STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

A Bethel Haven Adult Family Home LLC

A Bethel Haven Adult Family Home LLC
1815 S 290th St
Federal Way, WA 98003

RE: A Bethel Haven Adult Family Home LLC License # 755909

Dear Provider:

This letter addresses Compliance Determination(s) 45412 (Completion Date 08/08/2024) and 42130 (Completion Date 07/23/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/08/2024 and found that you have corrected the violations listed in the Full report dated 07/23/2024. Your home is back in compliance as of 05/30/2024 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 388-76-10255-1, WAC 388-76-10750-6-c, WAC 388-76-10420-7-b, WAC 388-76-10895-2-a, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 755909	Compliance Determination # 42130
Plan of Correction	A Bethel Haven Adult Family Home LLC	Completion Date
Page 1 of 8	Licensee: A Bethel Haven Adult Family Home LLC	07/23/2024

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 05/30/2024 and 05/30/2024 of:

A Bethel Haven Adult Family Home LLC
1815 S 290th St
Federal Way, WA 98003

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:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

07/23/2024
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.

Provider (or Representative)

07/24/2024
Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that correct handwashing procedure was demonstrated by 1 of 4 staff (Staff B, Caregiver). This failure placed all current four residents at risk of acquiring infectious disease.

Findings included...

In an interview on 05/30/2024 at 10:09 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" a guideline for Hand Hygiene and Staff Education, stated, "Wash your hands with soap and water for 20 seconds."

Observation on 05/30/2024 at 11:13 AM, showed Staff B applied soap and water on their hands, scrubbed their hands for less than five seconds, dried their hands and turned off the faucet with paper towel. Department staff informed Staff B of incorrect handwashing procedure.

In an interview on 05/30/2024 at 11:14 AM, Staff B had no response when asked what was done wrong. Department staff asked Staff B, how long they should scrub their hands with the soap and water. Staff B stated that they should scrub their hands with soap and water for three seconds.

Observation on 05/30/2024 at 11:18 AM showed Staff B washed their hands with soap and water, scrubbed their hands for 20 seconds, dried their hands with paper towel and turned off the faucet with paper towel. Staff B however, touched the cover of the garbage can and threw the paper towels inside.

In an interview on 05/30/2024 at 11:19 AM, Staff B acknowledged that they should have not touched the cover of the garbage can with their clean hands.

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, A Bethel Haven Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/30/2024.

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

Provider (or Representative) — Date: 07/24/2024

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 bathroom's sink water temperature did not exceed 120 degrees Fahrenheit (F). This failure placed all residents at risk of scalding burns to all four residents (Residents 1, 2, 3, and 4) in the AFH.

Findings included...

In an interview on 05/30/2024 at 10:09 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff. One of the residents (Resident 3) was out of the home with Staff C, Caregiver for an appointment.

Observation on 05/30/2024 at 11:00 AM showed that hallway bathroom's water temperature from the sink was at 149 F.

In an interview on 05/30/2024 at 11:01 AM, Staff A stated that Residents 1, 2, and 3

used this bathroom for shower. Staff A stated that they would lower the hot water temperature immediately.

Observation on 05/30/2024 at 5:58 PM showed that hallway bathroom's water temperature from the sink was at 122.4 F.

Review of an email received on 07/06/2024, Staff A attached a water temperature check log. This showed a temperature completed on 05/30/2024 at 8:00 PM with a water temperature of 119.F. On 06/06/2024 at 1:00 PM the water temperature was 118.9 F and on 06/20/2024 their water temperature of 119.4 F.

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, A Bethel Haven Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/30/2024

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

Provider (or Representative) — Date: 07/24/2024

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure proper food handling was followed by 1 of 4 staff (Staff C, Caregiver) when they prepared lunch for 4 of 4 residents (Residents 1, 2, 3, and 4). This failure placed all current residents at risk for food borne illness.

Findings included...

