



**Residential Care Services
Investigation Summary Report**

Provider/Facility: COMSTOCK PLACE ADULT FAMILY LIVING (686415) **Intake ID(s):** 3184655
License/Cert. #: AF2701
Investigator: Anderson, Rose **Region/Unit:** RCS Region 1/Unit A **Investigation Date(s):** 02/05/2016 through 02/16/2016
Complainant Contact Date(s): 01/29/2016, 02/16/2016

Allegations:

1. The caregivers were not qualified and residents were not treated with respect/dignity.
 2. A named resident fell, the family was not notified and a shower did not have a grab bar.
 3. The home's emergency response did not meet residents' needs.
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Investigation Methods:

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|--|--|--|--|
| <input checked="" type="checkbox"/> Sample: | 4 residents | <input checked="" type="checkbox"/> Observations: | resident environment, safety, staff to resident interactions |
| <input checked="" type="checkbox"/> Interviews: | residents, 2 persons not associated with the home, 1 caregiver, the provider | <input checked="" type="checkbox"/> Record Reviews: | staff records, resident records, accident/incident log, emergency plan |
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Allegation Summary:

1. Caregiver files were reviewed during the investigation. One caregiver had not completed the appropriate speciality or the required fingerprint background check. Staff to resident interactions were observed and there were no concerns. Residents and families were interviewed and had no concerns.
2. The named resident was observed to walk independently and stated she did have falls in the home. Per record review, her care plan with preventative measures was not accessible to staff for review. The showers on the main floor had grab bars at the time of the investigation. Family members were interviewed and had no concerns regarding communication/reporting.
3. The home was without power for several days following a local windstorm. The emergency plan was for back-up generator use. However, at the time of the emergency, the generator did not function. The home took appropriate measures during the power outage, including; wood heat, rearranging resident to warm areas, cooking on the gas stove, and hanging blankets to promote heat retention. The residents and family members were interviewed regarding the power outage and had no concerns. The provider was interviewed and stated she would monitor generator use routinely to ensure it will function in the future.



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 #: 2701 | Completion Date |
| Plan of Correction | COMSTOCK PLACE ADULT FAMILY LIVING | February 16, 2016 |
| Page 1 of 4 | Licensee: CARMEN YANEZ | |

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 of: 2/5/2016

COMSTOCK PLACE ADULT FAMILY LIVING
 1010 W 31ST AVE
 SPOKANE, WA 99203

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MAR 03 2016

This document references the following complaint number: 3184655

The department staff that inspected and investigated the adult family home:

Rose Anderson, RN, BSN, Licensor

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 complaint investigation 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.

Susan Beynon

Residential Care Services

2/22/16

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.

X *Carmen Yanez*
 Provider (or Representative)

X *3/2/2016*
 Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Completion of the training requirements that were in effect on the date they were hired including requirements described in chapter 388-112 WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure speciality training was completed within 90 days of hire for 1 of 3 sample caregivers (#B). Findings include:

Employee files were reviewed on 2/5/16. According to the file Caregiver #B was hired in January 2014. According to the provider she worked routinely alone in the home providing direct care to the residents. Her file contained certificates that indicated she had taken Population Specific Training for Dementia in March 2015. There was no documentation regarding completion of the required speciality training.

The provider was interviewed that day and stated she did not realize that population specific training did not meet the requirements of speciality training.

On 2/5/16, 4 residents lived in the home and required various levels of assistance with their activities of daily living. The residents had diagnoses which included dementia.

The caregiver worked for over 2 years without completing the required speciality training.

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, COMSTOCK PLACE ADULT FAMILY LIVING is or will be in compliance with this law and / or regulation on (Date) 03/30/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Carmen Yanez
Provider (or Representative)

03/2/2016
Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

- (1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and
- (2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to ensure finger print background checks were completed with 120 days of hire for 1 of 3 sample

caregivers (#C). Findings include:

Caregiver #B was working alone with residents on 2/5/16. She stated she worked in the home for about a year. The caregiver worked routinely providing direct care to the residents.

Per review of her employee file on the same day, she had a preliminary date of birth background check that was completed in April 2015. There was no indication the caregiver completed a fingerprint background check.

The provider was interviewed on 2/5/16 regarding the caregiver's background check. She did not think the caregiver needed a fingerprint background check because she had worked in the home previously. The provider verified the caregiver was rehired in January 2014 and a fingerprint background check had not been completed.

The caregiver worked routinely in the home for over 2 years without completing the required fingerprint background check.

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, COMSTOCK PLACE ADULT FAMILY LIVING is or will be in compliance with this law and / or regulation on (Date) 03/30/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

 Carmen Yanez
Provider (or Representative)

 03/2/2016
Date

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:

(1) A list of the care and services to be provided;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the provider failed to develop negotiated care plans and have them available for staff use for 1 of 4 sample residents (#3). Findings include:

Resident #3, per record review, was admitted to the home in [REDACTED] 2015. She had memory problems, was independent with most activities of daily living, did not have frequent falls, and was a good judge of safety.

The resident was observed on 2/5/16 to walk independently. She was interviewed at the time and stated she had some falls since she had lived in the home.

The resident's record did not contain a negotiated care plan for the staff to refer to for

instructions on how to assist the resident. The provider stated she had completed the plan on her computer, but because she had problems with her computer and it out of the home for repairs, she was not able to access the information.

The resident lived in the home for over 3 months and there was not a negotiated care plan available for staff regarding the resident's care needs and/or fall prevention interventions.

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, COMSTOCK PLACE ADULT FAMILY LIVING is or will be in compliance with this law and / or regulation on (Date) 03/30/2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Carmen Yanez
Provider (or Representative)

X 03/2/2016
Date