



**Residential Care Services
Investigation Summary Report**

Provider/Facility: REESE'S RESIDENTIAL CARE AFH (686938) **Intake ID(s):** 3194920
License/Cert. #: AF444600
Investigator: Whitney, Jo **Region/Unit:** RCS Region 1/Unit C **Investigation Date(s):** 03/10/2016 through 03/18/2016
Complainant Contact Date(s): 03/17/2016

Allegations:

- 1) Alleged Named Resident not taken care of by the home. He had long toenails that needed cutting; it was part of care plan.
 - 2) Named Resident freaked out and staff and another resident held him down until the police came.
 - 3) Named Resident taken to the hospital and refused to go back to the home.
 - 4) Named Resident walked away from the home and they did not know he was missing.
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Investigation Methods:

- | | |
|---|--|
| <p><input checked="" type="checkbox"/> Sample: Five current residents in home; Named Resident discharged</p> | <p><input checked="" type="checkbox"/> Observations: Home environment for safety and quality of life, staff to resident interactions, inside and outside resident areas including resident rooms.</p> |
| <p><input checked="" type="checkbox"/> Interviews: Provider, staff, residents, collateral contacts</p> | <p><input checked="" type="checkbox"/> Record Reviews: Resident records including assessments, negotiated care plans, medication logs, physician orders, incident log, employee files, home policies, police and hospital records</p> |



**Residential Care Services
Investigation Summary Report**

Allegation Summary:

- 1) Named Resident made his wants and needs known related to his care needs and preference for privacy. He needed supervision due to fluctuations in his memory including help with foot and nail care. The negotiated care plan included the provision of nail care outside of the home with staff arranging for appointments. The resident preferred to be barefoot and his feet were often soiled.
- 2) Resident with history of [REDACTED]. Episode of [REDACTED] without identified trigger, placed Named Resident at danger to himself and others. Resident found crawling, remained on the ground and held in place to prevent further harm and protected until emergency services arrived. Notifications and reporting completed as required.
- 3) Resident transported for medical evaluation and released. Resident did not want to return to residential care setting.
- 4) Unable to substantiate Named Resident was missing. He would report going for a walk and return without incident. Per provider, local law enforcement contacted her reporting the resident was picked up on the road walking to town for a meeting - they drove him to his chosen destination. No previous attempts or knowledge he would not return to the home.

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

Investigation completed in conjunction with full inspection; findings of failed practice identified with the medication system, resident records, emergency preparedness, and administrative records.

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

- 1) Named Resident discharged from the home. Unable to substantiate resident care not provided to other residents in home.
- 2) No failed practice identified.
- 3) Law enforcement responded and determined medical evaluation was needed. Named Resident was transported by ambulance to ER. The Named Resident and provider mutually agreed he would not return to the home.
- 4) No failed practice identified.

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

Please see statement of deficiencies dated 3/18/2016: WAC 388-76-10522 Resident rights notice of Medicaid policy, WAC 388-112-0320 trainings required department approval, WAC 388-76-10135 minimum qualifications, WAC 388-76-10230 Pet vaccinations current, WAC 388-76-10355 Negotiated care plan includes care and services provided, WAC 388-76-10430 medication system/medication log, WAC 388-76-10810 fire extinguisher serviced annually, WAC 388-76-10845 emergency water supply sufficient for residents and household members.

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: REESE'S RESIDENTIAL CARE AFH (686938) **Intake ID(s):** 3193398
License/Cert. #: AF444600
Investigator: Whitney, Jo **Region/Unit:** RCS Region 1/Unit C **Investigation Date(s):** 03/10/2016 through 03/18/2016
Complainant Contact Date(s): 03/10/2016

Allegations:

- 1) Named Resident crawled outside the home on hands and knees after every one was in bed; he was [REDACTED]
 - 2) A second resident from the home responded to the noise and the Named Resident's behavior and held him down to prevent further harm to himself or others until emergency services arrived.
 - 3) Named resident was transported to the hospital and did not return to the AFH.
-

Investigation Methods:

