



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** MOUNTLAKE AFH (686864)      **Intake ID(s):** 3174194  
**License/Cert. #:** AF402000  
**Investigator:** Lu, Hang      **Region/Unit:** RCS Region 2/Unit G      **Investigation Date(s):** 02/11/2016 through 02/11/2016  
**Complainant Contact Date(s):**

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**Allegations:**

The resident fell out of his chair.

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**Investigation Methods:**

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> <b>Sample:</b>     | 2 of 4 current residents and the named resident | <input checked="" type="checkbox"/> <b>Observations:</b>   | Environment, staff-resident interaction, care and services  |
| <input checked="" type="checkbox"/> <b>Interviews:</b> | Resident, provider, residents' representatives  | <input checked="" type="checkbox"/> <b>Record Reviews:</b> | Incident log, resident records (assessments, negotiated care plans, progress notes), closed records (of named resident) |
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**Allegation Summary:**

The named resident fell out of the chair in his bedroom in the early morning of 12/24/15. The provider found him, checked the resident, and assisted him off the floor. The provider notified the doctor, the resident's family, case manager, and the hotline. The resident was brought to the doctor to be evaluated and he returned home on the same day. No injuries were found. Fall preventions were in place. Details regarding the fall and contacts made were documented in the resident's record. The negotiated care plan was updated with new interventions to keep the resident safe until he moved out of the home on 1/13/16. No deficiencies related to the allegation were identified.

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**Unalleged Violation(s):**       **Yes**       **No**

- WAC 388-76-10375 Negotiated care plan- Signatures Required.
- WAC 388-76-10430 Medication system
- WAC 388-76-10530 Resident Rights- Notice of Services
- WAC 388-76-10750 Safety and maintenance



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**Conclusion:**  **Failed Provider Practice Identified**  **Failed Provider Practice Not Identified**

Failed provider practice identified. See Statement of deficiencies dated 2/12/16.

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**Action:**  **Citation(s) Written**  **No Citation Written**

See Statement of deficiencies dated 2/12/16.

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**RCPP Action:**  **Recommend Finding**  **Recommend Close Investigation**



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

Statement of Deficiencies	License #: 402000	Completion Date
Plan of Correction	MOUNTLAKE AFH	February 12, 2016
Page 1 of 6	Licensee: SHIRMELA GADDAM	

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 and full inspection of: 2/11/2016  
 MOUNTLAKE AFH  
 5709 236TH ST SW  
 MOUNTLAKE TERRACE, WA 98043

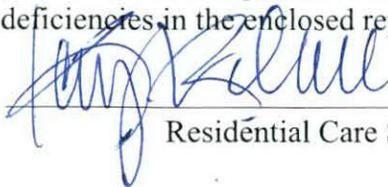
This document references the following complaint number: 3174194

The department staff that inspected the adult family home:  
 Hang Lu, BSN, Licenser

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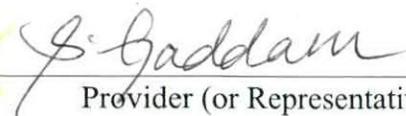
From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit B  
 3906-172nd St NE, Suite #100  
 Arlington, WA 98223  
 (360)651-6872

As a result of the on-site complaint investigation and 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

3/15/16  
 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   
 Provider (or Representative)

X 3/21/16  
 Date

**WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

- (1) Resident; and
- (2) Adult family home.

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

Based on record review and interview, the provider failed to have a system in place to ensure the negotiated care plans (NCPs) for 3 of 4 residents (Resident 1, 3, 4) were agreed to, signed, and dated by the provider and the residents/ representatives, as required.

**Findings include:**

All record review and interview occurred on 2/11/16.

Record review revealed the residents (Resident 1, 3, 4) had representatives who advocated and signed for them. Record review revealed Resident 1 had moderate [REDACTED] and his negotiated care plan (NCP) was last updated on 11/23/15. Resident 3 had [REDACTED] and his NCP was last updated on 11/21/15. Resident 4 had moderate [REDACTED] and his NCP was last updated on 11/15/15. Record review revealed the NCPs had not been agreed to, signed, and dated by the provider and the residents' representatives. When interviewed, the provider said she would make sure to review the NCPs with the representatives and obtained the required signatures soon.

On 2/12/16, the licensor received a fax from the provider. Review of the faxed documents revealed the provider had the residents sign their own NCPs. There was no evidence the residents' representatives had reviewed, signed, and dated the NCPs yet.

**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, MOUNTLAKE AFH is or will be in compliance with this law and / or regulation on (Date) 3/23/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X S. Gaddam  
Provider (or Representative)

X 3/21/16  
Date

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

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
  - (d) Receives medications as required.

