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

B.C. PARKER INC
THE BLAIR HOUSE
W 2718 SINTO AVE
SPOKANE, WA 99201

RE: THE BLAIR HOUSE License # 2127

Dear Administrator:

This letter addresses Compliance Determination(s) 65259 (Completion Date 09/08/2025) and 62667 (Completion Date 07/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/08/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-e

The Department staff who did the on-site verification:
Brian Zbylski, ALF Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit B
Residential Care Services

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 07/16/2025 of:
THE BLAIR HOUSE
W 2718 SINTO AVE
SPOKANE, WA 99201

This document references the following SOD dated: 07/17/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licensor

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

Statement of Deficiencies	License #: 2127	Compliance Determination #:62667
Plan of Correction	THE BLAIR HOUSE	Completion Date
Page 2 of 3	Licensee: B.C. PARKER INC	07/17/2026

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

Stephanie Jones

Residential Care Services

07/29/2025

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

BM

Administrator (or Representative)

8-8-25

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs.

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that mental health specialty training was completed by 1 of 4 staff (Staff D) and that the continuing education requirements were met for 1 of 4 staff (Staff G). This failure resulted in residents receiving care from individuals who had not completed the required trainings and placed the residents at risk of physical, mental or emotional health complications.

Findings included...

<Specialty training – Mental Health>

Review of the facility's undated Disclosure of Services showed that they offered services to residents with [redacted] diagnoses.

Review of the personnel file for Staff D, Caregiver, showed a hire date of 02/08/2022. Further review of Staff D's record showed it did not contain a certificate of completion

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 Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that mental health specialty training was completed by 1 of 4 staff (Staff D) and that the continuing education requirements were met for 1 of 4 staff (Staff G). This failure resulted in residents receiving care from individuals who had not completed the required trainings and placed the residents at risk of physical, mental or emotional health complications.

Findings included…

<Specialty training – Mental Health>

Review of the facility's undated Disclosure of Services showed that they offered services to residents with [redacted] diagnoses.

Review of the personnel file for Staff D, Caregiver, showed a hire date of 02/08/2022. Further review of Staff D's record showed it did not contain a certificate of completion

for Mental Health specialty training.

In an interview on 07/17/2025 at 2:02 PM, Staff F, Administrator, confirmed that Staff D had not completed Mental Health specialty training.

<Continuing education>

Review of the personnel file for Staff G, Caregiver, showed a hire date of 07/20/2018. Further review of Staff G's record showed it did not contain documentation of completed annual continuing education requirements.

In an interview on 07/17/2025 at 2:02 PM, Staff F confirmed that Staff G had not completed the required amount of continuing education credits.

This is an uncorrected deficiency previously cited on 05/22/2025 and a recurring deficiency previously cited on 01/16/2024 for subsection (2) (e).

Plan/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, THE BLAIR HOUSE is or will be in compliance with this law and / or regulation on (Date) 8-31-25 .

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

BCP

Administrator (or Representative)

8-8-25

Date

for Mental Health specialty training.

In an interview on 07/17/2025 at 2:02 PM, Staff F, Administrator, confirmed that Staff D had not completed Mental Health specialty training.

<Continuing education>

Review of the personnel file for Staff G, Caregiver, showed a hire date of 07/20/2016. Further review of Staff G's record showed it did not contain documentation of completed annual continuing education requirements.

In an interview on 07/17/2025 at 2:02 PM, Staff F confirmed that Staff G had not completed the required amount of continuing education credits.

This is an uncorrected deficiency previously cited on 05/22/2025 and a recurring deficiency previously cited on 01/16/2024 for subsection (2) (e).

Plan/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, THE BLAIR HOUSE 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.

_____ _____

Administrator (or Representative) Date

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 05/19/2025 and 05/20/2025 of:

THE BLAIR HOUSE
W 2718 SINTO AVE
SPOKANE, WA 99201

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licensor

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

Statement of Deficiencies	License #: 2127	Compliance Determination # 59891
Plan of Correction	THE BLAIR HOUSE	Completion Date
Page 2 of 10	Licensee: B.C. PARKER INC	05/22/2025

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 — 05/29/2025 Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) — 6-9-25 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to update their medication administration records to reflect prescription changes and failed to provide medications as prescribed for 2 of 4 residents (Residents 3 and 4). These failures resulted in residents not receiving their prescribed medications and inaccurate documentation which placed the residents' health at risk.

