



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

September 7, 2016

Daniel Carp
Mihaela G Carp
NORTH CREEK MANOR AFH
2211 136TH PL SW
LYNNWOOD, WA 98037

RE: NORTH CREEK MANOR AFH License #425102

Dear Provider:

On August 29, 2016 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated June 24, 2016.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Hang Lu, Licensors

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

Sincerely,

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



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Statement of Deficiencies	License #: 425102	Completion Date
Plan of Correction	NORTH CREEK MANOR AFH	June 24, 2016
Page 1 of 3	Licensee: MIHAELA &	

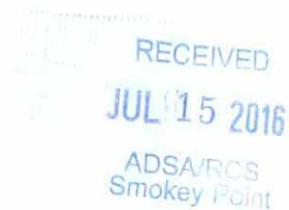
You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of:
6/23/2016

NORTH CREEK MANOR AFH
2211 136TH PL SW
LYNNWOOD, WA 98037

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

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 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.

[Signature] Residential Care Services 7/7/16 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.

[Signature] Provider (or Representative) 7/13/16 Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

- (a) The resident; and
- (b) The 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 1 of 6 residents (Resident 2) had a completed and signed personal belongings inventory in [REDACTED] record. This failure placed the resident at risk of lost, stolen, or misplaced personal property.

Findings include:

On 6/23/16, record review revealed Resident 2 was admitted to the home on [REDACTED] 15. [REDACTED] had a blank copy of the personal belongings inventory in [REDACTED] record. When interviewed, the provider was surprised to see the blank copy. The provider said she would complete the form when the resident's family came over to visit and obtain their signature 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, NORTH CREEK MANOR AFH is or will be in compliance with this law and / or regulation on (Date) 7/13/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

7/13/16

Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

- (5) The resident's activities preferences and how the preferences will be met;
- (6) Other preferences and choices about issues important to the resident, including, but not limited to:
 - (a) Food;
 - (b) Daily routine;
 - (c) Grooming; and
 - (d) How the home will accommodate the preferences and choices.
- (7) If needed, a plan to:
 - (b) Reduce tension, agitation and problem behaviors;

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 plan (NCP) for 2 of 2 sampled residents (Resident 1, 2) included pertinent

information regarding preferences or behavioral issues and how the home accommodated the residents. This failure placed the residents at risk of unmet/ unrecognized care needs.

Findings include:

All record review and interview occurred on 6/23/16 unless otherwise noted.

Resident 1 was admitted to the home on [REDACTED] 16 with diagnoses including [REDACTED] and [REDACTED]. Review of [REDACTED] NCP revealed it lacked information regarding the resident's preferences/ choices in all aspects of [REDACTED] activities of daily living.

Resident 2 was admitted to the home on [REDACTED] 15 with diagnoses including [REDACTED] and [REDACTED]. Review of [REDACTED] state assessment dated 3/10/16 revealed [REDACTED] had the following behavioral issues: "Crying/ tearfulness, delusions, [REDACTED] easily irritable/ agitated, hallucinations, [REDACTED] repetitive complaints/ questions, resistive to care, and up at night/ requires intervention". Review of [REDACTED] NCP revealed the resident's agitation [REDACTED] and hallucinations were addressed. Other behaviors identified on the state assessment were not mentioned in the NCP.

When interviewed, the provider said she would update both residents' NCPs to include the required information right away.

Upon returning to the office, the licensor received copies of the residents' updated NCPs from the provider. Review of the documents (received from the provider) revealed the provider had added information on Resident 1's NCP to include the resident's preferences/ choices. The provider also updated Resident 2's NCP to include all behaviors and interventions as required.

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, NORTH CREEK MANOR AFH is or will be in compliance with this law and / or regulation on (Date) 7/13/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

7/13/16

Date