



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

August 22, 2016

Elena Dominte
PARADISE AFH
1110 MARINE DR NE
MARYSVILLE, WA 98271

RE: PARADISE AFH License #395700

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 5, 2016 for the deficiency or deficiencies cited in the report/s dated June 13, 2016 and found no deficiencies.

The Department staff who did the inspection:
Katherine Webb, Complaint Investigator

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: PARADISE AFH (686854)

Intake ID(s): 3226755

License/Cert. #: AF395700

Investigator: Webb, Katherine

Region/Unit: RCS Region 2/Unit A

Investigation Date(s): 06/06/2016 through
06/13/2016

Complainant Contact Date(s):

Allegations:

A Home Health Aide found bruising on resident that the staff could not explain.

Investigation Methods:

Sample: 3 Residents

Observations: Staff and resident interactions and oversight; Residents in Wheelchairs; Skin of residents; Toileting procedure, Cleaning supplies.

Interviews: Named Resident was not interviewable, Residents, Facility Staff, Others Not Associated with AFH.

Record Reviews: Resident assessments and care plans, notes about changes, Nurse Delegation paperwork, Hospice care plan and notes.

Allegation Summary:

The named resident was observed by a bath aide to have a small bruise on [REDACTED] forehead near [REDACTED] hair line and another bruise on [REDACTED] shoulder. Staff told the bath aide they didn't know how it happened. The Provider said the resident would try to get up sometimes and it appeared [REDACTED] may have bumped [REDACTED] on the table by [REDACTED] chair. The Provider moved the table. No bruises were observed on the named resident during the onsite investigation. Representatives of all residents were very happy with the care and services at the AFH. 2 of 3 residents were unable to be interviewed. The third resident had no concerns, felt safe and was pleased with the care and services.

Unalleged Violation(s):

Yes **No**

Unsanitary toileting.



**Residential Care Services
Investigation Summary Report**

**Conclusion /
Action:**



**Failed Provider Practice Identified /
Citation(s) Written**



**Failed Provider Practice Not Identified /
No Citation Written**

388-76-10255 Infection control. (1) requires nationally recognized infection control standards.



**Residential Care Services
Investigation Summary Report**

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

Failed practice identified.



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 3906-172nd St NE, Suite #100, Arlington, WA 98223

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 JUL 18 2016
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 Smokey Point

Statement of Deficiencies	License #: 395700	Completion Date
Plan of Correction	PARADISE AFH	June 13, 2016
Page 1 of 3	Licensee: ELENA DOMINTE	

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: 6/6/2016 and 6/10/2016

PARADISE AFH
 1110 MARINE DR NE
 MARYSVILLE, WA 98271

This document references the following complaint numbers: 3226755 , 3226928

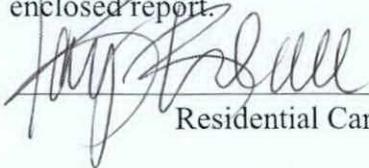
The department staff that inspected and investigated the adult family home:

Katherine Webb, RN, BSN, Complaint Investigator

From:

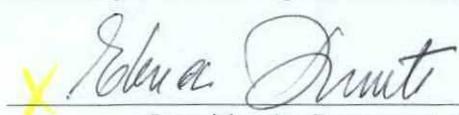
DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

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.


 Residential Care Services

7/6/16
 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)

 7/11/16
 Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the AFH failed to ensure they adhered to acceptable disinfection standards. This failure potentially placed all residents who used the bathroom, at risk of infection.

Findings include:

Observation, interview and record review occurred between 6/6/16 and 6/10/16 unless otherwise indicated. The AFH had 6 residents. Two of three residents sampled (Residents 1 and 3) were observed to use the toilet.

The Provider was observed to take Resident 1 to the bathroom for toileting. After Resident 1 was seated on the toilet, the Provider took the nearby metal shower cord, without the shower head, and put the end into the toilet behind the resident's buttocks. She placed approximately 1 foot of the cord down into the toilet. The whole length of the cord that was placed into the toilet touched Resident 1's skin as it was placed into the toilet. Then the Provider turned the water on, to come through the cord into the toilet. When Resident 1 was done using the toilet the Provider cleaned [REDACTED] skin using the water in the cord to rinse [REDACTED] off and then placed the cord back into the shower on the shower floor. She then turned on the lower faucet tap water diverting the water from the overhead shower cord, to come out of the tub faucet.

After placing Resident 1 back [REDACTED] the Provider took a spray bottle with solution in it and sprayed the very end of the cord, approximately 1 inch high. She then placed it immediately back under the running water on the floor of the shower. The Provider said the solution was 2 Tablespoons of bleach and the rest was water. The bottle indicated it held 32 ounces. There was no label on the bottle indicating what the solution was or when it was made.

When the Provider was informed that she was observed to spray only the bottom inch of the shower cord and approximately 12 inches was observed in the toilet, behind the buttocks of Resident 1, the Provider took the spray bottle and sprayed higher up the cord and placed it immediately back in the running water. She then dried off the cord and hung the cord up for the next resident who needed to be toileted.

Caregiver B was observed to toilet Resident 3. Caregiver B was observed to put the shower cord into the toilet behind Resident 3's buttocks. The end of the cord was in the toilet water. When Resident 3 finished using the toilet, Caregiver B and the Provider cleaned [REDACTED] with soap and the water coming from the shower cord. Caregiver B put the cord into the shower and then sprayed with the bleach solution. Caregiver B immediately rinsed the cord off with water and hung it up on the shower head.

When asked about the process, the Provider said she learned about it in a class she had taken 23 years earlier. On 6/10/16, when asked about the class, the Provider referenced Fundamentals of Caregiving.

The bottle of bleach used to make the solution was observed to be 7.85% strength. According to the Washington State Department of Health guidelines for "Disinfecting Solutions" that are used in bathrooms, including toilets and "potty chairs," the following steps for disinfecting are required:

1. The surface is to be cleaned with soap and water before disinfecting or sanitizing
2. The area is to be rinsed with clean water and then dried with a paper towel
3. Chlorine bleach and water solution is to be applied to the "entire area to be disinfected or sanitized."
4. Then, "Air dry for at least 2 minutes."

The Provider and Caregiver B did not follow the guidelines for disinfecting the shower cord that was placed in the toilet water behind Resident 1 and Resident 3.

The Provider was asked about the bleach solution and how she made it. The Provider said she put 2 T of bleach in the quart sized spray bottle and then filled it with water. She said she made a new solution every 2 or 3 days. The spray bottle was not labeled with the contents or the date it was made.

Caregiver B said when the container was empty he would refill it. Caregiver B showed a very large bottle that was a 6.21 liter container. He said the Provider made the solution in that bottle and he used that solution to fill the smaller spray bottle used in the bathroom. That large container was not labeled with the contents. When the Provider was asked how she made the solution in the 6.21 liter container, the Provider said she put in about 8 to 10 spoons of bleach and then showed a very small tea cup and said she put that much bleach in the bottle of water.

According to the Washington State Department of Health "Guidelines for Mixing" the bleach solution, included in the preparation instructions were:

1. A fresh bleach solution was to be made every day.
2. The bottles were to be labeled with the contents, ratio and date mixed.
3. Cool water was to be used and "Always add bleach to cool water, NOT water to bleach."

The Provider did not follow the guidelines related to mixing and labeling the bleach solution.

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, PARADISE AFH is or will be in compliance with this law and / or regulation on (Date) 6/11/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Elena Dominte

Provider (or Representative)

7/11/16

Date