



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

June 23, 2016

Marlene P Franada  
MARVI HOME CARE  
729 N 203RD ST  
SHORELINE, WA 98133

RE: MARVI HOME CARE License #301203

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on June 15, 2016 for the deficiency or deficiencies cited in the report/s dated April 7, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Liza Masher, Licensor

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Bennetta Shoop, Field Manager  
Region 2, Unit E  
Residential Care Services



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

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Statement of Deficiencies	License #: 301203	Completion Date
Plan of Correction	MARVI HOME CARE	April 7, 2016
Page 1 of 7	Licensee: MARLENE FRANADA	

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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:  
4/7/2016

MARVI HOME CARE  
729 N 203RD ST  
SHORELINE, WA 98133

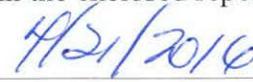
The department staff that inspected the adult family home:  
Liza Masher, RN, BSN, Licensor

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit E  
20425 72nd Avenue S, Suite 400  
Kent, WA 98032-2388  
(253)234-6033

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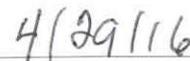
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
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

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

(1) In locked storage;

**This requirement was not met as evidenced by:**

Based on observation and interview the Adult Family Home (AFH) failed to keep refrigerated medication in a locked storage for one of two sampled residents (Resident #1). In addition, the AFH did not ensure over the counter (OTC) medications that she used was locked and inaccessible by the residents. These failures placed four of four current residents (Residents #1, #2, #3 and #4) at risk of medication error and harm had they used the medication improperly and/or accidentally used the medication not prescribed for them.

Findings include:

Observation and interview occurred on 04-07-16 unless otherwise noted.

The AFH provided care and services to residents with [redacted] and [redacted] specialty care needs.

During an environmental tour of the home, a bottle of prescribed medication for Resident #1 and over the counter cough medication that belonged to the Provider were in the refrigerator on a shelf next to food supplies. The refrigerator was not locked and in the kitchen that had no door. Residents were observed opening and taking out food from the refrigerator.

In an interview, the Provider did not offer an explanation as to why medications were not locked.

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**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, MARVI HOME CARE is or will be in compliance with this law and / or regulation on (Date) Apr 7/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Marlene P Franada  
Provider (or Representative)

4/7/16  
Date

**WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:**

(1) Current residents living in the adult family home; and

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review the adult family home (AFH) failed to

implement the home's medication disposal policy when medication that was no longer ordered for one of two sampled residents (Resident #1) was kept in the home along with other current medications the resident take. This failure placed Resident #1 at risk for receiving medication that was no longer ordered.

Findings include:

Observation, interview, and record review occurred on 04-07-16 unless otherwise noted.

All medications on hand, medication storage, medication log and physician's orders were reviewed for Resident #1.

Observation revealed Resident #1 medications were packaged in bubble packs and were placed inside a plastic bin in locked cabinet. It was noted that a bubble pack containing 15 tablets of [redacted] 25 mg. (milligrams) was placed together with [redacted] other medications in the same bin.

Review of Resident #1's medication log revealed no list for [redacted] 25 mg.

Review of Resident #1's records did not reflect an order for [redacted] 25 mg.

In an interview, the Provider said the medication was discontinued. This was confirmed by the Pharmacy who supplied the resident's medications. The Pharmacy staff said the medication was discontinued on 04-22-2015.

When asked about the AFH's medication disposal policy, the Provider stated, "If medication is discontinued bring it back to pharmacy ... maybe I overlooked it."

The AFH medication disposal policy says; "... about any unused or left over medication ... will turn over ... to the pharmacy ..."

**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, MARVI HOME CARE is or will be in compliance with this law and / or regulation on (Date) done 4/8/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Marlene Franada  
Provider (or Representative)

4/8/16  
Date

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**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:**

(1) Clearly state the circumstances under which the adult family home provides care for

- medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
  - (3) Be provided to prospective residents, before they are admitted to the home;
  - (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
  - (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
  - (6) Be signed and dated by the resident and be kept in the resident record after signature.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure there was a Medicaid as a payment source policy written on a page separate from other documents signed and dated by two of two sampled residents (Residents #1 and #3) and/or their representative. This failure may have resulted in residents and/or their representative not being fully informed of the AFH policy regarding Medicaid as a payment source.

