



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

June 21, 2016

ANOTHER OPTION INC
34TH HOUSE
PO BOX 921
KELSO, WA 98626

RE: 34TH HOUSE License #439201

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on June 20, 2016 for the deficiency or deficiencies cited in the report/s dated January 11, 2016 and May 5, 2016 and found no deficiencies.

The Department staff who did the inspection:
Carol Smith, Licensors

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

Sincerely,

A handwritten signature in black ink, appearing to read "Janice Jiles".

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, Olympia, WA 98504-5819

RECEIVED
 MAY 27 2016
 DSHS RCS
 Region3

Statement of Deficiencies	License #: 439201	Completion Date
Plan of Correction	34TH HOUSE	May 5, 2016
Page 1 of 3	Licensee: ANOTHER OPTION INC	

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.

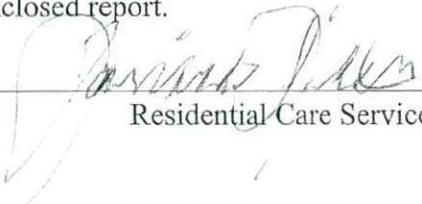
The department has completed data collection for the unannounced on-site follow-up inspection of: 5/4/2016
 34TH HOUSE
 2274 34TH AVE
 LONGVIEW, WA 98632

This document references the following SOD dated: January 11, 2016, February 12, 2016

The department staff that inspected the adult family home:
 Carol Smith, Licensor

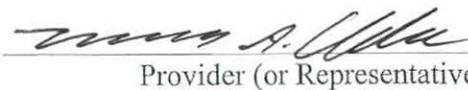
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit D
 PO Box 45819
 Olympia, WA 98504-5819
 (360)664-8421

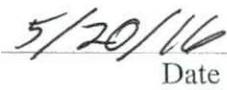
As a result of the on-site follow-up inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (1) Staff information such as address and contact information.
- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
 - (a) Training required by chapter 388-112 WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
 - (b) Cardiopulmonary resuscitation;
 - (c) First aid; and
 - (d) HIV/AIDS training.
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the provider failed to have some of the staff records available to this Department licensor during the course of a routine follow up licensing inspection visit for this adult family home (AFH). The provider's failure to ensure all present necessary staff records were maintained on site and available to department staff delayed completion of this follow up licensing inspection process.

Findings include:

Observation, record review and interview took place on 5/04/2016, unless otherwise noted.

Caregiver #3 was present and working in the AFH at the time of this licensors arrival for the follow up inspection and immediately contacted caregiver # 8 to come assist in the process. Caregiver # 8 came to the AFH, stayed long enough to make notes on what was still missing from the caregiver files and left to go to the Corporate office to pick up the information. This licensor waited for caregiver # 8 to get to the AFH, then waited for her to take notes on what was still missing, drive back to the corporate office, retrieve the information and make copies and then drive back to the AFH taking approximately 1 hour and 45 minutes. This dramatically slowed down the follow up AFH visit. This licensor then needed additional time to review the materials as well as make additional notes for caregiver # 8 to fax in additional information not provided or able to be found at this visit. This licensor requested the additional information needed to complete and or correct the citations to be faxed to RCS by 8:00 am the next day.

Caregiver's # 1 and 15 did not have of their 12 hours of CE trainings certificates available for review and in the AFH from 2014 and 2015 calendar year. Caregiver # 8 brought these back from the corporate office at the time of follow up and agreed to get them in the caregiver files as soon as possible.

The provider's (caregiver # 1) Character, Competency and Suitability was not available for review in the adult family home at the time of this follow up for review.

Nurse delegation paperwork for resident # 3 was not in the resident's file but was faxed to RCS

by 8:00 the following day.

New hire AFH orientation specific to this AFH was not in caregiver's # 13 and 14 files. Both of these caregivers were newly hired within the last 4 months.

Caregiver # 13 only had an expired CNA license in her file dating 2/26/2016. Caregiver # 8 brought a new current copy back from the corporate office at the time of the inspection for review.

Caregiver # 8 was again reminded that they need copies of all necessary staff records available for review at all times to the Department. She reported they are working very hard to get everything in the caregiver files.

