Adult Family Home Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax:
Email:
Optional method:
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 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

On 01/27/2025, observation showed the adult family home had seven gallons of emergency drinking water supply instead of 24 gallons. The Provider purchased 20 additional gallons of water that by the end of inspection.

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

On 01/27/2025, record review showed Resident 3 (R3) was admitted to the adult family home [redacted]/2025, and did not have documentation their two dogs had up-to-date rabies vaccinations. On 01/28/2025, record review of Department email showed R3's two dogs received rabies vaccinations on 01/28/2025.

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

Lisa Cramer, Adult Family Home 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, Adult Family Home Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax:
Email:
Optional method:
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

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

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, Adult Family Home Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax:
Email:
Optional method:
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

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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

St Elias Inspection plan.

Clients Inventory List: - All clients inventory lists s (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) were signed by the provider and dated on 01/28/2025.

- All Clients inventory list will always be filled and signed by both the client and the provider going forward from 01/30/2025 as per WAC 388-76-10320 Resident record.

A Washington state name and date of birth background check is valid for two years: - Both the provider and caregiver A went for fingerprinting on 01/28/2025.

- Moving forward, the provider and the caregivers will have valid background checks as outlined by WAC 388-76-10165 Background checks and WAC 388-76-10161 ;

WAC 388-76-10360: - Negotiated care plan: Resident 5 Negotiated care plan was done and signed 01.28.2025.

- Moving forward all NCP will be ready signed and dated as per WAC 388-76-10360

WAC 388-76-10280 Tuberculosis: Caregiver B was sent to take the second TB test however she was advised she had to start again from step one. She decided to leave and a new caregiver with the requirements was hired. Details attached.

- Moving forward the facility will make sure to adhere to WAC 388-76-10280 to be in compliance.

This plan is effective as from 01/28/2025

Dated 02/27/2025

Provider's Name: JAMES GATHII

Providers sign: