



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 45819, Suite 220, Olympia, WA 98504-5819**

February 17, 2016

ADELINES AFH LLC  
ADELINES AFH LLC  
6928 15TH AVE SE  
LACEY, WA 98503

RE: ADELINES AFH LLC License #373801

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on February 12, 2016 for the deficiency or deficiencies cited in the report/s dated October 26, 2015 and December 22, 2015 and found no deficiencies.

The Department staff who did the inspection:  
Cheryl Everett, Licensor

If you have any questions please, contact me at (360) 664-8421.

Sincerely,

Janice Jiles, Field Manager  
Region 3, Unit D  
Residential Care Services



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 45819, Suite 220, Olympia, WA 98504-5819**

RECEIVED

JAN 21 2016

DSHS RCS  
Region3

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Statement of Deficiencies	License #: 373801	Completion Date
Plan of Correction	ADELINES AFH LLC	December 22, 2015
Page 1 of 4	Licensee: ADELINES AFH LLC	

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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 follow-up inspection of: 12/22/2015

ADELINES AFH LLC  
6924 15TH AVE SE  
LACEY, WA 98503

This document references the following SOD dated: October 26, 2015

The department staff that inspected the adult family home:

Cheryl Everett, Licensor

From:

DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3, Unit D  
PO Box 45819  
Olympia, WA 98504-5819  
(360)664-8421

As a result of the on-site follow-up 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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.**

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

(4) At least every twelve months.

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

Based on interview and record review the Entity Representative failed to ensure 1 of 5 resident's (Resident #2's) negotiated care plan was reviewed with the resident/representative and signed and dated at least every twelve months. Failure to ensure negotiated care plans were reviewed and included signatures and dates at least annually placed the resident at risk for not having basic care needs met.

**Findings include:**

The Entity Representative was cited on 12/22/15 for failing to ensure Resident #2's negotiated care plan was reviewed and revised if needed at least annually. Resident #2's negotiated care plan had not been reviewed and/or revised since 3/26/13.

At the time of the 12/22/15 follow-up inspection Resident #2's negotiated care plan had been reviewed and updated on 10/26/15, however, the plan had not been reviewed with and signed by Resident #2's representative.

The Entity Representative told the licensor Resident #2's representative was hard to get a hold of.

This is a repeated or uncorrected deficiency cited on 10/26/15.

**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, ADELINES AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1-11-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency. *State assessments by Nurse 2-4-2015*

  
Provider (or Representative)

1-17-15  
Date

**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.

**WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:**

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations. *State Assessment by Heidi 2-4-15*

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

Based on interview and record review the Entity Representative failed to provide admission information to 1 of 5 residents and/or their representative (Resident #2) regarding the services provided by the home, the charges for those services and the rules of the home's operations at least once every twenty-four months after admission. This failure placed the resident at risk for not being fully informed of the home's operational policies.

**Findings include:**

On 10/26/15 the Entity Representative was cited for failing to review her admission policy with Resident #2's representative at least every twenty four months. Resident #2's admission policy had not been reviewed with her representative since 2/3/13.

At the time of the 12/22/15 follow-up inspection Resident #2's admission information had still not been reviewed with her representative.

The Entity Representative said she did not know admission information needed to be reviewed with residents/representatives every two years.

This is a repeated or uncorrected deficiency cited under WAC 388-76-10530 on 10/26/15.

**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, ADELINES AFH LLC is or will be in compliance with this law and / or regulation on (Date) 2-11-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency. *State Assessment by Heidi 2-4-2015*

  
Provider (or Representative)

1-15  
Date



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 PO Box 45819, Olympia, WA 98504-5819

RECEIVED  
 NOV 18 2015  
 DSHS/ADSA/RCS

Statement of Deficiencies	License #: 373801	Completion Date
Plan of Correction	ADELINES AFH LLC	October 26, 2015
Page 1 of 9	Licensee: ADELINES AFH LLC	

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.

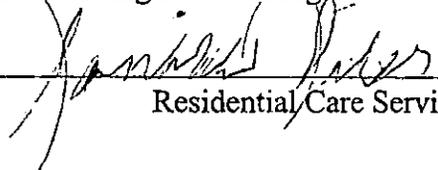
The department has completed data collection for the unannounced on-site full inspection of:  
 10/23/2015

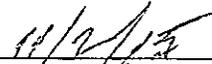
ADELINES AFH LLC  
 6924 15TH AVE SE  
 LACEY, WA 98503

The department staff that inspected the adult family home:  
 Cheryl Everett, Licensor

