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

LINAS ADULT FAMILY HOME INC
LINA'S ADULT FAMILY HOME
1833 S 243RD ST
DES MOINES, WA 98198

RE: LINA'S ADULT FAMILY HOME License # 340700

Dear Provider:

This letter addresses Compliance Determination(s) 50727 (Completion Date 11/21/2024) and 44882 (Completion Date 09/25/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/21/2024 and found that you have corrected the violations listed in the Full report dated 09/25/2024. Your home is back in compliance as of 09/27/2024 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 388-76-10198-2, WAC 388-76-10198-4, WAC 388-76-10290-2, WAC 388-76-10360, WAC 388-76-10380-2, WAC 388-76-10380-4, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10510-1, WAC 388-76-10750-1, WAC 388-76-10895-2-b

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 # 340783	Compliance Determination # 44862
Plan of Correction	UNA'S ADULT FAMILY HOME	Completion Date
Page 1 of 12	Licensee: UNAS ADULT FAMILY HOME INC	09/25/2024

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 07/30/2024 and 07/30/2024 at:
UNA'S ADULT FAMILY HOME
1833 S 248RD ST
DES MOINES, WA 98198

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:

Monitee 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 — 9/25/2024 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 07/30/2024 and 07/30/2024 of:

LINA'S ADULT FAMILY HOME
1833 S 243RD ST
DES MOINES, WA 98198

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:

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

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.

Statement of Deficiencies	License #: 340706	Compliance Determination # 44562
Plan of Correction	LINAS ADULT FAMILY HOME	Completion Date
Page 2 of 12	Licensee: LINAS ADULT FAMILY HOME INC	09/25/2024

Lina P. Navarro
Provider (or Representative)

09/27/2024
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep personnel records that included the staff orientation and background check results for 2 of 2 former staff (Staff C, Caregiver and Staff E, Caregiver) readily accessible to department staff. This failure delayed the department from determining if Staff D and Staff E were qualified to care for residents while they worked in the AFH.

Finding included...

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Staff D

On 07/30/2024, record review of AFH personnel records showed Staff D's Washington State Name and Date of Birth Background Check (BGI) was completed on 05/31/2022. There was no record of Staff D's orientation and national Fingerprint Background Check (FBC).

In an interview on 07/30/2024 at 5:16 PM, Staff B stated that Staff D last worked at the AFH on 11/19/2022. Staff B stated they would look for Staff D's AFH personnel records and would send it to department staff.

Email received on 08/06/2024 showed that Staff D was hired in March 2020 and last worked at the AFH on 11/05/2022. Included in the email was Staff D's BGI that was completed on 05/31/2022. There was no record of Staff D's FBC.

Provider (or Representative) Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep personnel records that included the staff orientation and background check results for 2 of 2 former staff (Staff D, Caregiver and Staff E, Caregiver) readily accessible to department staff. This failure delayed the department from determining if Staff D and Staff E were qualified to care for residents while they worked in the AFH.

Finding included…

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Staff D

On 07/30/2024, record review of AFH personnel records showed Staff D's Washington State Name and Date of Birth Background Check (BGI) was completed on 05/31/2022. There was no record of Staff D's orientation and national Fingerprint Background Check (FBC).

In an interview on 07/30/2024 at 5:16 PM, Staff B stated that Staff D last worked at the AFH on 11/10/2022. Staff B stated they would look for Staff D's AFH personnel records and would send it to department staff.

Email received on 08/06/2024 showed that Staff D was hired in March 2020 and last worked at the AFH on 11/05/2022. Included in the email was Staff D's BGI that was completed on 05/31/2022. There was no record of Staff D's FBC.

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An email received from Background Check Central Unit (BCCU) on 09/19/2024, showed that there was a completed FBC on 09/14/2018 and 11/14/2019.

Staff E

On 07/30/2024, record review of the AFH personnel records showed that Staff E did not have orientation, Washington state BGI and national FBC documents.

In an interview on 07/30/2024 at 5:16 PM, Staff B stated that Staff E last worked at the AFH over two years ago. Staff B stated they would look for Staff E 's AFH personnel records and would send it to department staff.

Email received on 08/06/2024 showed that Staff E was hired on 01/31/2021 and last worked at the AFH on 12/04/2022. Included in the email was Staff E's BGI completed on 12/13/2022. Received via fax on 09/19/2024 was Staff E's FBC that was completed on 07/31/2013.

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, LINA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 09/27/2024

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

Lina P. Navarro
Provider (or Representative)

09/27/2024
Date

WAC 388-76-10290 Tuberculosis. Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

An email received from Background Check Central Unit (BCCU) on 09/19/2024, showed that there was a completed FBC on 09/14/2015 and 11/14/2019.

