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

S & A Loving Care, LLC
Cambridge Home
9817 124TH AVE SE
Renton, WA 98056

RE: Cambridge Home License # 754271

Dear Provider:

This letter addresses Compliance Determination(s) 49179 (Completion Date 10/22/2024) and 45770 (Completion Date 08/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/22/2024 and found that you have corrected the violations listed in the Full report dated 08/29/2024. Your home is back in compliance as of 09/19/2024 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 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-2, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

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

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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Sincerely,

Cecile Leano, Field Manager
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 754271	Compliance Determination # 45770
Plan of Correction	Cambridge Home	Completion Date
Page 1 of 6	Licensee: S & A Loving Care, LLC	08/29/2024

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 08/15/2024 and 08/15/2024 of:
Cambridge Home
9817 124TH AVE SE
Renton, WA 98056

The following sample was selected for review during the unannounced on-site visit: 2 of 2 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

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

09/04/2024
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

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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.

, RN, BSN
Provider (or Representative)

09/13/2024
Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide and ensure 1 of 2 sampled residents (Resident 2) signed and dated the written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Resident 2 and/or their representative at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included...

During an unannounced visit on 08 /15/2024 from 10:17 AM to 6:10 PM, observation showed Staff A, Entity Representative, and Staff C, Caregiver, interacted with and provided care to Resident 2.

In an interview on 08/15/2024 at 11:10 AM, Staff A stated that they authorized Staff B,

Provider (or Representative) Date

WAC 388-76-10530 Resident rights Notice of rights and services.

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(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

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(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide and ensure 1 of 2 sampled residents (Resident 2) signed and dated the written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Resident 2 and/or their representative at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included…

During an unannounced visit on 08 /15/2024 from 10:17 AM to 6:10 PM, observation showed Staff A, Entity Representative, and Staff C, Caregiver, interacted with and provided care to Resident 2.

In an interview on 08/15/2024 at 11:10 AM, Staff A stated that they authorized Staff B,

Administrative Staff, to speak on their behalf as they would not be available during the entire inspection.

Review of records showed the AFH admitted Resident 2 on [redacted]/2022. Further record review showed Resident 2 and/or its representative and the AFH last reviewed and signed the notice of services on [redacted]/2022 (74 days overdue).

In an interview on 08/15/2024 at 5:25 PM, Staff B stated that they did not know why the notice of services was not reviewed timely.

In telephone interview on 08/27/2024 at 3:48 PM, Staff A stated that Resident 2's notice of services was not reviewed, signed, and dated every two years as required because they did not know and thought they just had to do it upon 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, Cambridge Home is or will be in compliance with this law and / or regulation on (Date) 09-13-2024

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

[signature] RN, BSN — Provider (or Representative)

09/13/2024 — Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 2) was signed by the resident and/or representative and the AFH. This failure placed Resident 2 at risk of unmet care needs and receiving services that was not negotiated and agreed.

Findings included...

Administrative Staff, to speak on their behalf as they would not be available during the entire inspection.

Review of records showed the AFH admitted Resident 2 on [redacted]/2022. Further record review showed Resident 2 and/or its representative and the AFH last reviewed and signed the notice of services on [redacted]/2022 (74 days overdue).

In an interview on 08/15/2024 at 5:25 PM, Staff B stated that they did not know why the notice of services was not reviewed timely.

In telephone interview on 08/27/2024 at 3:48 PM, Staff A stated that Resident 2's notice of services was not reviewed, signed, and dated every two years as required because they did not know and thought they just had to do it upon 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, Cambridge 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 2) was signed by the resident and/or representative and the AFH. This failure placed Resident 2 at risk of unmet care needs and receiving services that was not negotiated and agreed.

Findings included…

During an unannounced visit on 08 /15/2024 from 10:17 AM to 6:10 PM, observation showed Staff A, Entity Representative, and Staff C, Caregiver, interacted with and provided care to Resident 2.

In an interview on 08/15/2024 at 11:10 AM, Staff A stated that they authorized Staff B, Administrative Staff, to speak on their behalf as they would not be available during the entire inspection.