Findings include:

Observation, interview, and record review occurred on 04-07-16 unless otherwise noted.

The department staff observed Residents #1 and #3 in the AFH.

Review of residents' records revealed there was no signed Medicaid payment policy that was typed written in at least fourteen point font on a separate page from other documents.

In an interview, the Provider stated, "I didn't know I have to give them a copy."

**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, MARVI HOME CARE is or will be in compliance with this law and / or regulation on (Date) 4/28/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Marlene P. Franada  
Provider (or Representative)

4/28/16  
Date

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**WAC 388-76-10585 Resident rights Examination of inspection results.**

- (1) The adult family home must place the following documents in a visible location in a common use area where they can be examined by residents, resident representatives, the department and anyone interested without having to ask for them.
  - (a) A copy of the most recent inspection report and related cover letter; and

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the adult family home (AFH) failed to place copies of the most recent inspection reports in a visible location in a common area for review of all four residents (Residents #1, #2, #3, and #4), their representatives, the department and anyone interested without having to ask for them. This failure placed the residents and/or their representatives at risk of not being able to make an informed decision due to lack of information regarding AFH's compliance with the regulation.

Findings include:

Observation, interview, and record review occurred on 04-07-16 unless otherwise noted.

During a tour of the home, the old inspection report, dated 05-28-14, was observed posted on the wall in a common area. The Department staff could not locate and/or find the most current report.

When asked where the most current inspection reports were, the Provider pulled an unmarked green binder and showed it to the Department staff. The most current inspection report was dated 01-20-15.

According to the Provider, she did not post the most current inspection reports because "... there's a lot (citations) and it would not fit the pin."

**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, MARVI HOME CARE is or will be in compliance with this law and / or regulation on (Date) Apr 11/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Marlene P. Franada  
 Provider (or Representative)

4/11/16  
 Date

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**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;

**This requirement was not met as evidenced by:**

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the bathroom mirror used by four of four current residents are safe. This failure placed four of four residents (Residents #1, #2, #3, and #4) at risk for injury and diminished quality of life.

Findings include:

Observation and interview occurred on 04-07-16 unless otherwise noted.

The AFH provided care and services to residents with [REDACTED] and [REDACTED] specialty care needs.

During the guided tour of the home the main bathroom was observed to have a three panel mirror cabinet above the sink. The mirror was broken and/or missing approximately three inches by three and one half inches leaving sharp edges on the right lower corner of one panel. On the left lower corner of another panel the mirror had cracks approximately three inches by three and one half inches.

In an interview, the Provider stated, "It has been like that (broken) for a while ... will fix it."

#### 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, MARVI HOME CARE is or will be in compliance with this law and / or regulation on (Date) done 4/13/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Marlene P. Franada  
Provider (or Representative)

4/13/16  
Date

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#### WAC 388-76-10810 Fire extinguishers.

- (2) The home must ensure the fire extinguishers are:  
(a) Installed according to manufacturer recommendations;

#### This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) did not install the portable fire extinguisher in accordance with the manufacturer's recommendation. This failure placed the residents at risk of harm.

#### Findings include:

Observation and interview occurred on 04-07-16 unless otherwise noted.

During the tour of the home, a fire extinguisher was observed in the AFH. The fire extinguisher was on top of a surface next to the fire place in an upright position, unsecured and not installed.

The portable fire extinguisher had the following label that says, "... to be installed, maintained, inspected, and tested in accordance with the standard of the National Fire Protection Association (NFPA) titled portable fire extinguisher."

According to the NFPA, standard for portable fire extinguishers weighing less than 40 pounds (as the extinguisher found in the AFH), should be installed.

When asked why the fire extinguisher not being installed, the Provider stated, "I didn't know."

**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, MARVI HOME CARE is or will be in compliance with this law and / or regulation on (Date) 4/13/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Marlene P Franada  
Provider (or Representative)

4/13/16  
Date

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