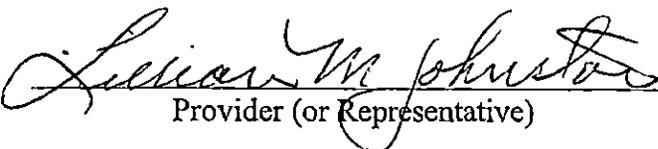
From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit C  
 PO Box 45819  
 Olympia, WA 98504-5819  
 (360)664-8421

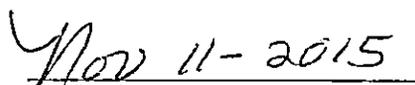
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
 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 388-76-10135 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;

**WAC 388-112-0110 What is specialty training and who is required to take specialty training?**

(3) All long-term care workers including those who are exempt from basic training and who work in an assisted living facility or adult family home, serving residents with the special needs described in subsection (2) of this section, must take long-term care worker specialty training. The long-term care worker specialty training applies to the type of residents served by the home as follows:

(b) Long-term care worker dementia specialty training, described in WAC 388-112-0130 ; and

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

Based on interview and record review the Entity Representative failed to have documentation of dementia specialty training for 1 of 4 caregivers (Caregiver #2). This failure placed residents living in the home at risk for not having their special care needs met.

**Findings include:**

Upon arrival Caregiver #2 appeared to be the only caregiver working in the home.

During interview Caregiver #2 said she did work alone and could call The Entity Representative if she needed assistance.

At least 1 of 5 residents (Resident #3) living in the home had a dementia diagnosis.

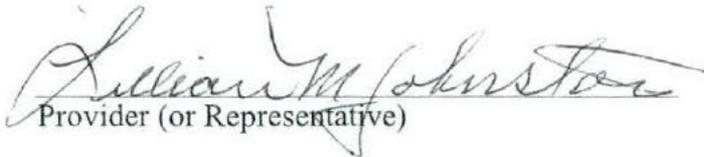
Absent from Caregiver #2's record was documentation of the dementia specialty training required in order to provide care to residents having a dementia diagnosis.

When asked if she completed dementia specialty training Caregiver #2 said had. Caregiver #2 was unable to locate her dementia specialty training and attempted to obtain a copy from her former employer.

On 10/26/15 The Entity Representative reported Caregiver #2's former employer would not give her a copy of the dementia specialty training. The Entity Representative said Caregiver #2 registered to take the class in November.

**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, ADELINES AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11-30-2015 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

Nov 11, 2015  
Date

**WAC 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:**

(6) Significant known behaviors or symptoms that may cause concern or require special care, including:

(a) The need for and use of medical devices;

**WAC 388-76-10650 Medical devices. Before the adult family home uses medical devices for any resident, the home must:**

(1) Review the resident assessment to determine the resident's need for and use of a medical device;

(2) Ensure the resident negotiated care plan includes the resident use of a medical device or devices; and

(3) Provide the resident and family with enough information about the significance and level of the safety risk of use of the device to enable them to make an informed decision about whether or not to use the device.

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

Based on observation and interview the provider failed to obtain a safety assessment for 2 of 5 residents' (Residents #1 and #3's) use of medical devices. This failure placed the residents at risk for harm.

Findings include:

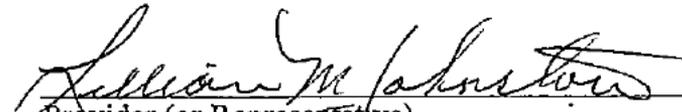
Resident #1's bed had a half-length side rail in the up position. Resident #3's bed had half-length side rails that were up and in use and a transfer pole next to the bed.

When asked to review safety assessments for use of Residents #1 and #3's medical devices the Entity Representative was unable to locate them.

*I work in Red Mesa always Nov. 11, 2015 said none in hand, use the side rails*  
On 10/26/15 the Entity Representative sent via facsimile the physical therapy (PT) assessments for Residents #1 and #3's medical devices. Resident #3's PT assessments for the half-rails and transfer pole were one and a half years old and did not address her ability for safe use. Resident #1's PT assessment was a fall risk assessment that did not address Resident #1's ability to safely use the half 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, ADELINES AFH LLC is or will be in compliance with this law and / or regulation on (Date) Nov 11 2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

Nov 11 - 2015  
Date

*case manager*

**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:**

(4) At least every twelve months.

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

Based on interview and record review the Entity Representative failed to have current assessments for at least 2 of 5 residents living in the home. The Entity Representative's failure to have current assessments for residents placed them at risk for unidentified care needs

Findings include:

The Entity Representative has 5 residents living in the home; four were Medicaid and 1 was private.