Review of Resident 2's notice of services, dated [redacted]/2022, showed the AFH admitted Resident 2 on [redacted]/2022.

Review of Resident 2's NCP, dated [redacted]/2022, showed that it was originally signed and dated by the Resident 2's Representative and AFH representative on [redacted]/2022. There were additional dates added on the same row where it says, "Resident Representative" and "Provider" under the column that says "Date/Review" for 06/24/2022, 06/15/2023, and 11/29/2023 but without the signatures of neither Resident 2 nor AFH representative.

In an interview, on 08/15/2024 at 5:41 PM, Staff B stated that they were not aware they needed to sign and date the NCP each time it was reviewed.

In a telephone interview, on 08/27/2024 at 3:48 PM, Staff A stated that they did not know they had to sign and date the NCP.

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, Cambridge Home is or will be in compliance with this law and / or regulation on (Date) 9-13-2024

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

[signature], RN, BSN — 09/13/2024

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:

During an unannounced visit on 08 /15/2024 from 10:17 AM to 6:10 PM, observation showed Staff A, Entity Representative, and Staff C, Caregiver, interacted with and provided care to Resident 2.

In an interview on 08/15/2024 at 11:10 AM, Staff A stated that they authorized Staff B, Administrative Staff, to speak on their behalf as they would not be available during the entire inspection.

Review of Resident 2's notice of services, dated [redacted]/2022, showed the AFH admitted Resident 2 on [redacted]/2022.

Review of Resident 2's NCP, dated [redacted]/2022, showed that it was originally signed and dated by the Resident 2's Representative and AFH representative on [redacted]/2022. There were additional dates added on the same row where it says, "Resident Representative" and "Provider" under the column that says "Date/Review" for 06/24/2022, 06/15/2023, and 11/29/2023 but without the signatures of neither Resident 2 nor AFH representative.

In an interview, on 08/15/2024 at 5:41 PM, Staff B stated that they were not aware they needed to sign and date the NCP each time it was reviewed.

In a telephone interview, on 08/27/2024 at 3:48 PM, Staff A stated that they did not know they had to sign and date the NCP.

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, Cambridge 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:

(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 the prescribed medication ordered for 1 of 2 sampled resident (Resident 2) was available. This failure placed the residents at risk for health complications, and medication error for not receiving the medication when needed due to unavailability of the medications prescribed.

Findings included...

During an unannounced visit on 08 /15/2024 from 10:17 AM to 6:10 PM, observation showed Staff A, Entity Representative, and Staff C, Caregiver, interacted with and provided care to Resident 2.

In an interview on 08/15/2024 at 11:10 AM, Staff A stated that they authorized Staff B, Administrative Staff, to speak on their behalf as they would not be available during the entire inspection.

In an interview on 08/15/2024 at 11:35 AM, Staff A stated that Resident 2 received medication assistance from staff.

On 08/15/2024 at 4:30 PM, review of Resident 2's physician orders, medication log, and medications supply showed the following:

PHYSICIAN'S ORDER:

The doctor's order dated 01/02/2024 showed; "Nystatin (a medication used to treat fungal or yeast infection) 100,000 unit/Gram (GM) Ointment Apply topically to rash on buttocks twice daily bas needed”.

MEDICATION LOG:

Review of the August 2024 medication log showed the above medication was listed.

MEDICATION SUPPLY:

On 08/15/2024 at 4:30 PM, observation showed the above-prescribed medication was not in Resident 2's medication supply.

In an interview on 08/15/2024 at 4:57 PM, Staff B stated that they were unable to find the above medication.

In a telephone interview on 08/27/2024 at 3:48 PM, Staff A stated that Resident 2 was not using the above medication anymore and they forgot to call the doctor to discontinue it.

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, Cambridge Home is or will be in compliance with this law and / or regulation on (Date) 08-19-2024

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

[signature], RN, BSN — 09/13/2024

Provider (or Representative) — Date

In an interview on 08/15/2024 at 4:57 PM, Staff B stated that they were unable to find the above medication.

In a telephone interview on 08/27/2024 at 3:48 PM, Staff A stated that Resident 2 was not using the above medication anymore and they forgot to call the doctor to discontinue it.

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, Cambridge 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