



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

May 26, 2016

Elvira A Calma
John Mariano C Calma
CALMA AFH
4625 31ST AVE SE
LACEY, WA 98503

RE: CALMA AFH License #416600

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 25, 2016 for the deficiency or deficiencies cited in the report/s dated May 9, 2016 and found no deficiencies.

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

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

Sincerely,

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



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PO Box 45819, Olympia, WA 98504-5819

RECEIVED
 MAY 20 2016
 DSHS RCS
 Region 3

Statement of Deficiencies	License #: 416600	Completion Date
Plan of Correction	CALMA AFH	May 9, 2016
Page 1 of 3	Licensee: ELVIRA & JOHN	

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.

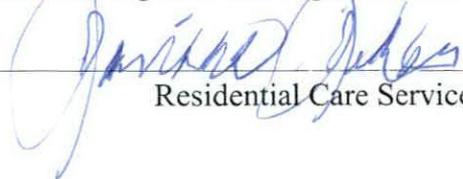
The department has completed data collection for the unannounced on-site full inspection of:
 5/5/2016

CALMA AFH
 4625 31ST AVE SE
 LACEY, WA 98503

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

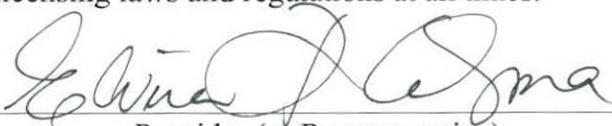
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit D
 PO Box 45819
 Olympia, WA 98504-5819
 (360)664-8421

As a result of the on-site 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)

5/12/16
 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;
- (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 record review and interview the providers failed to disclose to 2 of 4 residents (Residents #3 and #4) their policy on accepting Medicaid payments. Failure to disclose the home's Medicaid payment policy to residents and/or their representatives violated the resident's right to be informed about the home's policy on accepting Medicaid payments.

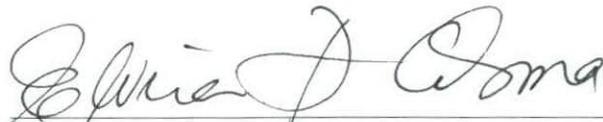
Findings include:

Record review indicated no signed Medicaid disclosure policy for either Resident #3 or Resident #4.

During interview the provider showed the licenser her Medicaid disclosure policy. The provider said she was sure she had a Medicaid disclosure policy for Resident #4, however, she was unable to locate the policy during the inspection visit. The provider said Resident #4's representative would visit tomorrow and she would review the policy with him at that time. The provider acknowledged she neglected to review the Medicaid policy with Resident #3 and/or her representative but would do so.

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, CALMA AFH is or will be in compliance with this law and / or regulation on (Date) 5/12/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

5/12/16

Date

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

- (5) Ensure water temperature does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:
 - (a) Tubs;
 - (b) Showers; and
 - (c) Sinks.

This requirement was not met as evidenced by:

Based on observation and interview the provider failed to maintain water temperature at one hundred twenty degrees Fahrenheit or less. This failure placed residents living in the home at risk for burns from water temperature that exceeds the minimum licensing requirement.

Findings include:

Hot water temperature at the sink in the only bathroom available for resident use measured 122.2 degrees. Hot water temperature in the residents' kitchenette/dining area measured 123.6.

Two of four residents living in the home were mobile and could access the bathroom and kitchenette/dining areas.

The provider had her co-provider turn the thermostat down on the water heater during the visit.

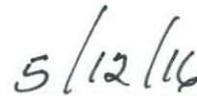
This is a repeated deficiency cited on 8/27/13.

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, CALMA AFH is or will be in compliance with this law and / or regulation on (Date) 5/12/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date