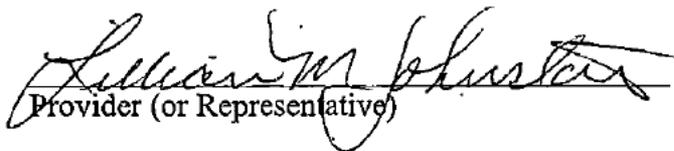
The most current assessment contained in Resident #2's record was dated 2/24/14. Resident #3's most current assessment was dated 10/8/13.

Caregiver #3 who was working in the home at the time of the inspection reported Resident #3 was reassessed 10/14/15; however, the new assessment had not yet been received.

On 10/26/15 the Entity Representative called to report she checked with the current case manager and learned Residents #2 and #3 had been reassessed by a former case manager who did not have the assessments signed and therefore were never sent.

**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, ADELINES AFH LLC is or will be in compliance with this law and / or regulation on (Date) Nov 11 - 2015 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

Nov 11 - 2015  
Date

**WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.**

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

(4) At least every twelve months.

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

Based on interview and record review the Entity Representative failed to ensure 1 of 5 resident's (Resident #5's) negotiated care plan was completed within thirty days of admission and 1 of 5 resident's (Resident #2's) negotiated care plan was reviewed at least every twelve months. Failure to ensure negotiated care plans were completed within thirty days of admission and reviewed at least annually placed residents at risk for not having basic care needs met.

**Findings include:**

Resident #5 was admitted to the home [REDACTED] 15. Her record contained a negotiated care plan form that was blank and incomplete.

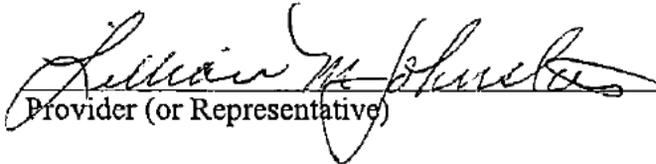
The Entity Representative said her resident manager did not fill out Resident #5's care plan and it was her fault for not checking.

Resident #2 was admitted to the home [REDACTED] 3. Her negotiated care plan was developed and completed on 3/26/13, however, the plan had not been reviewed and/or revised since then.

The Entity Representative made a note that Resident #2's care plan had not been reviewed since her admission to the home.

**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, ADELINES AFH LLC is or will be in compliance with this law and / or regulation on (Date) Nov 11-2015 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

Nov 11-2015  
Date

**WAC 388-76-10430 Medication system.**

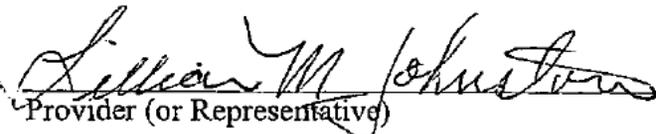
(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

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

Resident #5's record contained no physician's list of currently prescribed and over-the counter medications other than the medication log provided by 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, ADELINES AFH LLC is or will be in compliance with this law and / or regulation on (Date) Nov 11-2015 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

Nov 11-2015  
Date

**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.

**WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:**

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations.

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

Based on interview and record review the Provider failed to provide to 1 of 5 residents (Resident #2) her policy on accepting Medicaid payments and ensure the policy was signed and dated and failed to provide admission information to 1 of 5 residents and/or their representative (Resident #2) regarding the services provided by the home, the charges for those services and the rules of the home's operations at least once every twenty-four months after admission. This failure placed the resident at risk for not being fully informed of the home's operational policies.

**Findings include:**

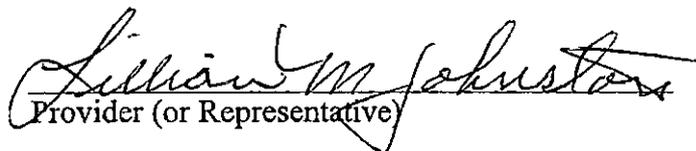
Resident #2's record contained no signed and dated Medicaid payment policy and her admission policy had not been reviewed with her representative since 2/3/13.

The Entity Representative said she would talk with her Resident Manager about the need to review the resident's admission policy and inform residents/representatives of the home's policy on accepting Medicaid residents.

This is a repeated or uncorrected deficiency cited under WAC 388-76-10522 on 4/11/13.

**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, ADELINES AFH LLC is or will be in compliance with this law and / or regulation on (Date) Nov 11-2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

Nov 11-2015  
Date

**WAC 388-76-101632 Background checks National fingerprint background check.**

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

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

Based on interview and record review the Entity Representative failed to have a fingerprint

background check for 1 of 4 current caregivers (Caregiver #2). This failure placed residents at risk for receiving care from a caregiver whose background could not be verified.