Repeat citations from 1/08/2016 and 2/24/2016.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 5/20/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

5/20/16

Date



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

RECEIVED
 APR 11 2016
 DSHS RCS
 Region3

Statement of Deficiencies	License #: 439201	Completion Date
Plan of Correction	34TH HOUSE	February 12, 2016
Page 1 of 7	Licensee: ANOTHER OPTION INC	

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: 2/12/2016

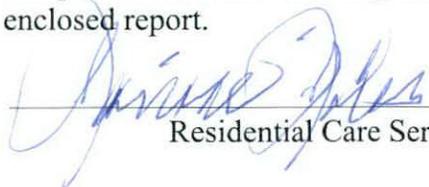
34TH HOUSE
 2274 34TH AVE
 LONGVIEW, WA 98632

This document references the following SOD dated: January 11, 2016

The department staff that inspected the adult family home:
 Carol Smith, Licensors

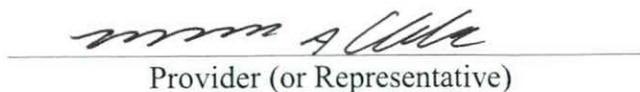
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit D
 PO Box 45819
 Olympia, WA 98504-5819
 (360)664-8421

As a result of the on-site 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 388-76-10191 Liability insurance required. The adult family home must:

(2) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Provider failed to have facility business records available to Department staff during the course of a routine licensing inspection of the adult family home (AFH). The Provider's failure to ensure all business records were maintained on site and available to Department staff delayed completion of this annual licensing inspection process.

Findings include:

Record review and interview took place on 01/08/2016 unless otherwise noted.

The most current liability insurance in the home was dated 2003 and 2013.

When the Caregivers were questioned about not having the necessary documentation readily available in the adult family home at the time of inspection, they reported the corporate office keeps all these records at their office. Caregiver # 7 further reported that they run this adult family home like one of their assisted living locations and all paperwork goes to the corporate office.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (1) Staff information such as address and contact information.
- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
 - (a) Training required by chapter 388-112 WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
 - (b) Cardiopulmonary resuscitation;
 - (c) First aid; and
 - (d) HIV/AIDS training.
- (4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Provider failed to have facility staff records available to Department staff during the course of a routine licensing inspection of the adult family home (AFH). The Provider's failure to ensure all present and past staff records were maintained on site and available to Department staff delayed completion of this annual licensing inspection process.

Findings include:

Observation, record review and interview took place on 01/08/2016 unless otherwise noted.

There were no staff records for the past employees from 2015 available in the adult family home for; caregiver's # 9,10 and 11.

There were no Safety and Orientation to the adult family home for any of the caregivers in the home; caregiver's # 2,3,4,5,6,7,8,9,10,11 and 12.

Sampled Caregiver # 3 did not have any of her 12 CE trainings available in the home from 2014 and 2015.

The Provider's Character, Competency and Suitability review was not available in the adult family home at the time of inspection for review.

Fingerprints for Caregiver's # 2,9,10 and 11 were not available for review at the time of inspection.

Name and date of birth background checks for Caregiver's # 3,5,9,10,11 and 12 were not available for review in the adult family home.

When the caregivers were questioned about not having the necessary documentation readily available in the adult family home at the time of inspection, they reported the corporate office keeps all these records at their office. Caregiver # 7 further reported that they run this adult family home like one of their assisted living locations and all paperwork goes to the corporate office.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date

WAC 388-76-10405 Nursing care. If the adult family home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must:

(2) Hire or contract with a nurse to provide nurse delegation.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure 2 of 2 sampled Residents (Resident's # 1 and 3) received nurse delegation (ND) for medications. This failure to ensure Resident's # 1 and 3 received their medication under professional supervision placed them at risk for medication errors.

Findings include:

Record review and interview took place on 02/24/016 unless otherwise noted.

Per follow up visit dating 2/24/2016, the AFH has not corrected this citation and did not complete nurse delegation for either of the 2 sampled Residents. The citations from 1/8/16 have not been corrected. Concerns are listed below:

Resident # 1 has a diagnosis of [REDACTED] and [REDACTED] and did not have ND in place for; [REDACTED] 2 x's daily application to [REDACTED] 10-20 mg every 4 hours as needed for [REDACTED] and [REDACTED] every 6 hours as needed for [REDACTED] and [REDACTED]

Resident # 3 has a diagnosis of [REDACTED] with an [REDACTED] and [REDACTED] and did not have ND in place for; [REDACTED] 1 mg tablets take as needed for [REDACTED] medication 100000 U PRN for [REDACTED] 30 ml as needed for [REDACTED] and prescribed over the counter [REDACTED] to areas of the skin.