Staff E

On 07/30/2024, record review of the AFH personnel records showed that Staff E did not have orientation, Washington state BGI and national FBC documents.

In an interview on 07/30/2024 at 5:16 PM, Staff B stated that Staff E last worked at the AFH over two years ago. Staff B stated they would look for Staff E 's AFH personnel records and would send it to department staff.

Email received on 08/06/2024 showed that Staff E was hired on 01/01/2021 and last worked at the AFH on 12/04/2022. Included in the email was Staff E's BGI completed on 12/11/2022. Received via fax on 09/16/2024 was Staff E's FBC that was completed on 07/31/2013.

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, LINA'S ADULT FAMILY HOME 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

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 340700	Compliance Determination # 44922
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Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff C, Caregiver) with a positive Tuberculosis (TB) test had a TB signs and symptoms evaluation when they were hired. This failure placed all the residents at the AFH at risk of exposure to TB, a communicable disease.

Findings included...

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 07/30/2024 at 10:47 AM, Staff B stated that Staff C worked full time and lived on site.

Record review of Staff C's AFH orientation record showed they were hired on 01/01/2023. Staff C had a chest x-ray completed on 11/23/2022 related to positive TB skin test. The chest x-ray showed no evidence of TB. Further review showed no record of TB signs and symptoms evaluation when they were hired.

In an interview on 07/30/2024 at 5:05 PM, Staff B stated that they thought that Staff C's chest x-ray was adequate and that they did not need to do anything else.

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, LINA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 09/27/2024

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

Lina P. Navarro
Provider (or Representative)

09/27/2024
Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) provider failed to ensure Negotiated Care Plan (NCP) was developed and completed

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff C, Caregiver) with a positive Tuberculosis (TB) test had a TB signs and symptoms evaluation when they were hired. This failure placed all the residents at the AFH at risk of exposure to TB, a communicable disease.

Findings included…

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 07/30/2024 at 10:47 AM, Staff B stated that Staff C worked full time and lived on site.

Record review of Staff C's AFH orientation record showed they were hired on 01/01/2023. Staff C had a chest x-ray completed on 11/23/2022 related to positive TB skin test. The chest x-ray showed no evidence of TB. Further review showed no record of TB signs and symptoms evaluation when they were hired.

In an interview on 07/30/2024 at 5:05 PM, Staff B stated that they thought that Staff C's chest x-ray was adequate and that they did not need to do anything else.

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, LINA'S ADULT FAMILY HOME 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

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) provider failed to ensure Negotiated Care Plan (NCP) was developed and completed

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within thirty days of admission for 1 of 2 residents (Residents 3). This failure placed Resident 3 of unmet care needs.

Findings included...

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Review of Resident 3's AFH records showed they were admitted to the home on [redacted] /2022. There was an NCP that was completed and signed on 03/13/2022, 71 days after Resident 3's admission to the AFH.

In an interview on 07/30/2024 at 3:00 PM, Staff B had no response when department staff asked the reason why Resident 3's NCP was completed 71 days after the admission.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By ticking this action, LINA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 09/27/2024

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

Lina P. Navarro — Provider (or Representative)

09/27/2024 — Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

(4) At least every twelve months

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 5) when parts of the plan no longer addressed their care needs. In addition, the AFH failed to review the

within thirty days of admission for 1 of 2 residents (Residents 3). This failure placed Resident 3 of unmet care needs.

Findings included…

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Review of Resident 3's AFH records showed they were admitted to the home on [redacted]/2022. There was an NCP that was completed and signed on 03/13/2022, 71 days after Resident 3's admission to the AFH.

In an interview on 07/30/2024 at 3:00 PM, Staff B had no response when department staff asked the reason why Resident 3's NCP was completed 71 days after the admission.

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, LINA'S ADULT FAMILY HOME 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

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 5) when parts of the plan no longer addressed their care needs. In addition, the AFH failed to review the

Statement of Deficiencies	License #: 340700	Compliance Determination # 44982
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resident's NCP at least every twelve months. These failures placed Resident 5 for unmet care needs, and receiving care and services they did not negotiate.

Findings included...

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Review of Resident 5's AFH records showed they were admitted to the home on [redacted]/2023. Resident 5's 09/13/2024 annual assessment showed the Resident 5 was to be provided daily active range of motion and monthly wellness education. Resident 5's 04/11/2023 NCP did not address their active range of motion and wellness education. The AFH last updated and signed Resident 5's NCP on 04/11/2023.

