STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

ALCANTARA ENTERPRISES INC
RIVER OF LIFE HOME CARE
239 NE 178TH ST
SHORELINE, WA 98155

RE: RIVER OF LIFE HOME CARE License # 751431

Dear Provider:

This letter addresses Compliance Determination(s) 30911 (Completion Date 10/11/2023) and 27749 (Completion Date 09/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/11/2023 and found that you have corrected the violations listed in the Complaint report dated 09/05/2023. Your home is back in compliance as of 09/02/2023 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 388-76-10655-1

The Department staff who did the on-site verification:
Ellen Schooler, NCI Nurse Consultant Institution

If you have any questions, please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: RIVER OF LIFE HOME CARE
License/Cert.#: 751431
Compliance Determination #: 27749
Investigator: Ellen Schooler
Provider Type: Adult Family Home
Intake ID: 96721
Region/Unit #: RCS Region 2 / Unit K
Investigation Date(s): 08/08/2023 through 09/05/2023
Complainant Contact Date(s):

Allegation(s):
The Adult Family Home (AFH) used two full [redacted] as a restraint to keep Named Resident (NR) in bed.

Investigation Methods:

Sample:
Total residents: 5
Resident sample size: 2
Closed records sample size: 0

Observations:
Adult Family Home Environment
Identified resident
Residents
Activities
Resident care equipment
Resident rooms
Staff to resident interactions

Interviews:
Identified resident
Residents
AFH caregivers
AFH Provider

Record Reviews:
AFH policies and procedures.
Negotiated Care Plans
Physician's order

Investigation Summary:
Observation showed that AFH provided care and services to residents. Residents were comfortable and well-groomed. Residents were treated with respect and dignity. No sign/ symptom of abuse or neglect observed. Observation of NR in their room showed full [redacted] on left side of bed which was also against the wall and window and a second full [redacted] was observed on the floor near the foot of the bed. Interview with NR indicated the purpose of the [redacted] on their bed was to keep them from getting out of bed at night. Interview with AFH staff showed the purpose of the [redacted] on both sides of the bed was to keep NR from getting out of bed at night. Record reviews indicated that AFH did not have assessment which showed indications for use related

to [redacted].
Failed practice identified related to [redacted] use.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 751431	Compliance Determination # 27749
Plan of Correction	RIVER OF LIFE HOME CARE	Completion Date
Page 1 of 3	Licensee: ALCANTARA ENTERPRISES INC	09/05/2023

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 an unannounced on-site complaint investigation on 08/08/2023 and 08/08/2023 of:

RIVER OF LIFE HOME CARE
239 NE 178TH ST
SHORELINE, WA 98155

This document references the following complaint number(s): 91413, 96721

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 investigated the Adult Family Home:

Ellen Schooler, NCI Nurse Consultant Instituation

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Ann Lee-Hunter — Residential Care Services

9/14/2023 — 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.

Provider (or Representative) — Date: 09/19/2023

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(1) Each resident's right to be free from physical and mechanical restraints used for discipline or convenience;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide an alternative method in maintaining a resident's safety without the use of a [redacted] as a barrier to prevent the resident from getting out of bed for 1 of 5 residents (Resident 2). This failure resulted in Resident 2 confined a with mechanical restraint at risk for injury or entrapment and diminished quality of life.

Findings included...

Record review of the AFH's undated policy titled, "River of Life AFH will not tolerate Abuse in any form whatsoever", showed abuse in any form (abandonment, abuse, neglect of any resident, exploitation, or financial exploitation of any resident's property) was not tolerated.

On 08/08/2023 at 1:28PM, observation of Resident 2 in their room showed full [redacted] on left side of bed which was also against the wall and window and a second full [redacted] was observed on the floor near the foot of the bed.

On 08/08/2023 at 1:32PM, Resident 2 was asked about the purpose of the [redacted] on their bed. Resident 2 stated," It is used to keep me from getting out of bed. The [redacted] on the floor is added to the bed at night". Resident 2 stated they were not able to use the [redacted] to turn or reposition in bed.

On 08/08/2023 at 3:20 PM, requested records from Staff A, Provider via telephone call related to the use of [redacted] for Resident 2. Requested assessment related to the purpose of use for the [redacted], the consent form for full [redacted] use on both sides of the bed, and evidence the Risk versus Benefits document had been explained to and provided to resident 2's Responsible Party/Representative; none of the requested documents were provided by Staff A to the Department.

Record Review of a physician's order dated 11/21/2022 showed an order which stated, "I approve of the patient using [redacted]". No additional information was provided to specify

the purpose of use for the [redacted].

In an interview on 08/24/2023 at 4:54PM, Staff B, caregiver, was asked the purpose of the [redacted] on Resident 2's bed. Staff B stated, "we put the [redacted] on Resident 2's bed at night for safety, and it stops Resident 2 from getting out of bed because Resident 2 gets out of bed during the night".

In an interview on 09/05/2023 at 11:20AM, Staff A (Provider), stated that the [redacted] were used for Resident's 2 safety to keep Resident 2 in bed at night and the [redacted] were put into place at the request of Resident 2's daughter. Staff A stated they thought the [redacted] had been in place about 1 year.

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, RIVER OF LIFE HOME CARE is or will be in compliance with this law and / or regulation on (Date) 09/02/2023.

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

Provider (or Representative) _____ Date 09/19/2023

RIVER OF LIFE HOME CARE

239 NE 178TH ST SHORELINE WA 98155 P: 206-361-2645; F: 206-420-1638

September 19, 2023

ANN LEE-HUNTER, FIELD MANAGER
REGION 2, UNIT K
RESIDENTIAL CARE SERVICES

RE: RIVER OF LIFE HOME CARE LICENSE # 751431

Dear Ms Ann Lee-Hunter,

We refer to your September 09, 2023 certified mail stating among others that DSHS has completed a complaint investigation of our facility on September 05, 2023 and found that our home does not meet the Adult Family Home licensing requirements.

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(1) Each resident right to be free from physical restraints used for discipline or convenience;

In compliance, the adult family home immediately called the Resident's daughter-POA to call the equipment rental company to pick-up the [redacted] as soon as possible. We wish to reiterate that the home did not request for these [redacted] because of the risks involved which were verbally communicated to the daughter-POA but she insisted. And so we asked her to seek a doctor's order and the home will have this indicated in the assessment and the negotiated care plan before it could be installed. Having done all these, we thought that we have met all the requirements of the WAC only to find out later that we fell short of meeting the requirement. Anyway, the device was already picked-up by the rental company as of September 02, 2023 (copy of ticket attached). We are therefore, returning the report and the Attestation Statement signed and dated.

Sincerely,

RODIL ALCANTARA
Provider