Findings included...

<Resident 3>

Review of Resident 3's combined Negotiated Care Plan/Assessment, dated 02/27/2025, showed the resident had a diagnosis of [redacted] and that it directed staff to monitor the resident to ensure they took their medications.

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 Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to update their medication administration records to reflect prescription changes and failed to provide medications as prescribed for 2 of 4 residents (Residents 3 and 4). These failures resulted in residents not receiving their prescribed medications and inaccurate documentation which placed the residents' health at risk.

Findings included…

<Resident 3>

Review of Resident 3's combined Negotiated Care Plan/Assessment, dated 02/27/2025, showed the resident had a diagnosis of [redacted] and that it directed staff to monitor the resident to ensure they took their medications.

Review of Resident 3's medical center office and clinic notes, dated 06/25/2024, showed the following directions:

-start taking lisinopril-hydrochlorothiazide 20 milligrams (mg) - 12.5 mg daily (combination medication used to treat high blood pressure).
- stop taking hydrochlorothiazide 25 mg daily.
- stop taking lisinopril 20 mg daily.
- continue taking alendronate (to treat osteoporosis) once a week.
- take cholecalciferol (to promote bone health) twice daily.

Review of a weekly progress note, dated 06/29/2024, showed that Resident 3's provider ordered lisinopril to be coupled with hydrochlorothiazide in a single pill.

Review of Resident 3's medical center discharge documentation, dated 02/19/2025, showed directions that stated "Only Take These Medications:"

-Lisinopril-hydrochlorothiazide 20 mg – 12.5 mg.
-Cholecalciferol twice daily.
-the list did not contain the medications alendronate sodium or oyster calcium (to treat osteoporosis).

In an interview on 05/20/2025 at 10:20 AM, Staff E, Manager, stated that Resident 3's most recent provider visit was on 02/19/2025, and the discharge documentation with the same date was the resident's current medication list.

Review of Resident 3's Medication Administration Record (MAR) for March 2025 through May 2025, showed orders for the following:

-Lisinopril 20 mg daily, with a start date of 10/21/2016.
-Hydrochlorothiazide 25 mg daily, with a start date of 10/21/2016.
-the MARs did not contain an entry for lisinopril-hydrochlorothiazide 20mg – 12.5 mg combination pill.
-the lisinopril and hydrochlorothiazide were documented as either given, "D'cd [discontinued]," or noted that the "resident now takes a "Combo" pill."

In an interview on 05/20/2025 at 9:15 AM, Staff E stated that Resident 3 received a new order on 06/25/2024 for lisinopril – hydrochlorothiazide 20 mg – 12.5 mg, and that they did not have the authority to update/change orders in the facility's computer system. Observation at that time showed a prescription bottle for Resident 3 in the medication cart labeled lisinopril-hydrochlorothiazide 20 mg – 12.5 mg.

Review of Resident 3's MAR for April 2025 through May 2025, showed orders for the following:

-Cholecalciferol 50 mcg twice daily, with a start date of 04/29/2025.
-documentation showed that between 04/29/2025 and 05/19/2025, the medication was not given seven times, with corresponding notes that stated, “withheld per MD/RN [medical doctor/registered nurse] orders.”

Review of the resident's undated medical record showed no healthcare provider order to hold the medication.

Observation on 05/20/2025 at 10:20 AM showed a prescription bottle of cholecalciferol 50 mcg to be given twice daily for Resident 3 in the medication cart.

Review of Resident 3’s MAR for March 2025 through May 2025, showed orders for the following:

-Alendronate sodium once weekly, with a start date of 05/12/2023.
-documentation showed that the alendronate sodium was given two times and not given eight times with corresponding notes that stated, “withheld per DR/RN orders.”

Review of Resident 3’s MAR for March 2025 through May 2025, showed orders for the following:

-Oyster calcium (supplement) daily, with a start date of 10/21/2016.
-documentation showed that the resident received the medication every day during March 2025 and April 2025, and that the medication was not given eight times between 05/01/2025- 05/19/2025 with corresponding notes that stated, “resident does not have this supplement.”

In an observation on 05/20/2025 at 9:15 AM, Staff E was not able to locate any oyster calcium for Resident 3 in the medication cart.