The Provider faxed a copy of a nurse delegation consent form that had been signed on 4/13/2015 for Resident # 1 that did not have any of the medications listed on it.

The Provider faxed a copy of a nurse delegation consent form that had been signed on 1/1/2013 for Resident # 3 stating [REDACTED] but there are no medication listed or being currently delegated.

On 2/24/2016 the Caregiver on staff confirmed that none of the medications in question have been added to the nurse delegation for either Resident.

Repeat/uncorrected citation from 1/08/2016.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Handwritten Signature]

Provider (or Representative)

4/8/16

Date

WAC 388-76-10660 Chemical restraints.

- (2) The adult family home must ensure that:
- (c) In situations when a psychopharmacological drug is used for a resident, the home must ensure that the:
- (iv) Resident has given informed consent for its use.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to properly receive informed consent for psychotropic medications used for 1 of 2 sampled residents (resident # 3). This failure to ensure that the resident or resident's representative has given informed consent for psychopharmacological drug usage placed both residents at risk for being medicated for discipline instead of treatment.

Findings include:

Record review and interview took place on 02/24/2016 unless otherwise noted.

Resident # 3 has a diagnosis of [redacted] with an [redacted] and an [redacted] [redacted] and did not have a psychoactive medication consent on file for [redacted] 1 mg as needed for [redacted]

The forms have not been presented to the resident's representative and signed as of this date.

The Caregiver reported that they will fax a copy to this licensor as soon as it gets signed.

Repeat/uncorrected citation from 1/08/2016.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4/8/16

Date

WAC 388-112-0015 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training - Facility orientation training and long-term care worker orientation training.

(2) Long-term care worker orientation. Individuals required to complete long-term care worker training must complete long-term care worker, orientation which is two hours of training regarding the long-term care worker's role and the applicable terms of employment as described in WAC 388-112-0016. The following individuals must complete long-term care worker orientation training.

(a) All long-term care workers who are not exempt from certification described in RCW 18.88.041 hired on or after January 7, 2012, must complete two hours of orientation before providing care to residents. This orientation training must be provided by qualified instructors described in WAC 388-112-0383.

This requirement was not met as evidenced by:

Based on record review and interview, the Provider failed to ensure all Caregivers (Caregiver's # 2,3,4,5,6,7,8,9,10,11,12) received orientation to this adult family home (AFH) prior to providing care to any of the 6 current residents. This failure to complete safety and orientation specific to this AFH placed all Residents (Resident's # 1,2,3,4,5,6) at risk of having Caregivers who were not properly trained to provide care in this AFH.

Findings include:

Record review and interview took place on 1/08/2016, 2/12/2016 and 2/24/2016, unless otherwise noted.

At the initial annual inspection visit on 1/08/2016 there were no records available in the AFH to show that any of the Caregivers received orientation to this AFH prior to beginning to working with these residents. When the Provider was questioned about the specific orientation to this AFH for each Caregiver, she reported that this information must be at the corporate office. The Provider was asked to fax a copy of each Caregiver's orientation to this licensor tomorrow morning. There was no fax regarding this matter received by this licensor.

On 2/12/2016, a follow up inspection was completed at the AFH, with no record of the new employee orientation found in the Caregiver files.

On 2/24/2016, another follow up inspection was completed at the AFH, with no Caregiver files

in the AFH. The Caregiver reported all Caregiver files are at the corporate office. This Caregiver provided this licenser with the address of the corporate office and stated this licenser can get all the information in Kelso office.

The proof of new staff training was faxed to the DSHS office on 2/12/2016 but was never noted being in the AFH during any of the visits.

Repeat/uncorrected citation from 1/8/16.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

4/9/16
Date



RECEIVED
APR 11 2016
DSHS RCS
Region3

Janice Jiles, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 45819
Olympia, WA 98504-5819

4/6/2016

RE: 34th House License #439201

To Whom It May Concern:

Following are our plan of corrections;

1. WAC 388-76-10191 Liability insurance required. The adult family home must:

- (2) Have evidence of liability insurance coverage available if requested by the department.

Plan of Correction:

- (1) Current liability insurance is on-site as of 1-11-2016

2. WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (1) Staff information such as address and contact information.
(2) Staff orientation and training records pertinent to duties, including, but not limited to:
(a) Training required by chapter 388-112 WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
(b) Cardiopulmonary resuscitation;
(c) First aid; and
(d) HIV/AIDS training.
(4) Criminal history disclosure and background check results as required.

