



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

January 6, 2020

Veronica Stoica
ROSE HILL ADULT FAMILY HOME
12835 NE 80TH STREET
KIRKLAND, WA 98033

RE: ROSE HILL ADULT FAMILY HOME License #250401

Dear Provider:

On January 2, 2020 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 December 11, 2019.

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:
Jeannie-Trang Nguyen, AFH Licenser

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager
Region 2, Unit I
Residential Care Services

RECEIVED

DEC 20 2019



STATE OF WASHINGTON

DSHS/ALTSA/RCS DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

Statement of Deficiencies	License #: 250401	Completion Date
Plan of Correction	ROSE HILL ADULT FAMILY HOME	December 11, 2019
Page 1 of 3	Licensee: VERONICA STOICA	

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: 12/10/2019

ROSE HILL ADULT FAMILY HOME
12835 NE 80TH ST
KIRKLAND, WA 98033

The department staff that inspected the adult family home:
Jeannie-Trang Nguyen, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit I
20816 44th Ave West, Suite 240
Lynnwood, WA 98036-7744
(425)670-6061

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

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

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

WAC 388-76-10650 Medical devices.

- (2) Before a medical device with a known safety risk is used by a resident, the home must:
- (a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;
 - (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure one of one resident with use of the [REDACTED] (Resident #5) had been assessed for safe and appropriate use of it. There was no evidence the AFH provided the residents/representatives information on the safety risks and benefits when using the device for an informed decision before use. This placed R#5 at potential risk for entrapment and or suffocation from getting stuck between the [REDACTED] and the mattress, and/or for falls or injuries while accessing the [REDACTED] for transfer.

Findings included:

Observation at 1:15 PM on 12/10/19 in R#5's room showed a floor to ceiling [REDACTED] next to R#5's bed. During the interview following the observation, R#5 stated he used the [REDACTED] to get up and to sit down in bed. R#5 stated the [REDACTED] was there when he moved in.

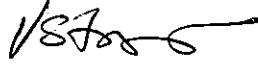
Review of R#5's records showed the home admitted R#5 on [REDACTED] 19. R#5 had a representative and other family members listed for needed contact. There was no assessment or evaluation that address R#5's needs and ability to use the [REDACTED] safely. There was no proof that the representative or family had made an informed decision for R#5 to use the [REDACTED] after knowing about the risks and benefit of the [REDACTED] use.

During the interview at 1:25 PM on 12/10/19, the Provider stated that the [REDACTED] was in the room prior to R#5's admission, which was on [REDACTED] 19. The AFH documented the use of the [REDACTED] in R#5's negotiated care plan (NCP) dated [REDACTED] 19. However, the Provider said the family members were aware of the [REDACTED], but there was no discussion about the risks or benefits of the [REDACTED]

WAC 388-76-10000 Definitions: "Medical device" means any piece of medical equipment used to treat a resident's assessed need. (1) A medical device is not always a restraint and should not be used as a restraint; (2) Some medical devices have considerable safety risks associated with use and (3) Examples of medical devices with known safety risk when used are transfer poles, Posey or lap belts, and side rails."

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, ROSE HILL ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12-18-2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

12-18-2019

Date