Through the course of the facility inspection and survey from 05/19/2025 – 05/20/2025, Staff E was not able to locate provider orders to show discontinuation of the alendronate or oyster calcium.

<Resident 4>

Review of Resident 4’s face sheet showed an admission date of [redacted]/2016.

Review of Resident 4’s annual Department of Social and Health Services Care assessment, dated 04/17/2025, showed that the resident required medication

assistance.

Review of Resident 4's April 2025 and May 2025 MARs showed an order for sucralfate (used to treat and prevent intestinal ulcers) to be taken four times daily. Documentation showed that the resident did not receive the medication 23 times between 04/29/2025 and 05/05/2025 with corresponding notes stating: waiting for a refill order, waiting for delivery, waiting for doctor order, waiting on pharmacy, or needs to be seen.

In an interview on 05/19/2025 at 2:35 PM, Staff E confirmed that Resident 4 did not receive the medication for a few days. Staff E further stated that they had called the pharmacy and doctor's office to get the medication refilled but did not keep any documentation of their communications.

Review of an undated facility policy and procedure titled, "Unavailable Medications," showed that staff were to fully document in the resident's file, incidents of medication unavailability and their contact with the prescriber of the medication.

In an interview on 05/21/2025 at 10:38 AM, Staff F, Administrator, stated that staff were to notify them when changes to the residents' MARs were needed. Staff F further stated that regular MAR and healthcare provider order audits were not a scheduled task but were to be done as new orders were received.

This is a recurring deficiency previously cited on 01/04/2024.

Plan/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, THE BLAIR HOUSE is or will be in compliance with this law and / or regulation on (Date) 7-6-25 .

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

BLK 6-9-25

Administrator (or Representative) Date

WAC 388-78A-2466 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 assisted living facility must ensure:

assistance.

Review of Resident 4's April 2025 and May 2025 MARs showed an order for sucralfate (used to treat and prevent intestinal ulcers) to be taken four times daily. Documentation showed that the resident did not receive the medication 23 times between 04/29/2025 and 05/05/2025 with corresponding notes stating: waiting for a refill order, waiting for delivery, waiting for doctor order, waiting on pharmacy, or needs to be seen.

In an interview on 05/19/2025 at 2:35 PM, Staff E confirmed that Resident 4 did not receive the medication for a few days. Staff E further stated that they had called the pharmacy and doctor's office to get the medication refilled but did not keep any documentation of their communications.

Review of an undated facility policy and procedure titled, "Unavailable Medications," showed that staff were to fully document in the resident's file, incidents of medication unavailability and their contact with the prescriber of the medication.

In an interview on 05/21/2025 at 10:38 AM, Staff F, Administrator, stated that staff were to notify them when changes to the residents' MARs were needed. Staff F further stated that regular MAR and healthcare provider order audits were not a scheduled task but were to be done as new orders were received.

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Plan/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, THE BLAIR HOUSE 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.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2466 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 assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was completed for 1 of 4 staff (Staff C), and a national fingerprint background check was completed for 1 of 4 staff (Staff B). This failure resulted in residents receiving care from staff who were potentially disqualified from having access to vulnerable adults.

Findings included…

<Staff C>

Review of the personnel file for Staff C, Caregiver, showed a hire date of 11/03/2021. Further review of the file showed it did not contain a current Washington state name and date of birth background check.

In an interview on 05/21/2025 at 10:38 AM, Staff F, Administrator, stated that Staff C’s background check had expired and should have been completed in 2024.

<Staff B>

Review of the personnel file for Staff B, Caregiver, showed a hire date of 07/17/2024. Further review of the file showed it did not contain a national fingerprint background check.

In an interview on 05/21/2025 at 10:38 AM, Staff F confirmed that Staff B had not completed a national fingerprint background check.

This is a recurring deficiency previously cited on 01/04/2024 for subsections 1a and 1b.

Statement of Deficiencies	License #: 2127	Compliance Determination # 59891
Plan of Correction	THE BLAIR HOUSE	Completion Date
Page 7 of 10	Licensee: B.C. PARKER INC	05/22/2025

Plan/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, THE BLAIR HOUSE is or will be in compliance with this law and / or regulation on (Date) 7-6-25 .

