STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Gift Adult Family Home LLC

Gift Adult Family Home LLC
2441 Hickory Ave
Longview, WA 98632

RE: Gift Adult Family Home LLC License # 755822

Dear Provider:

This letter addresses Compliance Determination(s) 46526 (Completion Date 09/12/2024) and 42333 (Completion Date 07/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/12/2024 and found that you have corrected the violations listed in the Full report dated 07/10/2024. Your home is back in compliance as of 07/22/2024 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 388-76-10160, WAC 388-76-10160-1-b, WAC 388-76-10160-1, WAC 388-76-10335-6, WAC 388-76-10335-7, WAC 388-76-10335-8, WAC 388-76-10335-10, WAC 388-76-10335-11, WAC 388-76-10335-12, WAC 388-76-10335-13, WAC 388-76-10335-4, WAC 388-76-10335

The Department staff who did the on-site verification:
Allen Baldaray, LTC ESF/AFH Licensor

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 07/05/2024 and 07/05/2024 of:

Gift Adult Family Home LLC
2441 Hickory Ave
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Allen Baldaray, LTC ESF/AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Clinton Fridley RN — Residential Care Services

07/12/2024 — 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.

Zekiem Chekel Be
Provider (or Representative)

07/22/2024.
Date

WAC 388-76-10160 Background checks General.

(1) Background checks conducted by the department and required in this chapter include but are not limited to:

(b) After January 7, 2012, a national fingerprint background check in accordance with RCW 74.39A.056 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a fingerprint background check for Staff A (Provider/Caregiver) and Staff B (Caregiver) was completed. This failure resulted in 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) receiving care from a caregiver whose criminal background was unknown.

Findings included...

On 07/05/2024 at 10:22 am, the department conducted the Administrative Records Review and found Staff A and Staff B did not have required fingerprint checks completed. Staff A confirmed the fingerprint background checks were not found in the AFH records.

On 07/05/2024 at 2:58 pm, during the department Exit with Staff A, the AFH's records were re-reviewed and Staff A confirmed the fingerprint background checks were not found in the AFH's records.

On 07/09/2024 and on 07/10/2024, the department received documents from Staff A indicating applications were submitted on 07/05/2024 to have the fingerprint checks for Staff A and Staff B. On 07/10/2024 at 12:50 pm, Staff A confirmed that the fingerprint checks were not previously completed.

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, Gift Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 07/22/2024

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

Provider (or Representative) _____ Date _____

WAC 388-76-10160 Background checks General.

(1) Background checks conducted by the department and required in this chapter include but are not limited to:

(b) After January 7, 2012, a national fingerprint background check in accordance with RCW 74.39A.056 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a fingerprint background check for Staff A (Provider/Caregiver) and Staff B (Caregiver) was completed. This failure resulted in 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) receiving care from a caregiver whose criminal background was unknown.

Findings included...

On 07/05/2024 at 10:22 am, the department conducted the Administrative Records Review and found Staff A and Staff B did not have required fingerprint checks completed. Staff A confirmed the fingerprint background checks were not found in the AFH records.

On 07/05/2024 at 2:58 pm, during the department Exit with Staff A, the AFH's records were re-reviewed and Staff A confirmed the fingerprint background checks were not found in the AFH's records.

On 07/09/2024 and on 07/10/2024, the department received documents from Staff A indicating applications were submitted on 07/05/2024 to have the fingerprint checks for Staff A and Staff B. On 07/10/2024 at 12:50 pm, Staff A confirmed that the fingerprint checks were not previously completed.

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, Gift 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.

Zelalem Chekol ZE
Provider (or Representative)

07/22/2024
Date

WAC 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:

(4) Medication management;

(6) Significant known behaviors or symptoms that may cause concern or require special care, including:

(7) Cognitive status, including an evaluation of disorientation, memory impairment, and impaired judgment;

(8) History of depression and anxiety;

(10) Social, physical, and emotional strengths and needs;

(11) Functional abilities in relationship to activities of daily living including:

(12) Preferences and choices about daily life that are important to the resident, including but not limited to:

(13) Activities.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure an Assessment for 1 of 4 residents (Resident 1 [R1]) was completed with the Washington Administrative Code (WAC) required minimal information. This failure placed R1 at risk of harm due to the potential inadequate and/or inappropriate care received from staff.

Findings included...

On 07/05/2024 at 2:15 pm, the department conducted Resident Record Review for R1 and found the Assessment dated 03/21/2024; Staff A (Provider/Caregiver) confirmed this as the most recent and current Assessment for R1. Upon review by the department and Staff A, the Assessment for R1 was determined to be missing assessed notation for the following subjects: Medication Management; Significant Known Behaviors or Symptoms; Cognitive Status; History of Depression and Anxiety; Social, Physical, and Emotional Strengths and Needs; Functional Abilities in Relationship to Activities of Daily Living; Preferences and Choices about Daily Life that are important to the resident; Activities.

On 07/05/2024 at 3:00 pm, during the department Exit Conference, Staff A re-reviewed R1's Assessment and confirmed all areas in the Assessment that were not complete. Staff A stated it was understood why the information is necessary and the Assessment will be redone.

Provider (or Representative) _____ Date _____

WAC 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:

(4) Medication management:

(6) Significant known behaviors or symptoms that may cause concern or require special care, including:

(7) Cognitive status, including an evaluation of disorientation, memory impairment, and impaired judgment;

(8) History of depression and anxiety;

(10) Social, physical, and emotional strengths and needs;

(11) Functional abilities in relationship to activities of daily living including:

(12) Preferences and choices about daily life that are important to the resident, including but not limited to:

(13) Activities.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure an Assessment for 1 of 4 residents (Resident 1 [R1]) was completed with the Washington Administrative Code (WAC) required minimal information. This failure placed R1 at risk of harm due to the potential inadequate and/or inappropriate care received from staff.

Findings included...

On 07/05/2024 at 2:15 pm, the department conducted Resident Record Review for R1 and found the Assessment dated 03/21/2024; Staff A (Provider/Caregiver) confirmed this as the most recent and current Assessment for R1. Upon review by the department and Staff A, the Assessment for R1 was determined to be missing assessed notation for the following subjects: Medication Management; Significant Known Behaviors or Symptoms; Cognitive Status; History of Depression and Anxiety; Social, Physical, and Emotional Strengths and Needs; Functional Abilities in Relationship to Activities of Daily Living; Preferences and Choices about Daily Life that are important to the resident; Activities.

On 07/05/2024 at 3:00 pm, during the department Exit Conference, Staff A re-reviewed R1's Assessment and confirmed all areas in the Assessment that were not complete. Staff A stated it was understood why the information is necessary and the Assessment will be redone.

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, Gift Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 07/22/2024

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

Zelalem Chekol Ze — Provider (or Representative)

07/22/2024 — Date

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, Gift 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