- | | |
|---|---|
| <p><input checked="" type="checkbox"/> Sample: Five current residents in home; Named Resident discharged</p> | <p><input checked="" type="checkbox"/> Observations: Home environment for safety and quality of life, staff to resident interactions, inside and outside resident areas including resident rooms.</p> |
| <p><input checked="" type="checkbox"/> Interviews: Provider, staff, residents, collateral contacts</p> | <p><input checked="" type="checkbox"/> Record Reviews: Resident records including assessments, negotiated care plans, medication logs, physician orders, incident log, employee files, home policies, police and hospital records.</p> |



**Residential Care Services
Investigation Summary Report**

Allegation Summary:

- 1) At approximately 11:45 p.m., the Named Resident crawled out of the home on his hands and knees. Provider responded to the opening the front door and found the resident outside [REDACTED] and fearful of the surroundings repeating he had to get out because of [REDACTED] she was unable to redirect him.
- 2) Named Resident grabbed object and swung it at provider causing a deep tissue injury; he would not release the object. Two other residents awakened to the noise and went outside - one assisted the provider by helping to pull away the object and keep the resident from grabbing anything else.
- 3) Law enforcement responded and determined medical evaluation was needed. Named Resident was transported by ambulance to ER. The Named Resident and provider mutually agreed he would not return to the home.

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

Investigation completed in conjunction with full inspection; findings of failed practice identified with the medication system, resident records, emergency preparedness, and administrative records.

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

- 1) & 2) Resident with history of [REDACTED] Episode of [REDACTED] without identified trigger, placed Named Resident at danger to himself and others. Resident remained on the ground and held in place to prevent further harm and protected until emergency services arrived. Notifications and reporting completed as required.
- 3) Resident transported for medical evaluation and released. Resident did not want to return to residential care setting.

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

Please see statement of deficiencies dated 3/18/2016: WAC 388-76-10522 Resident rights notice of Medicaid policy, WAC 388-112-0320 trainings required department approval, WAC 388-76-10135 minimum qualifications, WAC 388-76-10230 Pet vaccinations current, WAC 388-76-10355 Negotiated care plan includes care and services provided, WAC 388-76-10430 medication system/medication log, WAC 388-76-10810 fire extinguisher serviced annually, WAC 388-76-10845 emergency water supply sufficient for residents and household members.

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



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 3611 River Road, Suite 200, Yakima, WA 98902

Statement of Deficiencies	License #: 444600	Completion Date
Plan of Correction	REESE'S RESIDENTIAL CARE AFH	March 18, 2016
Page 1 of 8	Licensee: Tami D. Reese	

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: 3/10/2016

REESE'S RESIDENTIAL CARE AFH
 9618 MIERAS RD
 YAKIMA, WA 98901

This document references the following complaint numbers: 3193398 , 3194920

The department staff that inspected the adult family home:

Jo Whitney, RN, BSN, Complaint Investigator

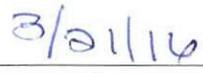
From:

DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit C
 3611 River Road, Suite 200
 Yakima, WA 98902
 (509)225-2823

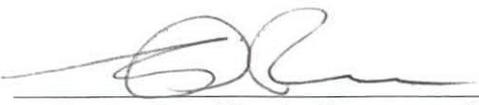


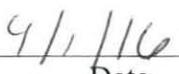
As a result of the on-site complaint investigation and full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 Residential Care Services


 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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Have a current valid first-aid and cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112 WAC; and

This requirement was not met as evidenced by:

Based on record review and interview, the home failed to ensure one of two staff (Staff A) had current first aid and cardiopulmonary resuscitation (CPR) certification. Findings include:

Record review and interview occurred on 3/10/2016 unless otherwise indicated.

Staff A was working in the home at the time of the inspection; Staff B was also in the home.

The first aid and CPR certificate for Staff A expired on 11/6/2015. Staff A was aware it was expired.

The provider did not have system in place to ensure training and qualifications were renewed and remained current at all times.

This is a repeat deficiency from 8/7/2013.

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, REESE'S RESIDENTIAL CARE AFH is or will be in compliance with this law and / or regulation on (Date) 4/05/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4/11/16

Date

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations. Done

This requirement was not met as evidenced by:

Based on observation, interview and record review, the home failed to ensure two of two pets (dog, cat) had current rabies vaccinations. Findings include:

Observation, interview and record review occurred on 3/10/2016 unless otherwise indicated.

