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

HEART TO HEART LOVING CARE INC
HEART TO HEART LOVING CARE
21329 9TH AVE SE
BOTHELL, WA 98021

RE: HEART TO HEART LOVING CARE License # 752027

Dear Provider:

This letter addresses Compliance Determination(s) 25220 (Completion Date 06/12/2023) and 22814 (Completion Date 05/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/12/2023 and found that you have corrected the violations listed in the Complaint report dated 05/05/2023. Your home is back in compliance as of 05/20/2023 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 388-76-10510, WAC 388-76-10510-2, WAC 388-76-10510-4, WAC 388-76-10510-6, WAC 388-76-10360, WAC 388-76-10340, WAC 388-76-10340-1, WAC 388-76-10340-2, WAC 388-76-10340-3, WAC 388-76-10340-4, WAC 388-76-10340-5

The Department staff who did the on-site verification:
Meazawork Tekie, Complaint Investigator

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: HEART TO HEART LOVING CARE
Provider Type: Adult Family Home
License/Cert.#: 752027
Intake ID: 78626
Compliance Determination #: 22814
Region/Unit #: RCS Region 2 / Unit I
Investigator: Meazawork Tekie
Investigation Date(s): 04/20/2023 through 05/05/2023
Complainant Contact Date(s): 05/08/2023

Allegation(s):

1. The Adult Family Home(AFH) staff neglected care for the Named Resident (NR).
2. The Adult Family Home (AFH) staff denied the Named Resident (NR) from eating meals in the dining room.
3. The Adult family Home (AFH) staff failed to perform daily Range Of Motion (ROM) for the Named Resident (NR).
4. The Adult Family Home (AFH) staff failed to ensure Named Resident (NR) choices were followed.
5. The Adult Family Home (AFH) staff failed to compete the Negotiated Care Plan (NCP) for the Named Resident (NR)

Investigation Methods:

Sample:	Total residents: 7 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions
Interviews:	Identified resident Identified staff Residents Nursing staff
Record Reviews:	Medical records Facility policies

Investigation Summary:

1. Observation shows the AFH with seven residents doing their daily activity. AFH staff were observed responding to call lights from residents. In an interview, NR stated call lights were answered with periodic delays. In interview, residents stated they were

feeling well cared for, and call light have been answered in a timely manner. In interview, staff reported adequate staff members available to provide care during day and night, and call lights have been answered in a timely manner.

2. Observation shows four AFH residents eating breakfast in the dining room. In observation, NR lying in bed waiting for AFH staff to assist them with transfer and breakfast. In an interview, NR restated the allegation. In an interview, residents stated they were well cared for, and were permitted to eat meals with other residents in the dining room. In an interview, staff reported NR has been assisted with meals in their room. In an interview, provider stated NR is getting assistance with meals in their room. See Statement of Deficiency Dated 5/8/2023.

3. Observation showed ROM exercise guideline posted at a visible site in NR's room. In interview, NR restated the allegation. In an interview, residents reported being well cared for, and participate with some form of daily activities. In an interview, staff reported ROM had not been getting done for NR. In an interview, provider stated ROM has not been getting done for NR. In record review, ROM was documented and education was provided to AFH staff. See Statement of Deficiency Dated 5/8/2023.

4. Observation showed NR with indwelling Foley catheter. In an interview, NR restated the allegation. In an interview, collateral contacts restated the allegation. In an interview, provider stated NR had request was not done for 'practical' reasons. See Statement of Deficiency Dated 5/8/2023.

5. Observation showed the AFH with seven residents doing their daily activity. In an interview, residents stated they were feeling well cared for, had access to meals, and they were given choices regarding their care. In an interview, provider stated NCP was not completed within 30 days of NR's admission. In record review, NCP not documented. See Statement of Deficiency Dated 5/8/2023.

Conclusion / Action:

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 04/20/2023 and 04/20/2023 of:

HEART TO HEART LOVING CARE
21329 9TH AVE SE
BOTHELL, WA 98021

This document references the following complaint number(s): 78626

The following sample was selected for review during the unannounced on-site visit: 4 of 7 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Meazawork Tekie, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
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.