Plan of Correction:

- (1) Past employee records are on-site as of 3-1-2016
(2) Safety and Orientation to the adult family home are located in staff files, on-site as of 3-1-2016
(3) Caregiver #3 CE trainings are in her staff file, on-site as of 1-11-2016.
(4) The Provider's Character, Competency and Suitability review is located in staff file, on-site as of 1-8-2016.
(5) Fingerprint background checks are located in staff files, on-site as of 1-11-2016.
(6) Name and date of birth background checks are located in staff files, on-site as of 1-11-2016.

3. WAC 388-76-10405 Nursing Care. If the adult family home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must:

- (2) Hire of contract with a nurse to provide nurse delegation.

Plan of Correction:

- (1) Residents #1 and #3 have been delegated for all medications as of 4-1-2016.

4. **WAC 388-76-10660 Chemical restraints.**

- (2) The adult family home must ensure that:
 - (c) In situations when a psychopharmacological drug is used for a resident, the home must ensure that the:
 - (iv) Resident has given informed consent for its use.

Plan of Correction:

- (1) Resident #3 has signed the psychoactive medication consent form. It is on-site as of 4-7-2016.

5. **WAC 388-112-0015 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training – Facility orientation training and long-term care worker orientation training.**

- (2) Long-term care worker orientation. Individuals required to complete long-term care worker training must complete long-term care worker, orientation which is two hours of training regarding the long-term care worker's role and the applicable terms of employment as described in WAC 388-112-0016. The following individuals must complete long-term care worker orientation training.
 - (a) All long-term care workers who are not exempt from certification described in RCW 18.88.041 hired on or after January 7, 2012, must complete two hours of orientation before providing care to residents. This orientation training must be provided by qualified instructors described in WAC 388-112-0383.

Plan of Correction:

- (1) The Facility Orientation Training forms that were received by you on 2/12/16 are located in staff files and are on-site as of 3-1-2016.

Thank you,

Marcus A. Cloke

Marcus A. Cloke - 4/8/16



RECEIVED

APR 11 2016

DSHS RCS
Region3

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45600, Olympia, Washington 98504-5600

Statement of Deficiencies	License #: 439201	Completion Date
Plan of Correction	34TH HOUSE	January 11, 2016
Page 1 of 10	Licensee: ANOTHER OPTION INC	AMENDED

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:
1/8/2016

34TH HOUSE
2274 34TH AVE
LONGVIEW, WA 98632

The department staff that inspected the adult family home:
Carol Smith, 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.

M. Li Torngquist for Region 3, Unit D
Residential Care Services

3/28/16
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)

4/8/16
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (1) Staff information such as address and contact information.
- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
 - (a) Training required by chapter 388-112 WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
 - (b) Cardiopulmonary resuscitation;
 - (c) First aid; and
 - (d) HIV/AIDS training.
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the provider failed to have the staff and business records available to this Department licensor during the course of a routine licensing inspection of this adult family home (AFH). The provider's failure to ensure all present and past staff and all business records were maintained on site and available to department staff delayed completion of this annual licensing inspection process.

Findings include:

Observation, record review and interview took place on 01/08/2016 unless otherwise noted.

Caregiver #3 was present and working in the home at the time of arrival. This caregiver contacted the corporate office and caregiver # 7 was sent over to assist in the inspection process. Caregiver # 7 did not bring any of the adult family home records with her but took notes throughout the entire inspection process on what needed to be faxed to this licensor by the next morning. Caregiver # 2 was also on site after assisting residents in the community. None of the caregivers were able to locate all of the necessary licensing records to complete this annual inspection timely.

The most current liability insurance in the AFH was dated 2003. Upon review of last years inspection, the liability insurance was faxed in the next business day.

There were no staff records for the past employees from 2014-2015 available in the adult family home for; caregiver's # 9,10 and 11. Two of the listed caregivers had just ended employment within the last couple weeks.

There were no Safety and Orientation to this adult family home for any of the current caregivers in this AFH; caregiver's # 2,3,4,5,6,7,8,9,10,11 and 12.

Sampled caregiver # 3 did not have any of her 12 CE trainings available in the home from 2014 and 2015 and available for review.

The provider's Character, Competency and Suitability review was not available in the adult family home at the time of inspection for review.

Fingerprints for caregiver's # 2,9,10 and 11 were not available for review at the time of inspection.