Lady, a long haired dog, met the licenser in the driveway of the home. The dog entered the home when a resident opened the door. Nessi, a black tabby cat, lay curled on one of the couches. Residents' spoke pleasantly of the pets - sharing the couch and allowing the residents to pet them.

The provider called the veterinarian when she was unable to find the vaccination records. The provider reported she was told both animals were overdue for vaccination and would take them in for the vaccination in the next week.

The provider stated she did not keep track of when the vaccinations were due.

This is a repeat citation from 8/7/2013.

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, REESE'S RESIDENTIAL CARE AFH is or will be in compliance with this law and / or regulation on (Date) 4/1/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

4/1/16

 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:

- (1) A list of the care and services to be provided;
- (2) Identification of who will provide the care and services;
- (3) When and how the care and services will be provided;
- (7) If needed, a plan to:
 - (b) Reduce tension, agitation and problem behaviors;
 - (c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

Done

This requirement was not met as evidenced by:

Based on observation, interview and record review, the home failed to ensure one of three residents' (Resident #4) negotiated care plans listed the care and services provided in the home. This deficient practice placed the resident at potential risk for unmet needs. Findings include:

Observation, interview and record review occurred on 3/10/2016 unless otherwise indicated.

Resident #4's assessment dated 4/9/2015, recorded the resident had [REDACTED] and had pain daily; he needed assistance with his medications. Medication for pain management was given at scheduled times and he also had a pain medication he could request if needed.

The provider reported the resident was successfully weaning off cigarette smoking with the help of medication. The provider described her concerns about the anti-smoking medication and how it may trigger thoughts about suicide; they had discussed feelings/symptoms he should be aware of and report to her. The resident reported he hardly smoked at all and looked forward to

quitting to have more spending money.

At the resident's bedside was a [REDACTED]. The provider reported she provided bottled water for the resident [REDACTED] taken from the home's emergency water supply. The resident stated he refilled the water reservoir and put the [REDACTED] without assistance.

The negotiated care plan dated 9/31/2015 did not include the resident's assessed need for pain management, did not include the [REDACTED] and where supplies would come from, and did not include the resident's stop smoking plan and how the home was supporting the resident.

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, REESE'S RESIDENTIAL CARE AFH is or will be in compliance with this law and / or regulation on (Date) 4/1/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4/1/16

Date

WAC 388-76-10430 Medication system.

- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (d) Receives medications as required.

WAC 388-76-10475 Medication Log. The adult family home must:

- (2) Include in each medication log the:
 - (e) Approximate time the resident must take each medication.
- (3) Ensure the medication log includes:
 - (a) Initials of the staff who assisted or gave each resident medication(s);

Done

This requirement was not met as evidenced by:

Based on observation, interview and record review, the home did not have a system to ensure the medication logs (log) for three of three residents (Resident #2, #4, #6) accurately recorded administration of ordered medications and included the approximate time when the residents were given medications. This deficient practice placed the residents at potential risk for medication errors. Findings include:

Observation, interview and record review occurred on 3/10/2016 unless otherwise indicated.

- 1) Resident #2's assessment dated 11/13/2015 documented the resident needed assistance with medications. The February and March 2016 medication logs and the resident's medication

supply were compared.

The pharmacy prepared medication log listed multiple medications ordered by the physician to give one to three times each day. Listed times for staff to give medication were "A.M.", noon or "Bed". The approximate time the resident must take a medication in the morning was not included on the log. Staff A and the provider stated morning medications were usually given at 8:30 a.m. Bedtime was usually by 9:00 p.m.

The March 2016 log listed [REDACTED] given daily without a time (or "A.M.") the resident was to receive it. Staff did not initial the log that the medication was given in March. Another medication, aspirin ordered daily, also did not have time or "A.M." but did have initials documenting the medication was given.

The provider was surprised the log was not initialed; Staff A usually gave the morning medications. The provider stated she reviewed the pharmacy prepared logs each month before they were used. She expected Staff A to read and sign for medications she gave.

Medications were supplied in a 'bubble pack' with pills packaged for daily dosages. The provider had medications bundled at times of day they were to be given. Staff A stated the resident received his medications - she went to each card and 'popped' out the pill from each card.

