



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave., Suite 170, Spokane, WA 99201

August 26, 2019

Avalon Care Inc
AVALON CARE INC
2910 W DEAN
SPOKANE, WA 99201

RE: AVALON CARE INC License #139801

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 23, 2019 for the deficiency or deficiencies cited in the report/s dated July 29, 2019 and found no deficiencies.

The Department staff who did the inspection:
Rose Anderson, Licensors
Paula Wyatt, NCI/Community Complaint Investigator

If you have any questions please, contact me at (509) 323-7324.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Bergeron".

Susan Bergeron, Field Manager
Region 1, Unit B
Residential Care Services



STATE OF WASHINGTON
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 316 W Boone Ave., Suite 170, Spokane, WA 99201

Statement of Deficiencies	License #: 139801	Completion Date
Plan of Correction	AVALON CARE INC	July 29, 2019
Page 1 of 2	Licensee: Avalon Care Inc	

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 full inspection of:
 7/23/2019

AVALON CARE INC
 2910 W DEAN
 SPOKANE, WA 99201

The department staff that inspected the adult family home:
 Brooke Reese, RN, BSN, Complaint Investigator

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AUG 12 2019

DSHS ADSA RCS
 SPOKANE WA

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit B
 316 W Boone Ave., Suite 170
 Spokane, WA 99201
 (509)323-7324

As a result of the on-site full inspection 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

8/1/19
 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 
 Provider (or Representative)

X 8/9/19
 Date

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

WAC 388-76-10450 Medication Self-administration with assistance.

(3) The home must:

(a) Provide set-up assistance just before the resident takes or applies the medication; or

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the home failed to ensure medication set-up occurred right before three of three sample residents (#2, 3 and 4) took their medications. This failure placed the residents at risk for medication errors. Findings included...

Review of Resident #2, 3 and 4s' assessments, dated 05/29/19, 05/14/19 and 04/03/19 respectively, showed the residents required assistance with medications.

Observation on 07/23/19 at 8:00 AM of the home's medication storage room showed three small plastic cups, labeled with Resident #2, 3 and 4s' names, which contained multiple oral medications. At that time, Staff C, Caregiver, stated that she set the medications up that morning, and planned to give Resident #4 his/her medication now, Resident #2 his/her medication when s/he woke up, and Resident #3 his/her medication when s/he got out of the shower.

Observation on 07/23/19 at 8:15 AM showed Staff C gave Resident #4 his/her pre-poured medication.

Observation on 07/23/19 at 8:20 AM showed Staff C gave Resident #2 his/her pre-poured medication.

Observation on 07/23/19 at 9:11 AM showed Staff C gave Resident #3 his/her pre-poured medication.

During an interview on 07/23/19 at 5:51 PM, Staff C stated that she thought it was okay to set-up the resident's medications in advance.

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, AVALON CARE INC is or will be in compliance with this law and / or regulation on (Date) 8/7/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X *Heidi Zynda*
Provider (or Representative)

X 8/7/19
Date

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

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AUG 12 2019

DSHS ADSA RCS
SPOKANE WA

Plan of Correction for Avalon Care Inc.

RE: Full Inspection 7/29/19

Deficiency : WAC 388-76-10450 Medication Self Administration with assistance.

The home failed to ensure medication set-up occurred right before being given. Multiple clients' meds were set up at once.

Deficiency Correction

The home has moved resident medications to facilitate set-up of medications individually as they are administered as of 8/7/19. The home will review with all staff the requirement to individually prepare and administer medications to each resident, as of 8/7/19.

Provider/Rep. _____

Rebekah Zyrentz

Date _____

8/9/19