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Food Borne Illnesses" dated, May 2013 from Washington Department of Health, showed that single-use gloves may be used to prepare foods that need to be handled a lot, such as when making sandwiches, slicing vegetables, or arranging food on a platter. It is important to remember that gloves are used to protect the food from germs, not to protect your

hands from the food. Gloves must be changed often to keep the food safe.

In an interview on 05/30/2024 at 10:09 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Review of AFH personnel records showed that Staff C was hired on 04/08/2024 and had a Food Handler Card that expires on 10/21/2025.

Observation on 05/30/2024 at 11:42 AM, showed Staff C prepared lunch for residents. Staff C completed washing hands with soap and water, donned gloves, removed aluminum foil from the cabinet to line the air fryer. Staff C with the same gloves was going to remove corn dogs from the bag when department staff informed them to stop.

In an interview on 05/30/2024 at 11:44 AM, Staff C had no response when department staff asked them reason they were told to stop the procedure. Department staff informed Staff C that the gloves they wore had touched the cabinet and the air fryer and should not touched the corn dog. Staff C nodded in agreement.

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, A Bethel Haven Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/30/2024

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

Provider (or Representative) — Date: 07/24/2024

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct partial emergency evacuation drills in a 1 of 1 AFH, at least every sixty days. This failure placed all four residents at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included...

In an interview on 05/30/2024 at 10:09 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 05/30/2024 at 10:18 AM, Staff A stated that all four residents required assistance with emergency evacuation.

Record review on 05/30/2024 of the AFH 2023 emergency evacuation drill records showed completed drills. A drill on 02/18/2023 labelled as partial evacuation showed one staff and one resident participated for a total of one minute and 50 seconds. A drill on 05/11/2023 labelled as partial evacuation with one staff and one resident participated that lasted one minute and 60 seconds. The 02/18/2023 and 05/11/2023 drills were 82 days apart. Completed drill on 09/24/2023 labelled as full evacuation with two staff and two residents participated that lasted for three minutes. A drill on 12/16/2023 labelled as partial evacuation with two staff and two residents participated that lasted for three minutes and 25 seconds. The completed drills on 09/24/2023 and 12/16/2023 were 83 days apart. The AFH 2023 emergency evacuation drills showed two drills that were completed beyond the 60 days.

Record review on 05/30/2024 of the AFH 2024 emergency evacuation drill showed completed drill on 02/29/2024 labelled as partial evacuation with one staff and two residents participated that lasted for four minutes. A drill on 05/29/2024 labelled as partial evacuation with three staff and four residents participated that lasted for four minutes. The 02/29/2024 and 05/29/2024 drills were 85 days apart.

In an interview on 05/30/2024 at 5:43 PM, Staff A stated that they "miscounted the days" when they performed the evacuation drills.

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, A Bethel Haven Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/30/2024.

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

Provider (or Representative) 07/24/2024 Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 sampled staff (Staff C, Caregiver) had one step Tuberculosis [TB, (disease caused by bacteria that are spread from person to person through the air that usually affects the lungs but can attack other part of the body and if not treated properly can be fatal)]test when they were hired. This failure placed all four residents at risk of possible exposure to TB.

Findings included...

In an interview on 05/30/2024 at 10:09 AM, Staff A, Entity Representative/Resident Manager stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Review of AFH personnel records showed that Staff C, Caregiver was hired on 04/08/2024, completed orientation to the AFH on 04/08/2024 and 04/09/2024. Staff C had one TB blood test completed on 01/31/2024 with a negative result.

In an interview on 05/30/2024 at 4:30 PM, Staff C stated that they were told that their TB blood test was valid for two years and they did not have to do TB test for the next two years.

In an interview on 05/30/2024 at 5:49 PM, Staff A stated that they did not think they would need another TB test for Staff C.

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, A Bethel Haven Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/31/2024

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

Provider (or Representative)

07/24/2024
Date