Name and date of birth background (BCCU) checks for caregiver's # 3,5,9,10,11 and 12 were not available for review in the adult family home at the time of inspection.

When the caregivers were questioned about not having the necessary documentation readily available in the adult family home at the time of this inspection, they reported the corporate office keeps all these records at their office. Caregiver # 7 further reported that they run this adult family home like one of their assisted living locations and all paperwork goes to the corporate office for their review.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4/8/16

Date

WAC 388-76-10315 Resident record Required. The adult family home must:

- (1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:
- (g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the provider failed to have some resident records available to this Department licensor during the course of a routine licensing inspection of this adult family home (AFH). The provider's failure to ensure all present and past resident records were maintained on site and available to department staff delayed completion of this annual licensing inspection process.

Findings include:

Observation, record review and interview took place on 01/08/2016 unless otherwise noted.

Caregiver #3 was present and working in the home at the time of arrival. This caregiver contacted the corporate office and caregiver # 7 was sent over to assist in the inspection process. Caregiver # 7 did not bring any of the adult family home records with her but took notes throughout the entire inspection process on what needed to be faxed to this licensor by the next morning. Caregiver # 2 was also on site after assisting residents in the community. None of the

caregivers were able to locate all of the necessary licensing records to complete this annual inspection timely.

The Negotiated Care Plan (NCP) and Care Assessments (CA) for the 2 sampled resident's # 1 and 3 from 2014 was not available for review in the adult family home at the time of inspection.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

4/8/16
Date

WAC 388-76-10405 Nursing care. If the adult family home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must:

(2) Hire or contract with a nurse to provide nurse delegation.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure 2 of 2 sampled residents (resident's # 1 and 3) received nurse delegation (ND) for medications. This failure to ensure resident's # 1 and 3 received their medication under professional supervision placed them at risk for medication errors.

Findings include:

Record review and interview took place on 01/08/2016 unless otherwise noted.

Resident # 1 has a diagnosis of [REDACTED] and [REDACTED] and did not have ND in place for; [REDACTED] 2 x's daily application to [REDACTED] 10-20 mg every 4 hours as needed for [REDACTED] and [REDACTED] every 6 hours as needed for [REDACTED] and [REDACTED]

Resident # 3 has a diagnosis of [REDACTED] with an [REDACTED] and [REDACTED] and did not have ND in place for; [REDACTED] 1 mg tablets take as needed for [REDACTED] medication 100000 U PRN for [REDACTED] 30 ml as needed for [REDACTED] and prescribed over the counter [REDACTED] to areas of the skin.

When the provider was questioned about not having ND in place, she reported that the nurse delegator reported that she did not need it. The provider then called and the nurse delegator and she stated she was going to call the nurse delegator program manager for information regarding when nurse delegation services were 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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

4/8/16
Date

WAC 388-76-10660 Chemical restraints.

- (2) The adult family home must ensure that:
- (c) In situations when a psychopharmacological drug is used for a resident, the home must ensure that the:
- (iv) Resident has given informed consent for its use.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to properly receive informed consent for psychotropic medications used for 2 of 2 sampled residents (resident's # 1 and 3). This failure to ensure that the resident or resident's representative has given informed consent for psychopharmacological drug usage placed both residents at risk for being medicated for discipline instead of treatment.

Findings include:

Record review and interview took place on 01/08/2016 unless otherwise noted.

Resident # 1 has a diagnosis of [redacted] and [redacted] and did not have a psychoactive medication consent on file for prescribed [redacted] 100 mg and [redacted] 10 mg 3 x's daily.

Resident # 3 has a diagnosis of [redacted] with an [redacted] and an [redacted] [redacted] and did not have a psychoactive medication consent on file for [redacted] 1 mg as needed for [redacted]

When the provider was questioned about not having psychoactive medication consent on file for either of these residents, she reported that she was not aware that they did not have them.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4/8/16

Date

WAC 388-76-10810 Fire extinguishers.

- (2) The home must ensure the fire extinguishers are:
- (a) Installed according to manufacturer recommendations;
 - (b) Inspected and serviced annually;
 - (c) In proper working order; and
 - (d) Readily available for use at all times.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the provider failed to ensure fire extinguishers were serviced annually. Failure to ensure the fire extinguishers were serviced annually placed all current residents (resident's # 1,2,3,4,5,6) at risk for harm from relying on a possibly non-functioning fire extinguisher.

Findings include:

Observation, record review and interview took place on 01/08/2016 unless otherwise noted.

