STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

4/25/2024

Silver Firs Adult Family Home LLC

Silver Firs Adult Family Home LLC
14103 59th Ave SE
Everett, WA 98208

RE: Silver Firs Adult Family Home LLC License # 755640

Dear Provider:

This letter addresses Compliance Determination(s) 40206 (Completion Date 04/24/2024) and 37218 (Completion Date 03/11/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/24/2024 and found that you have corrected the violations listed in the Full report dated 03/11/2024. Your home is back in compliance as of 02/23/2024 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 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1

The Department staff who did the off-site verification:
Shelly Scarboro, AFH Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

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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 02/23/2024 and 02/23/2024 of:

Silver Firs Adult Family Home LLC
14103 59th Ave SE
Everett, WA 98208

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

The department staff that inspected the Adult Family Home:

Shelly Scarboro, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 388-76-10165 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 .

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure 1 of 3 sampled staff (Staff A, Entity Representative) had a current name and date of birth background check. This failure placed residents at risk of being cared for by a staff member with an unverified background.

Findings included...

Record review of Staff A's personnel file showed a background check dated 10/07/2021.

In an interview on 02/23/2024 at 11:10 AM, Staff A stated that they did not know the background check needed to be updated.

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, Silver Firs 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