In an interview on 07/30/2024 at 3:05 PM, Staff B had no response when informed that NCP was missing information of providing daily active range of motion and monthly wellness education. Staff B did not answer the question, why NCP was not reviewed in twelve months after the last update on 04/11/2023.

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, UNA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date): 09/27/24.

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

Lina P. Navarro
Provider (or Representative)

09/27/2024
Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that that the medication log for 1 of 2 sampled residents (Resident 5) was updated. In addition, the AFH failed to ensure that the resident had their prescribed

resident's NCP at least every twelve months. These failures placed Resident 5 for unmet care needs, and receiving care and services they did not negotiate.

Findings included…

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Review of Resident 5's AFH records showed they were admitted to the home on [redacted]/2023. Resident 5's 03/13/2024 annual assessment showed the Resident 5 was to be provided daily active range of motion and monthly wellness education. Resident 5's 04/11/2023 NCP did not address their active range of motion and wellness education. The AFH last updated and signed Resident 5's NCP on 04/11/2023.

In an interview on 07/30/2024 at 2:05 PM, Staff B had no response when informed that NCP was missing information of providing daily active range of motion and monthly wellness education. Staff B did not answer the question, why NCP was not reviewed in twelve months after the last update on 04/11/2023.

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, LINA'S ADULT FAMILY HOME 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

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that that the medication log for 1 of 2 sampled residents (Resident 5) was updated. In addition, the AFH failed to ensure that the resident had their prescribed

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medications available in the AFH. These failures placed Resident 5 at risk of medication errors and risk of worsening conditions from missing prescribed medications.

Findings included:,

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that Resident 5 lived and received medication assistance from the AFH staff.

Review of Resident 5's AFH records showed they were admitted to the home on [redacted]/2023. Review of Resident 5's July 2024 pharmacy generated medication log showed they were prescribed Vitamin B-1 (vitamin supplement that helps the body turn food into energy) 100 milligram (mg) one tablet every morning; Lunesta (for sleep problem) 2 mg one tablet at bedtime as needed for insomnia; and Fioricet (combination medication used to treat tension headache) one tablet every four hours as needed.

Observation on 07/30/2024 at 1:30 PM of Resident 5's medication supplies showed that there was no supply of Vitamin B12, Lunesta and Fioricet medications.

In an interview on 07/30/2024 at 1:46 PM, Staff B stated that Resident 5 did not have the Vitamin B12 for over two months, as Resident 5 did not buy the medication. Staff B stated that Resident 5 needed to have an appointment with the physician for pharmacy to refill the Fioricet medication. Staff B stated that they did not order the Lunesta as Resident 5 cancelled their sleep study appointment. Staff B stated they did not notify Resident 5's primary physician regarding these medications that were not available.

Record review of Resident 5's AFH records showed document that the AFH had faxed request for refill of Fioricet medication on 03/21/2024. Pharmacy responded on 03/24/2024 that physician order was needed for the refill.

In an interview on 07/30/2024 at 1:54 PM, Staff B acknowledged that they did not make any follow up after receiving the pharmacy response.

Observation on 07/30/2024 at 1:55 PM showed Resident 5 had a medication supply of Naloxone (used in emergency to treat known or suspected opioid overdose) nasal spray that was dispensed by a local pharmacy. The medication had a label "RX 6929500" dated 03/11/2024.

Record review of Resident 5's July 2024 pharmacy generated medication log did not show this medication listed.

In an interview on 07/30/204 at 2:00 PM, Staff B stated that Resident 5 had not used the medication. Staff B added, "Maybe I can write it down now."

medications available in the AFH. These failures placed Resident 5 at risk of medication errors and risk of worsening conditions from missing prescribed medications.

Findings included…

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that Resident 5 lived and received medication assistance from the AFH staff.

Review of Resident 5's AFH records showed they were admitted to the home on [redacted]/2023. Review of Resident 5's July 2024 pharmacy generated medication log showed they were prescribed Vitamin B-1 (vitamin supplement that helps the body turn food into energy) 100 milligram (mg) one tablet every morning; Lunesta (for sleep problem) 2 mg one tablet at bedtime as needed for Insomnia, and Fioricet (combination medication used to treat tension headache) one tablet every four hours as needed.

Observation on 07/30/2024 at 1:30 PM of Resident 5's medication supplies showed that there was no supply of Vitamin B12, Lunesta and Fioricet medications.

In an interview on 07/30/2024 at 1:48 PM, Staff B stated that Resident 5 did not have the Vitamin B12 for over two months, as Resident 5 did not buy the medication. Staff B stated that Resident 5 needed to have an appointment with the physician for pharmacy to refill the Fioricet medication. Staff B stated that they did not order the Lunesta as Resident 5 cancelled their sleep study appointment. Staff B stated they did not notify Resident 5's primary physician regarding these medications that were not available.