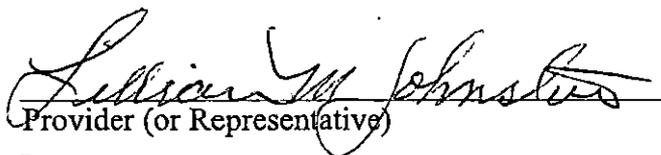
Findings include:

Record review indicated Caregiver #2 was hired 2/2012. Caregiver #2's record contained a name and date of birth background check but had no fingerprint background check.

The Entity Representative said she thought the fingerprint check was not required until sometime after Caregiver #2's date of hire.

#### 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, ADELINES AFH LLC is or will be in compliance with this law and / or regulation on (Date) Nov 11 - 2015 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

Nov 11 - 2015  
Date

**WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year?**

(1) Adult family homes

(d) Continuing education must include one-half hour per year on safe food handling in adult family homes described in RCW 70.128.250 .

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

Based on interview and record review the Entity Representative failed to ensure her continuing education and the continuing education for 1 of 4 caregivers (Caregiver #2) included one-half hour on safe food handling per year. This failure placed residents at risk for having food prepared and served by caregivers who did not have current food safety training.

Findings include:

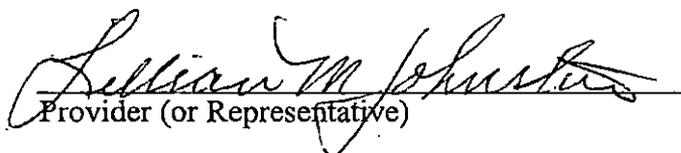
Record review indicated neither the Entity Representative nor Caregiver #2 had current food safety training.

The Entity Representative acknowledged she did not have current food safety training. Caregiver #2 said she thought she had current food safety training and would fax it to the licensor.

On 10/26/15 the licensor received Caregiver #2's Food Worker Card showing the training was taken on 10/26/15 three days after the licensing inspection visit.

**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, ADELINES AFH LLC is or will be in compliance with this law and / or regulation on (Date) Nov 11 2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

Nov 11 2015  
Date

**WAC 388-112-0260 What are the CPR and first-aid training requirements?**

(1) Adult family homes

(a) Adult family home applicants, providers, entity representatives, and resident managers must possess a valid CPR and first-aid card or certificate prior to obtaining a license, and must maintain a valid card or certificate.

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

Based on record review and interview the Entity Representative failed to ensure first aid and CPR training was current for her and 1 of 4 caregivers (Caregiver #4). Failure to ensure caregiving staff had current and required training placed residents living in the home at risk for harm in the event of an emergency requiring those skills.

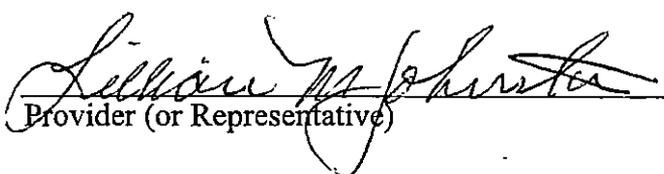
**Findings include:**

Record review indicated the Entity Representative and Caregiver #4's first-aid and CPR cards expired 10/16/15.

The Entity Representative told the licensor she had scheduled a first aid/CPR class earlier for her caregivers but did not think her or Caregiver #4's (her spouse) first aid/CPR was due otherwise they would have taken the class.

**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, ADELINES AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11-2-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