Renee' Bourque
Residential Care Services

05/16/2023
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) 5/30/23 Date

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

(2) Is treated with courtesy, dignity, and respect;

(4) Has the opportunity to exercise control over life decisions, such as making the resident's own choices about daily life, participation in services or activities, care, and privacy;

(6) Is cared for in a manner that enhances or maintains the resident's quality of life;

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the Adult Family Home (AFH) failed to ensure 1 of 7 residents (Resident 1) received services in an environment that promoted and respected Resident 1's autonomy (self-determination), including their physical and psychosocial needs. This failure contributed to Resident 1's decreased Resident 1's quality of life and violated their resident rights.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses that included [redacted], and [redacted].

Resident 1's assessment, dated 03/05/2023, showed Resident 1 had an indwelling Foley catheter (drainage tube that connected to a closed collection system). Resident 1 required minimal assistance with bed mobility, and 2-person assistance with transfers.

Observation of Resident 1, on 04/20/2023 at 8:00 AM, showed Resident 1 lying in bed with a urine collection bag hanging on the left side of their bed.

During an interview, on 04/20/2023 at 8:00 AM, Resident 1 stated that they had the Foley catheter inserted when they lived at home to decrease the number of trips to the commode/bathroom to urinate. Resident 1 stated that this was done for ease of care on their family that provided their personal care. Resident 1 stated that the Foley catheter caused unnecessary pain and discomfort from frequent leaking. Resident 1 stated that when they admitted to the AFH, they expressed to Staff A, Provider, that they wanted the Foley catheter removed by their Hospice Medical Provider. Resident 1 stated that they continued to repeat their request multiple times to have their Foley catheter removed to

Staff A. Resident 1 stated that Staff A was concerned if they (Resident 1) had their Foley catheter removed, it would cause extra work for the AFH caregivers. Resident 1 stated that they (Resident 1) had requested a care conference meeting that occurred on 03/27/2023 with Staff A, their Hospice Team, and Resident 1's family. Resident 1 stated that they repeated their request to move forward with the removal of their Foley catheter. Resident 1 stated that it was decided the Foley catheter would remain in place to make it easy and convenient for AFH staff to care for Resident 1. Resident 1 stated that the decision to keep Foley catheter in place made them feel that they had lost control of their rights to make decisions for their own body.

During an interview, on 04/20/2023 at 11:55 AM, Resident 1's Representative, collateral contact 1 (CC1), stated that, per their conversation with the Staff A before Resident 1 was admitted to AFH, it was understood by CC1 that Resident 1's Foley catheter would be removed once Resident 1 was admitted to AFH. CC1 stated that Resident 1 had continued to request their Foley catheter be removed since they admitted to the AFH. CC1 stated that Staff A refused to agree to the removal of Resident 1's Foley catheter because it was easier for AFH staff to care for Resident 1. CC1 stated that they would be moving Resident 1 to another AFH that was agreeable to provide care for Resident 1 without a Foley catheter in place.

During an interview, on 04/20/2023 at 12:35 PM, Staff A stated that during the care conference, on 03/27/2023, it was decided to keep Resident 1's Foley catheter in place for easier care. Staff A stated that the Foley catheter was manageable for AFH staff. Staff A stated that Resident 1 did agree to keep the Foley catheter, but that Resident 1 made it known that their preference was to have the Foley catheter removed.

During an interview, on 04/25/2023 at 3:00 PM, CC2, Registered Nurse/Hospice Provider, stated that Resident 1 had made a request to the Hospice Team during a care conference on 03/27/2023 to have their Hospice Team remove their Foley catheter. CC2 stated that the Hospice team had agreed with Resident 1's request. CC2 stated that they (Hospice) then received an email from Staff A, on 03/29/2023, that stated that Resident 1's Foley catheter was to remain in place.