Record review of Resident 5's AFH records showed document that the AFH had faxed request for refill of Fioricet medication on 03/21/2024. Pharmacy responded on 03/24/2024 that physician order was needed for the refill.

In an interview on 07/30/2024 at 1:54 PM, Staff B acknowledged that they did not make any follow up after receiving the pharmacy response.

Observation on 07/30/2024 at 1:55 PM showed Resident 5 had a medication supply of Naloxone (used in emergency to treat known or suspected opioid overdose) nasal spray that was dispensed by a local pharmacy. The medication had a label "RX 6929500" dated 03/11/2024.

Record review of Resident 5's July 2024 pharmacy generated medication log did not show this medication listed.

In an interview on 07/30/204 at 2:00 PM, Staff B stated that Resident 5 had not used the medication. Staff B added, "Maybe I can write it down now."

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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, LINA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 09/27/24.

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

Lina P. Navarro — Provider (or Representative)

09/27/24 — Date

WAC 388-78-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(1) Receives appropriate necessary services, as identified in the assessment and negotiated care plan;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to train 1 of 2 sampled staff (Staff C, Caregiver) regarding residents Negotiated Care Plan (NCP). This failure placed residents at potential risk of not receiving appropriate services from the AFH staff.

Findings included...

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 07/30/2024 at 10:47 AM, Staff B stated that Staff C worked full time and lived on site.

Record review of Staff C's AFH orientation record showed they were hired on 01/01/2023 and completed their orientation on 01/01/2023.

Observation on 07/30/2024 at 10:48 AM, showed Staff C walked Resident 1 in the AFH hallway.

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, LINA'S ADULT FAMILY HOME 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

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(1) Receives appropriate necessary services, as identified in the assessment and negotiated care plan;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to train 1 of 2 sampled staff (Staff C, Caregiver) regarding residents Negotiated Care Plan (NCP). This failure placed residents at potential risk of not receiving appropriate services from the AFH staff.

Findings included…

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 07/30/2024 at 10:47 AM, Staff B stated that Staff C worked full time and lived on site.

Record review of Staff C's AFH orientation record showed they were hired on 01/01/2023 and completed their orientation on 01/01/2023.

Observation on 07/30/2024 at 10:48 AM, showed Staff C walked Resident 1 in the AFH hallway.

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Observation on 07/30/2024 at 5:11 PM showed Staff C walked Resident 2 to the bathroom.

In an interview on 07/30/2024 at 6:18 PM, Staff C stated that it was in "resident's book" when asked "How do you know what each of the resident needs?" Staff C was not able to say the name of the document.

In an interview on 07/30/2024 at 6:37 PM, department staff asked Staff C to show where in resident's AFH records contained the information on what each resident needs. Staff C stated that they forgot the name of the document.

Observation on 07/30/2024 at 6:40 PM showed Staff C looked and flipped through the pages of Resident 4's AFH records.

Observation on 07/30/2024 at 6:44 PM showed Staff C asked for Staff B's assistance to show them what document contained the information on what each resident needs.

Observation on 07/30/2024 at 6:45 PM showed Staff B flagged and showed Staff C, Resident 4's NCP in the binder.

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, LINA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 09127124.

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

Lina P. Navarro — Provider (or Representative)

09127124 — Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to maintain the home in good repair and homelike condition when the closet doors of 2 of 5 licensed bedrooms (Bedroom A and Bedroom B) were off the track. These failures

Observation on 07/30/2024 at 5:11 PM showed Staff C walked Resident 2 to the bathroom.

In an interview on 07/30/2024 at 6:16 PM, Staff C stated that it was in “resident’s book” when asked “How do you know what each of the resident needs?” Staff C was not able to say the name of the document.

In an interview on 07/30/2024 at 6:37 PM, department staff asked Staff C to show where in resident’s AFH records contained the information on what each resident needs. Staff C stated that they forgot the name of the document.

Observation on 07/30/2024 at 6:40 PM showed Staff C looked and flipped through the pages of Resident 4’s AFH records.

Observation on 07/30/2024 at 6:44 PM showed Staff C asked for Staff B’s assistance to show them what document contained the information on what each resident needs.

Observation on 07/30/2024 at 6:45 PM showed Staff B flagged and showed Staff C, Resident 4’s NCP in the binder.

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, LINA'S ADULT FAMILY HOME 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

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to maintain the home in good repair and homelike condition when the closet doors of 2 of 6 licensed bedrooms (Bedroom A and Bedroom B) were off the track. These failures

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placed Resident 2 and Resident 4 with diminished quality of life.