2) Resident #4's assessment dated 4/9/2015 documented the resident needed assistance with medications. The February and March 2016 medication logs and the resident's medication supply were compared for accuracy and completion.

The pharmacy prepared log listed "A.M." as the administration times for medications given daily (unless specified at bedtime) and listed "A.M." and "bed" for medications ordered twice a day. The approximate time the medication was given was not included on the log.

On the March 2016 log four listed medications [REDACTED] included directions to give daily. No administration time was included. The log lacked the initials that documented the resident was given the medications.

One medication, [REDACTED] was ordered for the resident twice a day per the log directions and the pharmacy supply package. The log listed three times staff gave the drug; A.M., noon, and P.M. The medication supply was bundled to give medications in the morning, the evening and at bedtime; he had no noon medications. Staff A initialed the log for a noon dose each day in March 2016.

Resident #4 did not receive additional doses of the [REDACTED] however, the log documentation inaccurately recorded he did because staff initialed for medication they did not give.

3) Resident #6's assessment dated 7/25/2015 recorded the resident needed assistance with medications. A review of the February 2016 medication log found one medication ordered twice a day. The log included "bed" as the time to give the medication and initialed for a daily dose. A second administration time and initials that the second dose was given were also absent.

The resident was no longer in the home; no medication supply was observed. The provider stated the medications came in a bottle and tablets were taken from the bottles. She reported each bottle was opened and a tablet taken out.

The provider did not have a system to ensure the medication log accurately recorded physician orders and documentation reflected the actual assistance with medication administration provided by staff.

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, REESE'S RESIDENTIAL CARE AFH is or will be in compliance with this law and / or regulation on (Date) 4/1/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

4/1/16
Date

WAC 388-76-10810 Fire extinguishers. *Done*

- (2) The home must ensure the fire extinguishers are:
(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the home failed to ensure the fire extinguisher was serviced annually. Findings include:

Observation and interview occurred on 3/10/2016 unless otherwise indicated.

The fire extinguisher for the home was mounted on a wall in the laundry room. The tag attached to the extinguisher documented service was done in May 2014.

The provider recollected the company had been in the home last summer; the tag was not punched correctly. To verify the service, the provider called the company. Annual service was not provided in 2015.

The provider did not have a system in place to ensure the fire extinguisher had annual service.

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, REESE'S RESIDENTIAL CARE AFH is or will be in compliance with this law and / or regulation on (Date) 4/1/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4/1/16

Date

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that: *Done*

- (1) Will last for a minimum of seventy-two hours for each resident and each household member;
- (2) Is at least three gallons for each resident and each household member;

This requirement was not met as evidenced by:

Based on observation and interview, the home failed to ensure sufficient emergency water for six residents and two household members was available in the home at all times. Findings include:

Observation and interview occurred on 3/10/2016 unless otherwise indicated.

The emergency water supply requirement for the home is a minimum of 24 gallons to support the licensed resident capacity of six and two household members. Water from the home was supplied from a well located on the property; the home did not have emergency power for the well in the event of a power outage.

The emergency water supply was stored in a locked closet in the kitchen. The home had commercially bottled water: one 5-gallon container and two 1-gallon containers for a total of 7 gallons.

The provider reported she provided bottled water for Resident #4 to fill the reservoir of [REDACTED] using the stock of water in the kitchen closet.

She stated she had failed to replace the bottles of water that was used.

This is a repeat citation from 1/26/2010.

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, REESE'S RESIDENTIAL CARE AFH is or will be in compliance with this law and / or regulation on (Date) 4/1/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4/1/16

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3611 River Road, Suite 200, Yakima, WA 98902

April 26, 2016

Tami D Reese
REESE'S RESIDENTIAL CARE AFH
9618 MIERAS RD
YAKIMA, WA 98901

RE: REESE'S RESIDENTIAL CARE AFH License #444600

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 25, 2016 for the deficiency or deficiencies cited in the report/s dated March 18, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jo Whitney, Complaint Investigator

If you have any questions please, contact me at (509) 225-2823.

Sincerely,

For Chana White, Field Manager
Region 1, Unit C
Residential Care Services