



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

September 19, 2016

Nigella G Edera
MORNING STAR ADULT FAMILY HOME
7909 88TH AVE SW
LAKEWOOD, WA 98498

RE: MORNING STAR ADULT FAMILY HOME License #235301

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on September 16, 2016 for the deficiency or deficiencies cited in the report/s dated July 11, 2016 and found no deficiencies.

The Department staff who did the inspection:
Ibe Hatch, Licensor

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 98907, Lakewood, WA 98496

RECEIVED
 AUG 24 2016
 DSHS RCS Region 3

| | | |
|---------------------------|--------------------------------|-----------------|
| Statement of Deficiencies | License #: 235301 | Completion Date |
| Plan of Correction | MORNING STAR ADULT FAMILY HOME | July 11, 2016 |
| Page 1 of 5 | Licensee: Nigella G. Edera | |

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:
 6/29/2016 and 7/6/2016

MORNING STAR ADULT FAMILY HOME
 7909 88TH AVE SW
 LAKEWOOD, WA 98498

The department staff that inspected the adult family home:
 Ibe Hatch, RN, BSN, MAOM, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit A
 PO Box 98907
 Lakewood, WA 98496
 (253)983-3826

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

7/13/16

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)

7/29/16

Date

WAC 388-76-10163 Background checks Process Background authorization form. Before the adult family home employs, directly or by contract, a resident manager, entity representative, caregiver, or noncaregiving staff, or accepts as a caregiver any volunteer or student, or allows a household member over the age of eleven unsupervised access to residents, the home must:

- (1) Require the person to complete a DSHS background authorization form; and
- (2) Submit form to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to ensure a background inquiry requesting fingerprints was submitted for one of two caregivers (C). This failure placed six current residents at risk of receiving care from an individual with possible disqualifying information. Findings include:

Interview and record review were on 7/6/16.

According to the provider, Staff C worked part-time in the AFH when she was not working her other job. Review of Staff C's file showed she was hired 6/6/16. Her file did not include a background inquiry requesting fingerprints.

When interviewed, the provider said she had not requested fingerprints for Staff C.

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, MORNING STAR ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8-30-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Nigella Edera
Provider (or Representative)

7-29-16
Date

WAC 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

- (1) When there is a significant change in the resident's physical or mental condition;

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure a new assessment was completed for a resident (#5) who had a significant improvement. This failure placed the resident at risk for unmet care needs. Findings include:

Observation, interview and record review were on 7/6/16.

Resident #5 was admitted [REDACTED] 16 with diagnoses including [REDACTED]. Observation revealed Resident #5 was able to transfer and ambulate independently in and outside of the adult family home. The provider stated Resident #5 was independent with just about all care needs.

Resident #5's comprehensive assessment, dated 2/2/16, documented [REDACTED] required assistance for evacuation; however, the resident was observed independent for evacuation. [REDACTED] assessment documented [REDACTED] required extensive assistance for locomotion outside the adult home, limited assistance for transfers and extensive assistance with dressing. The provider said Resident #5 only required some cues to wear appropriate clothing.

The provider said she knew the assessment was not accurate and said she was waiting for the annual assessment time to have it corrected.

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, MORNING STAR ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8-30-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Nigella Edera

Provider (or Representative)

7-29-16

Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure [REDACTED] was stored appropriately for one resident (#1) with [REDACTED]. This failure placed the resident at risk for medical complications. Findings include:

Observation on 6/29/16 revealed Resident #1's [REDACTED] that were in use were stored in the refrigerator. Staff A said she took them out two hours before the [REDACTED] was administered because she learned to do that from a provider in another adult family home. Once [REDACTED] are in use, appropriate storage directions include to keep at room temperature and to discard the pens on day 28 after opened. The pens were not dated. Staff A said she thought the pens were okay to be used until they were used up.

On 7/6/16, the provider said the pens were good for thirty days.

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, MORNING STAR ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8-30-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Nigella Edera

Provider (or Representative)

7-29-16

Date

WAC 388-76-10532 Resident rights Standardized disclosure of services form. The adult family home is required to complete the department's standardized disclosure of services form.

(1) The home must:

- (a) List on the form the scope of care and services available in the home;
- (b) Send the completed form to the department; and
- (c) Provide an updated form to the department thirty days prior to changing services, except in emergencies, when the scope of care and services is changing.

(2) The form does not:

- (a) Replace the notice of services required when a resident is admitted to the adult family home as directed in chapter 388-76-10530 WAC.
- (b) Replace any other form or policy as required in chapter 388-76 WAC.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home failed to ensure the Disclosure of Services was completed and sent to the Department. This failure prevented anyone searching the website from having detailed information about the care and services the adult home provided and could place residents at risk for unmet care needs. Findings include:

Review of the Department Adult Family Home Locator website revealed there was no Disclosure of Services information for the adult family home.

On 7/6/16, the provider said she had not filled out the form because she had questions.

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, MORNING STAR ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8-30-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Nigella Edera

Provider (or Representative)

7-29-16

Date

WAC 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.

(1) The adult family home must complete the disclosure of charges forms as provided by the department and provide a copy of it to each resident who is admitted to the home.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure the Disclosure of Charges form was completed and provided to two of two residents (#s 3 and 5). This failure potentially prevented the residents from knowing the services and cost of services in the adult home. Findings include:

Observation, interview and record review were on 7/6/16.

Observation revealed Resident #3 and #5 resided in the adult home and walked independently in and out of the adult home.

Record review revealed Resident #3 was admitted [REDACTED] 16, and Resident #5 was admitted [REDACTED] 16. Review of their records failed to include the Disclosure of Charges form.

The provider said she had not completed the form because she did not understand how to fill it out.

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, MORNING STAR ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8-30-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Nigella Edera

Provider (or Representative)

7-29-16

Date