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

BCK 6-9-25

Administrator (or Representative) Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that mental health specialty training was completed for 1 of 4 staff (Staff B) and that the continuing education requirements were met for 2 of 4 staff (Staff A and D). This failure resulted in residents receiving care from individuals who had not completed the required trainings and placed the residents at risk of physical, mental or emotional health complications.

Findings included...

<Specialty training – Mental Health>

Review of the facility's undated Disclosure of Services showed that they offered services to residents with [redacted] diagnoses.

Staff B

Plan/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, THE BLAIR HOUSE 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.

_____ _____

Administrator (or Representative) Date

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(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that mental health specialty training was completed for 1 of 4 staff (Staff B) and that the continuing education requirements were met for 2 of 4 staff (Staff A and D). This failure resulted in residents receiving care from individuals who had not completed the required trainings and placed the residents at risk of physical, mental or emotional health complications.

Findings included…

<Specialty training – Mental Health>

Review of the facility's undated Disclosure of Services showed that they offered services to residents with [redacted] diagnoses.

Staff B

Review of the personnel file for Staff B, Caregiver, showed a hire date of 07/17/2024. Further review of Staff B's record showed it did not contain a certificate of completion for Mental Health specialty training.

In an interview on 05/21/2025 at 10:38 AM, Staff F, Administrator, confirmed that Staff B had not completed Mental Health specialty training.

<Continuing education>

Staff A

Review of the personnel file for Staff A, Caregiver, showed a hire date of 06/25/2024. Further review of Staff A's record showed it did not contain documentation of completed annual continuing education requirements.

In an interview on 05/21/2025 at 10:38 AM, Staff F confirmed that Staff A had not provided documentation to show they completed their continuing education requirements.

Staff D

Review of the personnel file for Staff D, Caregiver, showed a hire date of 02/08/2022.

Review of email from Staff F to the department licensor on 05/22/2025 showed that Staff D had completed five continuing education credits, seven short of the requirement.

This is a recurring deficiency previously cited on 01/04/2024 for subsection 2e.

Plan/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, THE BLAIR HOUSE is or will be in compliance with this law and / or regulation on (Date) 7-6-25 .

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

BLK 6-9-25

Administrator (or Representative) Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff 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 interview and record review, the facility failed to ensure that two-step tuberculosis testing was completed upon hire for 2 of 4 staff (Staff A and B). This failure placed residents at risk of exposure to a communicable infection due to staff not being tested.

Findings included...

<Staff A>

Review of the personnel file for Staff A, Caregiver, showed a hire date of 06/25/2024. Further review of Staff A's record showed documentation of a Tuberculosis (TB) test that was initiated on 07/29/2024. Staff A's file did not contain documentation of a second TB test.

<Staff B>

Review of the personnel file for Staff B, Caregiver, showed a hire date of 07/17/2024. Further review of Staff B's record showed it did not contain TB test documentation.

In an interview on 05/21/2025 at 10:38 AM, Staff F, Administrator, confirmed that Staff A

Plan/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, THE BLAIR HOUSE 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.

_____ _____

Administrator (or Representative) Date

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(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 interview and record review, the facility failed to ensure that two-step tuberculosis testing was completed upon hire for 2 of 4 staff (Staff A and B). This failure placed residents at risk of exposure to a communicable infection due to staff not being tested.

Findings included…

<Staff A>

Review of the personnel file for Staff A, Caregiver, showed a hire date of 06/25/2024. Further review of Staff A's record showed documentation of a Tuberculosis (TB) test that was initiated on 07/29/2024. Staff A's file did not contain documentation of a second TB test.

<Staff B>

Review of the personnel file for Staff B, Caregiver, showed a hire date of 07/17/2024. Further review of Staff B's record showed it did not contain TB test documentation.

In an interview on 05/21/2025 at 10:38 AM, Staff F, Administrator, confirmed that Staff A

and Staff B had not completed two -step TB testing upon hire as required.

Plan/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, THE BLAIR HOUSE is or will be in compliance with this law and / or regulation on (Date) 7-6-25 .

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

Administrator (or Representative) — Date: 6-9-25

and Staff B had not completed two -step TB testing upon hire as required.

Plan/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, THE BLAIR HOUSE 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.

_____ _____

Administrator (or Representative) Date