



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

August 8, 2019

Margie F Worrell
HAPPY HOME ADULT CARE
22807 56TH AVE W
MOUNTLAKE TERRACE, WA 98043

RE: HAPPY HOME ADULT CARE License #117103

Dear Provider:

On August 6, 2019 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated May 22, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Jesse Diaz, Community Complaint Investigator

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager
Region 2, Unit I
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: HAPPY HOME ADULT CARE (686544) **Intake ID(s):** 3639099
License/Cert. #: AF117103
Investigator: Diaz, Jesse **Region/Unit:** RCS Region 2/Unit I **Investigation Date(s):** 05/01/2019 through 05/22/2019
Complainant Contact Date(s): 05/13/2019, 05/14/2019, 05/22/2019

Allegations:

- #1. The Named Resident (NR) has pressure ulcers that are getting worse because the NR is incontinent (cannot control bladder or bowel).
 - #2. The Adult Family Home (AFH) Provider administered crushed medications to the NR without a doctors order.
-

Investigation Methods:

<input checked="checked" type="checkbox"/> Sample:	Resident	<input checked="checked" type="checkbox"/> Observations:	Adult family home environment
<input checked="checked" type="checkbox"/> Interviews:	Name Resident Representatives, Entity Representative	<input checked="checked" type="checkbox"/> Record Reviews:	Resident Records

Allegation Summary:

- #1. During interview, a healthcare provider (HP) not affiliated with the Adult Family Home (AFH) stated that she assessed and treated the NRs pressure ulcers twice weekly. The HP stated the wounds were getting better and the AFH provider was managing the NRs incontinence appropriately. Record review showed a negotiated care plan for the NR that included interventions for pressure ulcer and incontinence management.
 - #2. During interview, the Provider stated that she administered all of the NRs medications by crushing them. The Provider stated that she had a medical doctor's order to crush the medications but did not know she needed to have nurse delegation also. The Provider stated that when told she needed to have nurse delegation in place to crush the NRs medications she hired a nurse delegator and obtained nurse delegation. Record review showed an order from the NRs medical provider to crush the NRs medications, and the Provider obtained nurse delegation to administer the NRs medications crushed.
-

Unalleged Violation(s): Yes No

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services
Investigation Summary Report

See statement of deficiencies dated 05/22/19.



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

RECEIVED
 JUN 19 2019
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 117103	Completion Date
Plan of Correction	HAPPY HOME ADULT CARE	May 22, 2019
Page 1 of 2	Licensee: MARGIE WORRELL	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site complaint investigation of: 5/1/2019
 HAPPY HOME ADULT CARE
 22807 56TH AVE W
 MOUNTLAKE TERRACE, WA 98043

This document references the following complaint numbers: 3639099 , 3642760
 The department staff that inspected and investigated the adult family home:
 Jesse Diaz, BSN, RN, Community Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit I
 20816 44th Ave West, Suite 240
 Lynnwood, WA 98036-7744
 (425)670-6061

As a result of the on-site complaint investigation 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.

Brenda Mcaney
 Residential Care Services

5/31/2019
 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.

X Margie Worrell
 Provider (or Representative)

X 6/17/19
 Date

This document was prepared by Residential Care Services for the Locator website.

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) Provider failed to administer medications by nurse delegation for one of one resident (Resident #1). This failure placed Resident #1 (R#1) at risk for harm related to the improper administration of medications.

Findings included...

During an interview on 05/01/19 at 10:00 AM, the Provider stated that she administered all of R#1's medications by crushing them. The Provider stated that she had a medical doctor's order to crush the medications but did not know she needed to have nurse delegation also. The Provider stated that when she was told by R#1's case manager that she needed to have nurse delegation in place to crush R#1's medications she hired a nurse delegator and obtained nurse delegation.

Record review on 05/01/19 at 10:30 AM showed the AFH admitted R#1 on [REDACTED] 18. Review of R#1's records showed an order to crush R#1's medications dated 01/31/19 from R#1's medical provider. Review of case manager notes for R#1 showed the case manager documented telling the Provider she needed to hire a nurse delegator on 04/18/19. Review of R#1's records showed a Nurse Delegation: Instructions for Nursing Task form to crush R#1's medications dated 04/28/2019.

The home was approximately 3 months out of compliance with this administrative code.

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, HAPPY HOME ADULT CARE is or will be in compliance with this law and / or regulation on (Date) Done - 4/28/19 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Margie Worrell
Provider (or Representative)

6/17/19
Date