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

IOAN AITONEAN
GENTLE CARE HOME
15833 SE 169TH PLACE
RENTON, WA 98058

RE: GENTLE CARE HOME License # 552501

Dear Provider:

This letter addresses Compliance Determination(s) 58535 (Completion Date 04/23/2025) and 52282 (Completion Date 01/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/23/2025 and found that you have corrected the violations listed in the Full report dated 01/14/2025. Your home is back in compliance as of 01/21/2025 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 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Karen Beardsley, NCI

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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

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 12/27/2024 and 12/27/2024 of:

GENTLE CARE HOME
15833 SE 169TH PLACE
RENTON, WA 98058

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:

Karen Beardsley, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 — 01/14/2025 (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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on interview and record review the adult family home failed to ensure 1 of 5 residents (Resident 1) had been assessed for alternative use of a [redacted] ([redacted]) to strap Resident 1 in the chair and failed to address the use of a secured [redacted] while sitting, in their Negotiated Care Plan (NCP). In addition, the resident record did not contain information that the resident or resident's representative had been informed of the risks of [redacted] use.

Findings included…

Record review of Resident 1's information face sheet showed that the Resident had been admitted to the facility on [redacted]/2024. A signed statement from Resident 1's Representative (Collateral Contact 1 [CC1]) titled "Use of [redacted] to Prevent Falls" dated 04/09/2024 showed, "We approve of Gentle Care Home and staff to use the [redacted] to strap to be used around [Resident 1] and the back of his chairs to prevent him from falling from the chairs. This restraint will help because [Resident 1] has a history of sleeping in his chair and slipping out and falling to the floor. They will be held harmless should he have any incident with the [redacted] strapped around the back of the chair to secure his sitting position]."

Resident 1's 04/08/2024 NCP showed that they had a [redacted], required for assistance with ambulation and transferring, but NCP did not specify any alternative uses for the [redacted] and no assessment for the requested use of the [redacted] was present.

On 12/27/2024 at 3:22 PM, Staff A, Provider, stated that CC1 had asked staff to tie the [redacted] around the resident and their chair and that they had been doing so with the resident often tying the [redacted] around the chair themself because they were afraid of falling.

On 01/09/2024 at 3:56 PM during an interview with Staff A, they stated that since 12/27/2024 they had added the [redacted] use into the NCP and had a physician's order and had provided Resident 1's representative with information regarding risk and benefits of [redacted] use.

On 01/10/2024 at 1:50 AM, the Department received a document signed by Resident 1's physician showing "ok for patient to use [redacted] to help prevent fall while sitting in the wheelchair" and a "Safety & Risk Policy" dated 12/31/2024 signed by Resident 1's representative showing, "This Policy has been written to disclose all risk & safety of [redacted] use in wheelchairs. [redacted] in wheelchairs are a safety risk and could cause harm and injury and even death. The Safety is also by reassuring the patient is not falling out of wheelchair and preventing future injury. [redacted] in wheelchairs are classified as restraint unless the patient can independently fasten and unfasten them." This was four days after the visit of Department Staff.

On 01/13/2024 at 11:02 AM during an interview with CC1, they stated that Resident 1 had been using a [redacted] since before they admitted to the AFH because Resident 1 was afraid of falling and it is tied around the resident and the wheelchair. CC1 stated that Resident 1 had a history of sliding out of chairs when they are tired. When asked if the AFH had provided them with safety information about risks and benefits of [redacted] use, they stated that they had been given information verbally and then clarified that they'd received information from a previous healthcare provider and that they hadn't needed further information from the AFH.

On 01/14/2024 at 10:04 AM during telephone interview with Resident 1, stated that they use a [redacted] while in their wheelchair when they feel like they may fall. The resident stated that when they fall asleep, they have difficulty staying upright and that they put the [redacted] on themselves, that goes through the arms of the chair. When asked if they had been informed of the risks and benefits of using the [redacted], Resident 1 stated that they had not.

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, GENTLE CARE 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