STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

11/13/2023

Omaha AFH LLC

Omaha AFH LLC
6328 W Beech St
Everett, WA 98203

RE: Omaha AFH LLC License # 755738

Dear Provider:

This letter addresses Compliance Determination(s) 32186 (Completion Date 11/09/2023) and 29958 (Completion Date 10/04/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/09/2023 and found that you have corrected the violations listed in the Complaint report dated 10/04/2023. Your home is back in compliance as of 10/25/2023 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 388-76-10355-7-b, WAC 388-76-10225-2-f

The Department staff who did the off-site verification:
Megan Wylie, Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Omaha AFH LLC
Provider Type: Adult Family Home
License/Cert.#: 755738
Compliance Determination #: 29958
Intake ID: 97701
Investigator: Megan Wylie
Region/Unit #: RCS Region 2 / Unit B
Investigation Date(s): 09/25/2023 through 10/04/2023
Complainant Contact Date(s):

Allegation(s):

1. There was a lot of yelling at the house.
2. A caregiver screamed at a resident when they touched their food.
3. A named resident was always wet, messy and not clean when picked up by family.
4. A caregiver rubbed a dirty diaper in a residents face.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Social services staff
Record Reviews:	Medical records Hospital records State reporting log Facility policies

Investigation Summary:

1. The home was observed to be calm and quiet. Residents in the home reported the home to be calm and staff do not yell at them. Some residents were observed to be hard of hearing which caused staff to raise their voices to be heard. No aggression or agitation noted in the communication or interaction.
2. Identified resident reported that staff did not yell at them. Residents in the home reported that they had never observed staff yelling at anyone.
3. Named resident reported that they received assistance when requested and that

staff assist when they observe a need. Other residents reported they did not have to wait to receive toileting assistance or incontinence care assistance. All residents in the home appeared to be clean, well groomed.
4. Named resident stated that staff treated them with respect and dignity and denied staff rubbing a dirty incontinence product in their face. Other residents in the home reported being treated with respect and dignity and had their personal care needs met with privacy and respect.

Conclusion / Action:

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

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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 09/25/2023 and 09/25/2023 of:

Omaha AFH LLC
6328 W Beech St
Everett, WA 98203

This document references the following complaint number(s): 97701

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:

Megan Wylie, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

10/17/2023
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.

Statement of Deficiencies	License #: 755738	Compliance Determination # 29958
Plan of Correction	Omaha AFH LLC	Completion Date
Page 2 of 3	Licensee: Omaha AFH LLC	10/04/2023

Provider (or Representative) Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

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 the negotiated care plan (NCP) of 1 of 2 sampled residents (Resident 1) included specific interventions for identified behaviors related to Resident 1. This failure placed Resident 1 at risk of having unmet and unrecognized care needs.

Findings included ..

Record review showed the AFH admitted Resident 1's on [redacted]/2023 with multiple diagnoses that [redacted] and [redacted].

Record review of Resident 1's NCP, dated 04/20/2023, showed multiple behaviors which included inappropriate toileting, resistive to staff providing care, and yelling. Resident 1's NCP showed the intervention for all identified behaviors was to redirect the resident's attention to another task, ask resident to use the call bell, and instruct the resident to "calm down."

During an interview, on 09/25/2023 at 10:45 am, Staff A (Provider) stated that the case manager had been notified of the behavioral changes in the resident.

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, Omaha AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/25/2023

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

Provider (or Representative) [signature] Date 10/25/2023

Statement of Deficiencies	License #: 755738	Compliance Determination # 29958
Plan of Correction	Omaha AFH LLC	Completion Date
Page 3 of 3	Licensee: Omaha AFH LLC	10/04/2023

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure the case manager was notified of significant behavioral changes in 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for unmet care needs and a decreased quality of life.

Findings included..

Record review showed the AFH admitted Resident 1's on [redacted]/2023 with multiple diagnoses that [redacted] and [redacted]. Review of Resident 1's assessment, dated 04/04/2023, revealed no current behavioral issues.

Record review of Resident 1's NCP, dated 04/20/2023, showed multiple behaviors which included inappropriate toileting, resistive to staff providing care, and yelling. Resident 1's NCP showed the intervention for all identified behaviors was to redirect the resident's attention to another task, ask resident to use the call bell, and instruct the resident to "calm down."

During an interview, on 09/25/2023 at 10:45 am, Staff A (Provider) stated that the case manager had been notified of the behavioral changes in the resident.

During an interview, on 09/27/2023 at 1:19pm, Collateral Contact 1 (Case Manager) stated that they were not notified of Resident 1's behavioral changes and had not been asked to complete a significant change assessment.

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, Omaha AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/25/2023.

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

Provider (or Representative) [signature] Date 10/25/2023