



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

November 22, 2019

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 November 20, 2019 for the deficiency or deficiencies cited in the report/s dated September 13, 2019 and found no deficiencies.

The Department staff who did the inspection:
Jo Whitney, AFH Licensors

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

Sincerely,

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



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	September 13, 2019
Page 1 of 3	Licensor: 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 full inspection of:
 9/13/2019

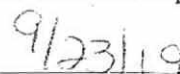
REESE'S RESIDENTIAL CARE AFH
 9618 MIERAS RD
 YAKIMA, WA 98901

The department staff that inspected the adult family home:
 Jo Whitney, RN, BSN, AFH Licensor


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

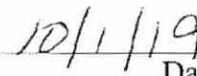
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 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

This document was prepared by Residential Care Services for the Locator website.

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

(3) It has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the home failed to ensure two of three pets in the home (dogs [REDACTED] and [REDACTED]) had current rabies vaccinations. This deficient practice placed the residents at risk of exposure to a virus that can be spread to humans. Findings included...

On 09/13/19 at 9:35 AM, two large dogs greeted the licensor at the entry door and ran outside to roam the rural property.

Record review on 09/13/19 showed the two canine rabies vaccinations had expired 07/11/19.

The provider stated that she had gotten a reminder notice from the veterinary clinic and knew she needed to schedule the vaccinations. She stated she had missed the July due date.

This is a repeat deficiency from 07/02/18.

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) 10/16/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

10/16/19

Date

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

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (2) Include in each medication log the:
 - (b) Name of all prescribed and over-the-counter medications;
 - (c) Dosage of the medication;
 - (d) Frequency which the medications are taken; and
 - (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);

This requirement was not met as evidenced by:

Based on observation, interview and record review, the home failed to ensure the medication log for one of two residents (Resident #5) listed all prescribed medications and ensured staff

initialed dosages given to the resident. This deficient practice placed the resident at risk for medication errors. Findings included...

Resident #5's assessment dated 05/28/19 showed the resident needed assistance with medications. All of the resident's medications were provided by pharmacies. The provider created the medication log. On 09/13/19, the medication log and medication supply were compared at approximately 1:45 PM.

The September 2019 log listed multiple medications given one to three times daily.

The log listed gabapentin (for pain management) 800 milligrams (mg) give three times daily. The pharmacy supplied medication was 600 mg. The provider stated the resident was given one of the tablets three times daily; she had written the wrong dose on the log. The July and August logs showed the dosage given to the resident was 800 mg.


The supply included atorvastatin (for cholesterol management) 80 mg, labeled to give one daily. The September 2019 log did not list the atorvastatin. The supply was delivered to the home on 08/03/19; the provider stated the resident was given one of the tablets each day.

The log failed to record medications given to the resident by the provider and Staff A.

This is a repeat deficiency from 07/02/18.

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) 10/1/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

10/1/19
Date



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

September 23, 2019
CERTIFIED MAIL
7019 1120 0002 2759 1340

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 full inspection of your Adult Family Home on September 13, 2019 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
 - Begin the process of correcting the deficiency or deficiencies immediately; and
 - Complete correction within 45 days, or sooner if directed by the Department; and
 - Sign and date the first page of the enclosed report; and
 - Return the first page with your plan; and
 - Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

On 09/13/19, the home did not have each resident admitting into the home sign and date the Medicaid policy.

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.

On 09/13/19, the home did not provide Resident #4 living in the home for more than 24 months the opportunity to review the home's notice of services, fees/charges and house rules (admission agreement).

WAC 388-76-10740 Lighting. The adult family home must provide:

- (2) Emergency lighting, such as working flashlights for staff and residents that are readily accessible.

On 09/13/19, the home had five residents that walked around the home independently. The home's emergency lighting consisted of one flashlight and one lantern. The provider stated she had more flashlights at one time, they were picked up and moved.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the

Tami D Reese
REESE'S RESIDENTIAL CARE AFH License #444600
September 23, 2019
Page 3

enclosed report.

- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (509) 225-2823.

Sincerely,



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

Enclosure

**Plan
(Plan of Correction)**

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency

Send your plan to: Chana White, Field Manager
Residential Care Services
Region 1, Unit C
3611 River Road, Suite 200
Yakima, WA 98902

Informal Dispute Resolution [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after you receive this letter.

You **must** use an **IDR Request Form** for each citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home Pilot page at:

<https://www.dshs.wa.gov/altsa/informal-dispute-resolution-adult-family-home-pilot-project>

All documents supporting your dispute must be included with the corresponding form. **The IDR will not consider any documents submitted after the 10 working day deadline.**

Send your request to: Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

You may also scan and/or e-mail materials within 10 working days to rcsidr@dshs.wa.gov