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

Based on record review and interview, the provider failed to have a system in place to ensure services provided for 1 of 2 sampled residents (Resident 4) met all laws and rules relating to medications. This failure placed the resident at risk of medication errors.

**Findings include:**

All record review and interview occurred on 2/11/16 unless otherwise noted.

Record review revealed Resident 4 had been living in the home since [REDACTED] 01. Review of medication orders and log revealed he was prescribed [REDACTED] cream to be applied to the toes two times a day. No staff initials were seen on the medication log to indicate this medication had been given as ordered. There were two small Post-It notes placed on the medication log stating, "Not needed at this time".

When asked, the provider said she had left a message for the doctor once in the past to let him know the resident did not need the medicated cream at this time, and to request an order to discontinue the medication or change from "twice a day" to "PRN" (as needed). The provider said she had not heard back from the doctor. She said she would contact the doctor again and update the medication log soon.

On 2/12/16, the licenser received a fax from the provider. Review of the faxed document revealed the provider had obtained a physician's order to change the frequency of the [REDACTED] cream from twice daily to PRN and updated the resident's medication log to reflect the change.

**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, MOUNTLAKE AFH is or will be in compliance with this law and / or regulation on (Date) 2/13/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

S. Gaddam  
Provider (or Representative)

3/21/16  
Date

**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 record review and interview, the provider failed to have a system in place to ensure 4 of 4 residents (Resident 1-4) and their representatives received a notice of services (admission agreement) before admission and at least every 24 months after admission. This failure placed the residents at risk of not knowing the rules or understanding care and services provided by the home.

## Findings include:

All record review and interview occurred on 2/11/16.

## Record review revealed the following:

Resident 1 was admitted to the home on [REDACTED] 3 with the diagnosis of [REDACTED]. He had a guardian who advocated and signed for him. There was no evidence the resident and his guardian had received the admission agreement before admission and at least 24 months later (in 4/2015).

Resident 2 was admitted to the home on [REDACTED] 4 with diagnoses including [REDACTED] and [REDACTED] disorder. He had a representative who signed for him. There was no evidence the resident and his representative had received the admission agreement before admission.

Resident 3 was admitted to the home on [REDACTED] 5 with the diagnosis of [REDACTED]. Had a representative who signed for him. There was no evidence the resident and his representative had received the admission agreement before admission.

Resident 4 was admitted to the home on [REDACTED] 01 with diagnoses including [REDACTED] and [REDACTED]. He had a representative who signed for him. There was no evidence the resident and his representative had received the admission agreement before admission and at least every 24 months later after admission.

When interviewed, the provider said she was not aware of the requirement to provide the admission agreement to residents before admission and at least every 24 months. The provider said she had been using the verbal contract when admitting residents to the home. The provider acknowledged the importance of having written notice of services and said she would develop the document and provide each resident/ representative a copy to sign/ date soon.

**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, MOUNTLAKE AFH is or will be in compliance with this law and / or regulation on (Date) 3/23/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

S. Gaddam  
Provider (or Representative)

3/21/16  
Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;

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

Based on observation and interview, the provider failed to have a system in place to ensure a resident bathroom was clean and sanitary. This failure placed the residents at risk of a diminished quality of life and lack of dignity.

**Findings include:**

During a tour of the home on 2/11/16, the licensor made the following observations in the bathroom/ laundry area used by the residents:

- Dirt and dry yellow/ brown residues accumulated at the base of the toilet (toward the back side).
- Dark brown and black organic matter accumulated on the bottom of the shower door.
- Black stains covered almost the entire shower floor.

When interviewed, the provider said she tried to clean the shower stall with bleach; however, she was unable to remove the stains. The provider said she would make sure to maintain the bathroom/ laundry area in clean and sanitary condition for the residents.

Statement of Deficiencies

License #: 402000

Completion Date

Plan of Correction

MOUNTLAKE AFH

February 12, 2016

Page 6 of 6

Licensee: SHIRMELA GADDAM

**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, MOUNTLAKE AFH is or will be in compliance with this law and / or regulation on (Date) 3/9/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

S. Gaddam

Provider (or Representative)

3/21/16

Date



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

April 26, 2016

Shirmela C Gaddam  
MOUNTLAKE AFH  
5709 236TH ST SW  
MOUNTLAKE TERRACE, WA 98043-5117

RE: MOUNTLAKE AFH License #402000

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 20, 2016 for the deficiency or deficiencies cited in the report/s dated February 12, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Hang Lu, Licensor

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

Sincerely,

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