Findings included...

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Observation on 07/30/2024 at 10:31 AM showed Bedroom [redacted] occupied by Resident 2, with the closet doors off the track.

In an interview on 07/30/2024, Staff B stated that Resident 2 was legally blind. Staff B acknowledged that Bedroom [redacted] closet door needed repair.

Observation on 07/30/2024 at 10:33 AM showed Bedroom [redacted] occupied by Resident 4, with the closet doors off the track.

In an interview on 07/30/2024 at 10:34 AM, Staff B acknowledged that the closet doors needed repairs.

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, LINA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 09/27/24

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

Lina P. Navarro
Provider (or Representative)

09/27/24
Date

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

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time, and

This requirement was not met as evidenced by:

placed Resident 2 and Resident 4 with diminished quality of life.

Findings included…

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Observation on 07/30/2024 at 10:31 AM showed Bedroom [redacted] occupied by Resident 2, with the closet doors off the track.

In an interview on 07/30/2024, Staff B stated that Resident 2 was legally blind. Staff B acknowledged that Bedroom [redacted] closet door needed repair.

Observation on 07/30/2024 at 10:33 AM showed Bedroom [redacted] occupied by Resident 4, with the closet doors off the track.

In an interview on 07/30/2024 at 10:34 AM, Staff B acknowledged that the closet doors needed repairs.

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, LINA'S ADULT FAMILY HOME 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

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

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

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Based on interview and record review, the Adult Family Home (AFH) failed to conduct a full emergency evacuation drill with all residents participating together for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure placed all residents at risk for potential harm in the event of a fire or other emergency requiring evacuation.

Findings included...

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Record review of the AFH's 2023 emergency evacuation drills showed drill completed on 09/09/2023 marked as every two months was participated by three staff and five residents that took four minutes. A fire drill completed on 11/03/2023 marked as full evacuation/annually participated by three staff and four residents that took five minutes. The 11/03/2023 fire drill was participated by Residents 1, 2, 3, and 4. Resident 5 was not on the list.

Record review of Resident 5's AFH records showed they were admitted to the home on [redacted] 2023.

Record review of the AFH's 2024 emergency evacuation drills showed six drills completed. A fire drill on 01/01/2024 marked as every two months participated by three staff and five residents that took four minutes. Fire drill on 03/01/2024 marked as every two months participated by three staff and four residents that took four minutes. Fire drill on 05/01/2024 marked as every two months participated by three staff and five residents that took five minutes. Fire drill on 07/01/2024 marked as every two months participated by three staff and five residents that took four minutes. There was no fire drill performed that was marked as full evacuation/annually.

In an interview on 07/30/2024 at 5:28 PM, Staff B had no response when department staff pointed out the 11/03/2023 drill marked as full evacuation was not participated by all five residents of the AFH.

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, LINA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 09/27/2024

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

Based on interview and record review, the Adult Family Home (AFH) failed to conduct a full emergency evacuation drill with all residents participating together for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure placed all residents at risk for potential harm in the event of a fire or other emergency requiring evacuation.

Findings included…

In an interview on 07/30/2024 at 10:20 AM, Staff B, Resident Manager stated that they have five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Record review of the AFH's 2023 emergency evacuation drills showed drill completed on 09/06/2023 marked as every two months was participated by three staff and five residents that took four minutes. A fire drill completed on 11/03/2023 marked as full evacuation/annually participated by three staff and four residents that took five minutes. The 11/03/2023 fire drill was participated by Residents 1, 2, 3, and 4. Resident 5 was not on the list.

Record review of Resident 5's AFH records showed they were admitted to the home on [redacted]/2023.

Record review of the AFH's 2024 emergency evacuation drills showed six drills completed. A fire drill on 01/01/2024 marked as every two months participated by three staff and five residents that took four minutes. Fire drill on 03/01/2024 marked as every two months participated by three staff and four residents that took four minutes. Fire drill on 05/01/2024 marked as every two months participated by three staff and five residents that took five minutes. Fire drill on 07/01/2024 marked as every two months participated by three staff and five residents that took four minutes. There was no fire drill performed that was marked as full evacuation/annually.

In an interview on 07/30/2024 at 5:23 PM, Staff B had no response when department staff pointed out the 11/03/2023 drill marked as full evacuation was not participated by all five residents of the AFH.

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, LINA'S ADULT FAMILY HOME 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.

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Lina P. Navarro
Provider (or Representative)

09/27/2024
Date

Provider (or Representative) Date