STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Lilia N Conovalov
Magda's Adult Care
8401 NE Fourth Plain Blvd
Vancouver, WA 98662

RE: Magda's Adult Care License # 751812

Dear Provider:

This letter addresses Compliance Determination(s) 43767 (Completion Date 07/08/2024) and 42576 (Completion Date 06/17/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/08/2024 and found that you have corrected the violations listed in the Full report dated 06/17/2024. Your home is back in compliance as of 06/27/2024 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 388-76-10650-2-c

The Department staff who did the off-site verification:
Hongyan Cluer, RN, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 751812	Compliance Determination # 42576
Plan of Correction	Magda's Adult Care	Completion Date
Page 1 of 3	Licensee: Lilia N Conovalov	06/17/2024

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 06/11/2024 and 06/17/2024 of:
Magda's Adult Care
8401 NE Fourth Plain Blvd
Vancouver, WA 98662

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 Adult Family Home:

Hongyan Cluer, RN, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

06/17/2024
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

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Vancouver, WA 98662

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800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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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 #: 751812	Compliance Determination # 42576
Plan of Correction	Magda's Adult Care	Completion Date
Page 2 of 3	Licensee: Lilia N Conovalov	06/17/2024

Lilia Conovalov
Provider (or Representative)

06.27.2024
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:

(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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the resident's negotiated care plan included how the resident would use attached [redacted] or [redacted] for 2 of 3 residents (Resident 1 [R1] and Resident 2 [R2]). This failure placed the residents at risk for possible bodily injury and/or death due to entrapment, suffocation, or strangulation.

Findings included...

An unannounced inspection visit was conducted on 06/11/2024.

Observation at 11:35 AM showed one [redacted] attached to one side of R1's bed in R1's room.

Observation at 11:40AM, showed one [redacted] attached to one side of R2's bed and one [redacted] located near R2's bedside in R2's room.

During an interview at 11:36 AM, Staff A, AFH provider, stated that they use the [redacted] to help R1 repositioning, and they had been using it since R1 moved in.

During an interview at 11:42 AM, Staff A, stated that they use the [redacted] and [redacted] to help R2 repositioning and transfer.

Review of R1's medical record showed R1 moved into the AFH on [redacted] 2023 with diagnoses including [redacted]. R1's most recent negotiated care plan (NCP) was signed and dated 01/03/2024. It did not include how R1 would use [redacted].

Review of R2's medical record showed R2 moved into the AFH on [redacted] 2023 with diagnoses including [redacted]. R2's most recent NCP was dated 10/05/2023 and signed

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:

(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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the resident's negotiated care plan included how the resident would use attached [redacted] or [redacted] for 2 of 3 residents (Resident 1 [R1] and Resident 2 [R2]). This failure placed the residents at risk for possible bodily injury and/or death due to entrapment, suffocation, or strangulation.

Findings included…

An unannounced inspection visit was conducted on 06/11/2024.

Observation at 11:35 AM showed one [redacted] attached to one side of R1's bed in R1's room.

Observation at 11:40AM, showed one [redacted] attached to one side of R2's bed and one [redacted] located near R2's bedside in R2's room.

During an interview at 11:36 AM, Staff A, AFH provider, stated that they use the [redacted] to help R1 repositioning, and they had been using it since R1 moved in.

During an interview at 11:42 AM, Staff A, stated that they use the [redacted] and [redacted] to help R2 repositioning and transfer.

Review of R1's medical record showed R1 moved into the AFH on [redacted]/2023 with diagnoses including [redacted]. R1's most recent negotiated care plan (NCP) was signed and dated 01/03/2024. It did not include how R1 would use [redacted].

Review of R2's medical record showed R2 moved into the AFH on [redacted]/2023 with diagnoses including [redacted]. R2's most recent NCP was dated 10/05/2023 and signed

Statement of Deficiencies	License #: 751612	Compliance Determination # 42576
Plan of Correction	Magda's Adult Care	Completion Date
Page 3 of 3	Licensee: Lilia N Conovalov	06/17/2024

10/15/2023. It did not include how R2 would use [redacted] and [redacted]

During an interview at 12:54 PM, Staff A stated that she would update care plans immediately

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, Magda's Adult Care is or will be in compliance with this law and / or regulation on (Date) 06.27.2024

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

Provider (or Representative) — Date: 06.27.2024

The careplans for all residents were revised and R1 and R2 care plans were updated to reflect the need for use of [redacted] and [redacted]. Provider will make sure to be detailed in care plans regarding the care provided and equiptment use. Provider will make sure to always get consent from resident/POA, have assessment for [redacted] / [redacted], include it on the care plans.

Lilia Conovalov

10/15/2023. It did not include how R2 would use [redacted] and [redacted].

During an interview at 12:54 PM, Staff A stated that she would update care plans immediately.

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, Magda's Adult Care 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

06/17/2024

Lilia N Conovalov
Magda's Adult Care
8401 NE Fourth Plain Blvd
Vancouver, WA 98662

RE: Magda's Adult Care # 751812

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/17/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

One adult family home care staff (Staff B) did not have 2nd Tuberculosis skin test within one to three weeks after the first test was read negative on 5/28/2023.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The adult family home failed to ensure personal belongings inventory were completed and signed for Resident 1 and Resident 2.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider

any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600