



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

POLLYS COUNTRY AFH #1 INC
POLLYS COUNTRY AFH #1 INC
19108 NE 18TH ST
VANCOUVER, WA 98684

RE: POLLYS COUNTRY AFH #1 INC License # 93301

Dear Provider:

This letter addresses Compliance Determination(s) 25044 (Completion Date 06/12/2023) and 22848 (Completion Date 04/25/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/12/2023 and found that you have corrected the violations listed in the Full report dated 04/25/2023. Your home is back in compliance as of 05/05/2023 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 388-76-10166-1, WAC 388-76-10166-2, WAC 388-76-10166-2-a, WAC 388-76-10166-2-b, WAC 388-76-101632, WAC 388-76-101632-1, WAC 388-76-101632-2, WAC 388-76-101632-3

The Department staff who did the on-site verification:

Olga Goyzman

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Field Manager
Region 3, Unit F
Residential Care Services

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



DSHS ACS REG. 8
VANCOUVER

MAY 09 2023

RECEIVED

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 93301	Compliance Determination # 22848
Plan of Correction	POLLYS COUNTRY AFH #1 INC	Completion Date
Page 1 of 4	Licensee: POLLYS COUNTRY AFH #1 INC	04/25/2023

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 04/20/2023 and 04/20/2023 of:

POLLYS COUNTRY AFH #1 INC
19108 NE 18TH ST
VANCOUVER, WA 98684

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Goyzman

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

04/25/2023

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.

Statement of Deficiencies	License #: 93301	Compliance Determination # 22848
Plan of Correction	POLLYS COUNTRY AFH #1 INC	Completion Date
Page 2 of 4	Licensee: POLLYS COUNTRY AFH #1 INC	04/25/2023

Pollys Country AFH
Provider (or Representative)

5/8/2023
Date

WAC 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.

- (1) The adult family home must not allow individuals specified in WAC 388-76-10161 (3) to have unsupervised access to residents until the home receives results of the Washington state name and date of birth background check from the department.
- (2) If the background check results show that an individual specified in WAC 388-76-10161 has a criminal conviction or pending charge for a crime that is not automatically disqualifying under chapter 388-113 WAC, then the adult family home must:
- (a) Determine whether or not the person has the character, competence and suitability to have unsupervised access to residents; and
 - (b) Document in writing the basis for making the decision.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 7 care staff (Staff D), had completed a required character, competence, and suitability review (CCSR) within the required time frame. This failure placed the residents at risk for injury and harm due to being cared for by potentially unqualified and improperly screened staff. *Did write up a letter but didn't have final FP results showing conviction*
Findings included...

During an unannounced visit on 4/20/23, review of care staff records at 12:50PM showed Staff D's Washington state background check was completed on 3/7/23 and showed a requirement to have a CCSR completed to work with vulnerable adults in long-term care. No CCSR was found at Staff D file at the AFH.

During an interview at 1:00PM, AFH provider stated she didn't know that she needed to fill out a CCSR form for Staff D.

Attestation Statement

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

Statement of Deficiencies	License #: 93301	Compliance Determination # 22848
Plan of Correction	POLLYS COUNTRY AFH #1 INC	Completion Date
Page 3 of 4	Licensee: POLLYS COUNTRY AFH #1 INC	04/25/2023

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, POLLYS COUNTRY AFH #1 INC is or will be in compliance with this law and / or regulation on (Date) 5/5/2023

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

Polly Smith RN
Provider (or Representative)

5/5/2023
Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

(2) After receiving the results letter of the national fingerprint background check the adult family home must not employ, directly or by contract, a caregiver, entity representative or resident manager who has been convicted of a disqualifying crime or who:

(i) Has a disqualifying conviction or pending charge under chapter 388-113 WAC; or

(ii) Has a disqualifying negative action listed in WAC 388-76-10180 .

(3) The provider may accept a copy of a national fingerprint background check result letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint background check through the background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 4 of 7 care staff (Staff B, Staff C, Staff D, Staff G) had completed their national fingerprint background check. This failure placed the residents at risk for harm due to being cared for by potentially unqualified and improperly screened staff.

Findings included...

During an unannounced visit on 4/20/23 at 12:55 PM, a review of care staff records showed Staff B, a caregiver, was hired on 2/14/18. A national fingerprint background check was not found in Staff B's file.

During an unannounced visit on 4/20/23 at 12:55 PM, a review of care staff records showed Staff C, a caregiver, was hired on 1/1/18. A national fingerprint background check was not found in Staff C's file.

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During an unannounced visit on 4/20/23 at 12:55 PM, a review of care staff records showed Staff D, a caregiver, was hired on 2/15/23. A national fingerprint background check was not found in Staff D's file.

During an unannounced visit on 4/20/23 at 12:55 PM, a review of care staff records showed Staff G, a caregiver, was hired on 8/11/20. A national fingerprint background check was not found in Staff G's file.

During interview with provider, she stated that Staff B, Staff C, Staff D and Staff G didn't have the National fingerprint background check done.

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, POLLYS COUNTRY AFH #1 INC is or will be in compliance with this law and / or regulation on
(Date) 5/5/2023

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

Polly Smith RW
Provider (or Representative)

5/5/2023
Date

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