



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

Statement of Deficiencies	License #: 170900	Completion Date
Plan of Correction	DELORIS THIES AFH	February 1, 2016
Page 1 of 6	Licensee: DELORIS L. THIES	

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:
 2/1/2016

DELORIS THIES AFH
 413 N 3RD
 FAIRFIELD, WA 99012

The department staff that inspected the adult family home:
 Rose Anderson, RN, BSN, Licensor

RECEIVED

FEB 26 2016

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

02/16/2016
 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.

 Deloris L. Thies
 Provider (or Representative)

 2/18/16
 Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to complete negotiated care plans within 30 days of admission for 2 of 2 residents who were admitted in [REDACTED] 2015 (#3,#4), in a sample of 6. Findings include:

1. Resident #3, per record review, was admitted to the home [REDACTED] 5 from an assisted living facility. According to the resident's May 2015 assessment, she was alert/oriented, required some assistance with activities of daily living and had multiple behaviors.

The resident was interviewed on 2/1/16 regarding her stay at the home. She stated she did not like living in a rural area and had many other complaints about the home.

The provider and caregiver were interviewed at that time and verified the resident had many complaints/concerns. They were working with the case manager for an alternate living situation for the resident. The provider stated they were struggling in meeting the resident's needs related to behaviors and dissatisfaction with the home.

Per record review, the home had not completed the resident's care plan. Staff were interviewed and stated they did not think the resident would still be living at the home, so they had not completed the care plan.

The resident lived at the home for almost [REDACTED] days and did not have a care plan in place to assist the staff in coping with her behaviors/adjustment to new living situation.

2. Resident #4 moved into the home at the same time and had similar experiences with her living situation. The resident had multiple behavioral issues and was struggling with her new living situation.

Per record review, the home had not completed her care plan within 30 days of admission as required.

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, DELORIS THIES AFH is or will be in compliance with this law and / or regulation on (Date) 2/16/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

 Deloris L. Thies
Provider (or Representative)

 2/16/16
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to provide care/services related to nail care for 1 of 3 residents with [REDACTED] (#1), in a sample of 6.

Findings include:

Resident #1, per record review, was alert/oriented, independent with most activities of daily living, and had diagnoses including [REDACTED]. According to the May 2015 assessment, the staff were to monitor the resident's feet daily and a podiatrist was trim the resident's toenails.

The resident's care instructed the staff to assist the resident with nail care and with scheduling appointments as needed.

On 2/1/16, the resident's toenails were long extending over the ends of her toes and one was curved over the end and almost touching the floor. The resident was interviewed at the time and stated the podiatrist was supposed to come last week, but he forgot. She said he would not be back for approximately 6 weeks. According to the resident the last time her nails were trimmed was over a year ago when she lived at a skilled nursing facility.

The provider was interviewed regarding the resident's toenails on 2/1/16. She verified the podiatrist had not come by as planned and verified she had not scheduled an appointment prior to that one.

The resident lived in the home since [REDACTED] 2015 and had not received nail care as needed. The resident's toenails were significantly long and she did not have an appointment scheduled for at least 6 more weeks.

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, DELORIS THIES AFH is or will be in compliance with this law and / or regulation on (Date) 2/24/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

 Deloris L Thies
Provider (or Representative)

 2/18/16
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to ensure the medication logs contained the initials of the staff that gave the medication for 6 of 6 sample residents (#1,#2,#3,#4,#5,#6). Findings include:

Caregiver #B was observed to assist #2 and #3 with there medications at lunch time.

The medication logs were reviewed on 2/1/16 and all morning medications were initialed by Caregiver #B. The caregiver was interviewed at the time and stated she had brought the February medication logs into the home after the morning medications were given. She said the provider had actually given the residents their medications that morning and commented she just initialed them to show they were given.

The provider was interviewed the same day and verified she had given the morning medications but not initialed the medication logs.

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, DELORIS THIES AFH is or will be in compliance with this law and / or regulation on (Date) 2/16/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

 Deloris L. Thies
Provider (or Representative)

 2/16/16
Date

WAC 388-76-10825 Space heaters and stoves. The adult family home must ensure:

(1) The following space heaters are not used in a home except during a power outage and the portable heater is only safe source of heat:

(d) Electric.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure space heaters were not used in the home. Findings include:

The adult family home is a large multi-level home, with resident areas and staff areas primarily on the main level.

On 2/1/16 there was a large space heater being used in the staff area. The provider was interviewed at the time and stated they used the heater intermittently in the staff area when it was cold. She was unaware space heaters were not to be used in the adult family home at all,

even in staff area. The provider removed the heater at that time.

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, DELORIS THIES AFH is or will be in compliance with this law and / or regulation on (Date) 2/1/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)


Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:

(1) Emergency evacuation drills occur at least every two months; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to ensure fire drills were conducted every 2 months. Findings include:

Fire drill records were reviewed on 2/1/16. The last documented fire drill was conducted in October 13, 2015. At that time, only 3 residents lived in the home and it took the staff 4 minutes to complete the drill.

The provider and caregiver were interviewed at the time and verified they had not completed a drill since October.

The home currently had 6 residents, including one resident that required a mechanical lift for transfers.

The home did not conduct fire drills every 2 months to ensure they were able to evacuate all residents within the 5 minute requirement.

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, DELORIS THIES AFH is or will be in compliance with this law and / or regulation on (Date) 2/6/14. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Deloris L. Thies
Provider (or Representative)

X 2/18/14
Date