Nov - 11 - 2015  
Date

November 11, 2015

RE: ADELINES ADULT FAMILY HOME YEARLY INSPECTION ON 10/26/2015

TO WHOM THIS MAY CONCERN,

- 1) CAREGIVER #2 DID NOT HAVE HER DEMENTIA TRAINING AT THE TIME OF THE INSPECTION. SHE IS NOW SIGNED UP AT SIMMONS&HOLLIDAY TO TAKE THE DEMENTIA SPECIALITY TRAINING ON NOVEMBER 30, 2015 FROM 9AM – 3PM.
- 2) MEDICAL DEVICES RESIDENTS 1 AND 3 . DURING INSPECTION IT WAS NOTED THAT RESIDENTS 1 AND 3 HAVE BEDRAILS ON THEIR BED. THE RAILS ARE ONLY USED FOR THE RESIDENTS TO ASSIST IN TURNING AND REPOSITIONING THEMSELVES AND THEY ALSO BOTH HAD TRANSFER POLES. BOTH RESIDENTS HAD SAFTEY ASSESMENTS DONE BY PT/OT IN 2014. COPIES OF THESE WERE SENT TO CHERYL EVERETT LICENSOR. ALSO RESIDENT MANAGER SPOKE WITH DENETTE DELOW (360-725-2526) AT HCS REGARDING RAILS. SHE STATED THAT WHEN THE CASE MANAGER COMES OUT TO DO THE YEARLY ASSESMENT THEY ARE TO GO OVER BEDRAIL SAFTEY WITH FAMILY AND RESIDENT AND OFFER THEM A BROCHURE ON BEDRAIL SAFTEY. (OUR CURRENT CASE MANAGER HEIDI HANCOCK WAS CALLED AND TOLD THAT THIS NEEDED TO BE DONE, SHE STATED THAT SHE IS NEW TO HER JOB AND WAS UNAWARE OF THIS BUT FROM NOW ON WILL GO OVER BEDRAILS WITH POA AND RESIDENT). SHE ALSO STATED THAT IF A HOSPITAL BED WAS PURCHASED PRIVATLY OR THE RAILS WERE PRIVATLY PURCHASED PT/OT ASSESMENTS DO NOT NEED TO BE DONE. RESIDENT 3 HER BED WAS PURCHASED PRIVATLY BY HER POA.
- 3) 2014 ASSESMENTS FOR RESIDENT 2 AND 3. THE TWO RESIDENTS DID NOT HAVE THEIR 2014 ASSESMENTS IN THE HOME. CASE MANAGER WAS CALLED AND SHE SENT OUT COPIES OF THE ASSESMENTS THEY ARE NOW IN THE RESIDENT FILES. *She referred to Resident 5*
- 4) NEGOTIATED CARE PLAN FOR RESIDENT 5 WAS NOT COMPLETED. RESIDENT 5'S NEGOTITAED CARE PLAN IS NOW COMPLETED AND HAS

BEEN REVIEWED BY POA AND HAS BEEN SIGNED BY POA AND OWNER.  
RESIDENT 2 NEGOTIATED CARE PLAN WAS REVIEWED AND SIGNED.

- 5) RESIDENT 5 IT WAS STATED THERE WAS NO PHYSICIAN'S LIST OF CURRENTLY PRESCRIBED MEDICATIONS. ALL PRESCRIBED AND OTC MEDICATIONS ARE GOING THROUGH GROUP HEALTH PHARMACY. DR WAS CALLED AND STATED I HAVE SENT ARE PRESCRIPTIONS TO THE PHARMACY AND THEY WOULDN'T BE SENDING OUT MEDICATIONS THAT ARE NOT CURRENTLY PRESCRIBED. RESIDENT 5 DOES HAVE A LIST IN HER BOOK FROM GROUP HEALTHG THAT STATES ALL THE CURRENT MEDICATIONS SHE TAKES.
- 6) IT WAS STATED THAT RESIDENT 2 DID NOT HAVE A SIGNED AND DATED MEDICAIDE POLICY IN HER RECORDS. SHE DOES HAVE A SIGNED AND DATED MEDICAIDE POLICY IN HER RECORDS BUT IT WAS IN 11 FONT NOT 14 FONT. I HAVE ENCLOSED A COPY OF THE SIGNED POLICY AND I HAVE REWRITTEN MY MEDICAIDE POLICY IN 14 FONTS AND I HAVE NOTIFIED ALL FAMILIES THAT THEY NEED TO BE SIGNED.
- 7) CAREGIVER 2 DID NOT HAVE A FINGERPRINT CHECK ON FILE. *1-7-17*  
CAREGIVER 2 STARTED IN 2/2012 AND I WAS UNAWARE THAT SHE *1-7-17*  
NEEDED FINGERPRINT CHECK DONE THOUGHT IT WAS AFTER SHE HAD *1-7-17*  
BEGAN. *1-7-17*
- 8) CAREGIVER 2 DID NOT HAVE A CURRENT FOOD HANDLERS CARD. ON *1-7-17*  
10/26/2015 CAREGIVER 2 DID THE TEST AND THE CARD WAS FAXED TO *1-7-17*  
CHERYL EVERETT. ALSO THE ENTITY REPRESENTATIVE DIDN'T HAVE A *1-7-17*  
CURRENT FOOD HANDLERS CARD. THE TEST WAS COMPLETED AND *1-7-17*  
NOW A CARD IS ON FILE.
- 9) CAREGIVER 4 AND THE ENTITY REPRESENTATIVE DID NOT HAVE  
CURRENT FIRST AIDE AND CPR CARDS. THE CLASS WAS TAKEN AND  
COPIES OF THE CARDS ARE ENCLOSED AND ARE IN THEIR RECORDS.