The two fire extinguishers for this adult family home (AFH) where observed to have expired in 12/2014. When the provider was questioned and shown the expiring tags on the extinguisher bottles, she was observed to call the company they use for servicing and request service as soon as possible. The provider was also seen talking with the other caregivers to make sure they are observing the expiration date often. The provider reported that the tanks will be serviced as soon as possible. Later in this inspection and prior to this licenser the leaving the AFH, the extinguisher tanks were serviced and in proper working order.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4/8/16

Date

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document in writing the emergency evacuation drills which must include:

- (1) Names of each resident and staff involved in the drill;
- (2) Name of the person conducting the drill;
- (3) Date and time of the drill; and
- (4) The length of time it took to evacuate all residents.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the provider failed to ensure that emergency and annual evacuation drills were completed and documented in the AFH. This failure to ensure that emergency evacuation drills were completed and documented placed 6 of 6 current residents (resident's # 1,2,3,4,5,6) at risk for being unsure how to evacuate if there was a true emergency.

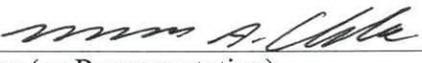
Findings include:

Observation, record review and interview took place on 01/08/2016 unless otherwise noted.

During this licensing visit, the AFH was observed to not have an emergency evacuation logs accessible for review. When the provider was asked to provide this written documentation for review, she reported they have it stored at the corporate office. This licenser asked to have it faxed to DSHS by the next morning. On 1/11/2016 there was no evacuation log faxed to this licenser as of this date.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4/8/16

Date

WAC 388-112-0015 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training - Facility orientation training and long-term care worker orientation training.

(2) Long-term care worker orientation. Individuals required to complete long-term care worker training must complete long-term care worker, orientation which is two hours of training regarding the long-term care worker's role and the applicable terms of employment as described in WAC 388-112-0016 . The following individuals must complete long-term care worker orientation training.

(a) All long-term care workers who are not exempt from certification described in RCW 18.88.041 hired on or after January 7, 2012, must complete two hours of orientation before providing care to residents. This orientation training must be provided by qualified instructors described in WAC 388-112-0383 .

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to ensure all caregivers (caregiver's # 2,3,4,5,6,7,8,9,10,11,12) received orientation to this adult family home (AFH) prior to providing care to any of the 6 current residents. This failure to complete safety and orientation specific to this AFH placed all residents (resident's # 1,2,3,4,5,6) at risk of having caregivers who were not properly trained to provide care in this AFH.

Findings include:

Record review and interview took place on 01/08/2016 unless otherwise noted.

There were no records available in the AFH to show that any caregivers received orientation to this AFH prior to beginning to working with these residents. When the provider was questioned about the specific orientation to this AFH for each caregiver, she reported that this information must be at the corporate office. The provider was asked to fax a copy of each caregiver's orientation to this licenser tomorrow morning. There was no fax regarding this matter received by this licenser.

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4/8/16

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

(a) From January 1, 2012 through June 30, 2012, adult family home providers, entity representatives, resident managers, and long-term care workers whose birth date is within these dates and the required basic training was previously completed must complete ten hours of continuing education. If ten hours of continuing education were completed between January 1, 2012 through June 30, 2012 for any one listed above, regardless of birth date, then the continuing education requirements have been met for 2012.

(b) Effective July 1, 2012, certified home care aides must complete twelve hours of continuing education each year after obtaining certification as described in RCW 74.39A.341 .

(c) If exempt from certification as described in RCW 18.88B.041 , all long-term care workers must complete twelve hours of continuing education per year.

(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 record review and interview, the provider failed to ensure all caregivers (caregiver # 3) received 12 hours of DSHS approved continuing education (CE) annually. This failure to ensure all caregivers are kept current with CE training placed all residents (resident's # 1,2,3,4,5,6) at risk of being cared for by persons who do not meet the current caregiver qualifications.

Findings include:

Record review and interview took place on 01/08/2016 unless otherwise noted.

Caregiver # 3 did not have any CE training on file for th years 2014 and 2015. When the provider was questioned about why this was not in the caregiver file, she reported that if they had the information it would be at their corporate office.

Statement of Deficiencies	License #: 439201	Completion Date
Plan of Correction	34TH HOUSE	January 11, 2016
Page 10 of 10	Licensee: ANOTHER OPTION INC	AMENDED

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, 34TH HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/15/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

William A. Claba
Provider (or Representative)

4/8/16
Date