



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 173400	Completion Date
Plan of Correction	A TOUCH OF COMFORT	February 26, 2016
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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:
2/25/2016

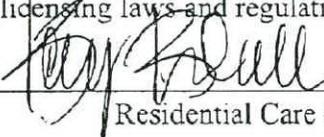
A TOUCH OF COMFORT
4123 SERENE WAY
LYNNWOOD, WA 98087

The department staff that inspected the adult family home:
Hang Lu, BSN, 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
(360)651-6872

RECEIVED
MAR 22 2016
ADSARCS
Smokey Point

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

3/13/16
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)

3/22/16
Date

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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 provider failed to have a system in place to ensure the negotiated care plan (NCP) included behavioral issues and interventions for 1 of 2 sampled residents (Resident 1). This failure placed the resident at risk of unmet/ unrecognized care needs.

Findings include:

All record review and interview occurred on 2/25/16 unless otherwise noted.

Record review revealed Resident 1 had been living in the home since [REDACTED] 09 and she had diagnoses including [REDACTED] and [REDACTED]. Review of the resident's state assessment dated 5/15/15 revealed she had the following behaviors: [REDACTED]

[REDACTED] Review of the resident's NCP dated 4/2/15 revealed the aforementioned behaviors were not addressed. When asked, the resident manager (RM) said she did not have a behavioral plan to address the resident's behaviors as identified on the assessment.

During the inspection, the RM proceeded to update the resident's NCP to include all behaviors and interventions for caregivers to follow.

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, A TOUCH OF COMFORT is or will be in compliance with this law and / or regulation on (Date) 2/25/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

3/22/16

 Date

WAC 388-112-0195 Who is required to complete nurse delegation core training and nurse delegation specialized diabetes training, and when?

(1) Before performing any delegated nursing task, long-term care workers in adult family homes and assisted living facilities must:

(b) Be a:

(iii) If exempt from the home care aide certification under WAC 246-980-070, become a nursing assistant registered and complete the core competencies of basic training, unless the twenty eight hours of revised fundamentals of care or a department approved alternative was

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already completed.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to have a system in place to ensure the 1 of 3 caregivers (Caregiver A) maintained a current Nursing Assistant Registered (NAR) in order to perform delegated nursing tasks. This failure placed the residents at risk of receiving care from a caregiver who was not fully qualified.

Findings include:

On 2/25/16, record review revealed Caregiver A had been working in the home since 9/1/10. Interview with Caregiver A revealed all residents required nurse delegation and the resident manager (a registered nurse) delegated nursing tasks to all caregivers in the home. Record review revealed Caregiver A's NAR had expired on 1/14/16. When asked, the resident manager (RM) said she had forgotten to renew Caregiver A's NAR last month. During the inspection, the RM proceeded to renew Caregiver A's NAR online. The RM said she was told by the department of health that Caregiver A's NAR status would be updated by 5 PM today.

On 2/26/16, the licensor received a fax from the RM. Review of the faxed document revealed it was the Verification of Credential for Caregiver A and his NAR status credential was now valid through 1/14/17.

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, A TOUCH OF COMFORT is or will be in compliance with this law and / or regulation on (Date) 2/25/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

3/22/16

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

April 4, 2016

Tami Moberg
A TOUCH OF COMFORT
4123 SERENE WAY
LYNNWOOD, WA 98087

RE: A TOUCH OF COMFORT License #173400

Dear Provider:

On March 29, 2016 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 February 26, 2016.

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:
Hang Lu, Licensors

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services