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, HEART TO HEART LOVING CARE is or will be in compliance with this law and / or regulation on (Date) 5/29/23 .

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

Provider (or Representative) — Date: 5/30/23

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 record review and interview, the Adult Family Home (AFH), failed to ensure 1 of 7 residents (Resident 1) Negotiated Care Plan (NCP) was developed and completed within 30 days of Resident 1's admission. This failure placed Resident 1 at risk for unmet care needs and contributed to Resident 1's preferences not being implemented.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses that included [redacted], and [redacted].
Resident 1 required assistance to complete their range of motion (ROM) exercises.

Review of Resident 1's Hospice record showed that, on 3/31/2023, the Hospice Physical Therapist (PT) instructed the AFH staff on performing ROM exercises for Resident 1. The Hospice (PT) documented that the AFH staff were able to demonstrate to the Hospice (PT) how to perform active and passive ROM exercises for Resident 1.

Review of Resident 1's assessment, dated 03/05/2023, showed AFH staff were to encourage range of motion and for Resident 1 to be physically active.

Observation, on 04/20/2023 at 8:00 AM, of Resident 1's room showed that a ROM exercise guideline was posted on the wall above Resident 1's head of bed.

During an interview, on 04/20/2023 at 8:00 AM, Resident 1 stated that they had not received assistance with their ROM exercises.

During an interview, on 04/20/2023 at 8:35 AM, Staff B, Caregiver, stated that they and Staff A, Provider, worked on developing NCPs. Staff B was not able to present Resident 1's NCP during departments visit. Staff B stated that Resident 1's NCP was not developed yet. Staff B stated that the AFH staff were taught how to preform ROM for Resident 1 by Resident 1's Hospice (PT). Staff B stated that Resident 1's ROM was not done because there was no care plan for Resident 1.

During an interview, on 05/2/2023 at 2:00 PM, Resident 1 stated that not receiving their daily ROM exercise had increased pain and stiffness to their shoulders.

During an interview, on 05/03/2023 at 2:30 PM, Staff A stated that the NCP was not completed. Staff A stated that the NCP needed to be completed within 30 days of 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, HEART TO HEART LOVING CARE is or will be in compliance with this law and / or regulation on (Date) 5/20/23.

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

Provider (or Representative) — Date: 5/30/23

WAC 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure a Preliminary Service Plan (PSP) was in place for 1 of 7 residents (Resident 1). This failure placed Resident 1 at risk of having unrecognized care needs.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with several diagnoses. Resident 1's record did not have a PSP.

During an interview, on 4/20/2023 at 8:35 AM, Staff B, Caregiver, stated that they and Staff A, Provider, worked on developing care plans. Staff B was not able to present Resident 1's PSP during departments' visit. Staff B stated that Resident 1's PSP was not developed

yet.

During an interview, on 05/03/2023 at 2:30 PM, Staff A stated that the PSP was not completed. Staff A stated they continued to work on establishing care and had not developed a care plan for Resident 1 during Resident 1's stay at 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, HEART TO HEART LOVING CARE is or will be in compliance with this law and / or regulation on (Date) 5/20/23.

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

Provider (or Representative) — Date: 5/30/23

PLAN OF CORRECTIONS

Heart to Heart Loving Care INC

License# 752027

Date: 5/20/2023

WAC 388-76-10510 Residents rights.

Correction plan:

Date: 5/20/2023

We have corrected this matter and will allow residents to be with a Foley catheter or have it removed based on their preference. The ultimate decision is the residents.

WAC 388-76-10340 Preliminary service plan.

Correction Plan:

Date: 5/20/2023

We created a Preliminary service plan form, see attached. We will be using it all new residents.

WAC 388-76-10360 Negotiated Care Plan.

Correction Plan:

Date: 5/20/2023

We always do a negotiated care plan on our residents within 30 days of admission, and have it signed by the resident or POA. This time we didn't because there was talk of the resident moving and we thought the move would happen before the 30 days. But we will do negotiated care plan regardless of resident residing time frame.