



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

September 12, 2016

HOLMES SWEET HOME
HOLMES SWEET HOME
30027 55TH PL S
AUBURN, WA 98001

RE: HOLMES SWEET HOME License #142201

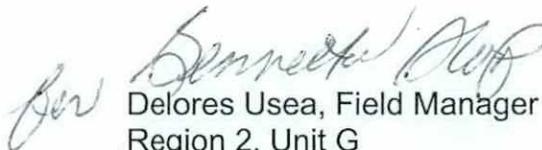
Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on September 8, 2016 for the deficiency or deficiencies cited in the report/s dated July 22, 2016 and found no deficiencies.

The Department staff who did the inspection:
Dorothy Talbot, Licensor

If you have any questions please, contact me at (253) 234-6007.

Sincerely,


Delores Usea, Field Manager
Region 2, Unit G
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: HOLMES SWEET HOME (686568) **Intake ID(s):** 3216408
License/Cert. #: AF142201
Investigator: Talbot, Dorothy **Region/Unit:** RCS Region 2/Unit F **Investigation Date(s):** 07/19/2016 through 07/21/2016
Complainant Contact Date(s): 07/20/2016

Allegations:

"AV/Named Resident may not have received t 8 8 glasses of water a day. The AV/Named Resident is [REDACTED]."

Investigation Methods:

- | | | | |
|--|--------------------------------|--|---|
| <input checked="" type="checkbox"/> Sample: | Named resident and two others. | <input checked="" type="checkbox"/> Observations: | Staff, residents, environment, care given |
| <input checked="" type="checkbox"/> Interviews: | Staff, Residents | <input checked="" type="checkbox"/> Record Reviews: | AFH Negotiated Care Plan and Assessment, Physician orders |
-

Allegation Summary:

Unable to verify issues.
On the day of inspection a total of 6 residents were observed to receive food and water. Interview the residents denied any issues with not getting fluids and receiving care.
Provider was not available on the day of inspection.

Unalleged Violation(s): **Yes** **No**

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



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Statement of Deficiencies	License #: 142201	Completion Date
Plan of Correction	HOLMES SWEET HOME	July 22, 2016
Page 1 of 3	Licensee: HOLMES SWEET HOME	

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 and full inspection of: 7/19/2016

HOLMES SWEET HOME
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This document references the following complaint number: 3216408

The department staff that inspected the adult family home:

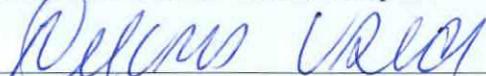
Dorothy Talbot, MN, Licenser

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 DSHS/ADSA/RCS

From:

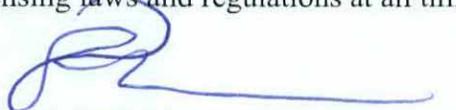
DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6007

As a result of the on-site complaint investigation and 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


 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)


 Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

- (2) Emphasizes frequent hand washing and other means of limiting the spread of infection;
- (3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on observation, and interview the adult family home failed to ensure one of two caregiver (Staff B) used the universal hand washing and infection control standard practice. This failure placed all 6 residents at risk of infection.

Findings include:

All observation, interview and record review occurred on 7/19/16 unless otherwise noted.

At approximately 11:30 a.m. Staff B was observed preparing lunch which included sandwiches and soup. Staff B was observed to wash hands prior to preparing the lunch. However, when time to prepare lunch she used bare hands (without a barrier) touching the bread pulling out from the plastic bag of bread . After the sandwich was made she placed it on the cutting board and cut the edges without the gloves on.

Interview with Staff B said she got nervous as to not put gloves on when touching the sandwich with bare hands.

According to CDC (Center for disease control) Researchers conducted research to find out factors that affect hand washing and to explain the link between glove use and hand washing. The barriers used reduced illness. WAC 246-216-0330 (3)

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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, HOLMES SWEET 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 cited deficiency.



Provider (or Representative)

8-8-16

Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

- (5) Ensure water temperature does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:
 - (a) Tubs;
 - (b) Showers; and
 - (c) Sinks.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home(AFH) failed to ensure the hot water temperature at the sink in the common bathroom was below 120 degrees Farenheit. This failure placed all residents at risk of burn and scalding.

Findings include:

All observation, interview and record review occurred on 7/19/16 unless otherwise noted.

During environmental rounds the hot water temperature was measured at 10:30 a.m. The sink in the common bathroom measured as 126.8 degrees Farenheit. Staff A brought the home thermometer and confirmed it was showing 127 degrees Farenheit.

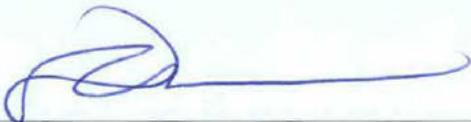
Upon interview Staff reported the water temperature had been checked by Staff D every two weeks.

Staff D was on vacation. There was no record of water measurements.

On entrance interview Staff reported Residents #1 #5, and #6 [redacted] Resident #1 [redacted] Resident #5 [redacted] and Resident #6 [redacted] If the residents were to use the common bathroom , they would beexposed to high water temperature.

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, HOLMES SWEET 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 cited deficiency.



Provider (or Representative)



Date

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