



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

April 3, 2019

Shirley S Nabua
NARISA ADULT FAMILY HOME
1115 144TH STREET EAST
TACOMA, WA 98445

RE: NARISA ADULT FAMILY HOME License #468100

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 2, 2019 for the deficiency or deficiencies cited in the report/s dated March 6, 2019 and found no deficiencies.

The Department staff who did the inspection:
Ibe Hatch, Licensor

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: NARISA ADULT FAMILY HOME (686984) **Intake ID(s):** 3598995
License/Cert. #: AF468100
Investigator: Walker, Adelle **Region/Unit:** RCS Region 2/Unit E **Investigation Date(s):** 12/20/2019 through 03/05/2019
Complainant Contact Date(s):

Allegations:

1. The home failed to prevent a fall when Named Resident lost her balance after standing up from wheel chair in dining room area.

Investigation Methods:

Sample: Named Resident

Observations: Named Resident
Provider
AFH Environment

Interviews: Provider/Reporter

Record Reviews: Named Resident's Assessment
Named Resident's Negotiated Care Plan (NCP)
Named Resident's incident reports
Home report to DR, family and CRU

Allegation Summary:

1. Interview and Record reviews confirmed that the home met Named Resident's care needs before and after the reported fall.

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

WAC 388-76-10135(4)
WAC 388-112A-0600(1b)

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

Provider and Caregiver #C CPR certificates expired 11/05/2018.



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Statement of Deficiencies	License #: 468100	Completion Date
Plan of Correction	NARISA ADULT FAMILY HOME	March 6, 2019
Page 1 of 2	Licensee: Shirley S. Nabua	

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 of: 2/20/2019

NARISA ADULT FAMILY HOME
 1115 144TH STREET EAST
 TACOMA, WA 98445

This document references the following complaint number: 3598995

The department staff that inspected and investigated the adult family home:
 Adelle Walker, BHS, Licensor

From:

DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit A
 PO Box 98907
 Lakewood, WA 98496
 (253)983-3826

As a result of the on-site complaint investigation 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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112 WAC;

WAC 388-112A-0600 What is continuing education and what topics may be covered in continuing education?

(1) Continuing education is annual training designed to promote professional development and increase a caregiver's knowledge, expertise, and skills. DSHS must approve continuing education curricula and instructors. The same continuing education course must not be repeated for credit unless it is a new or more advanced training on the same topic. However, long-term care workers may repeat up to five credit hours per year on the following topics:

(b) CPR training;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home failed to ensure two of four staff (Provider and Caregiver #C) renewed their Cardiopulmonary Resuscitation (CPR) certificates every two years as required. This failure placed six of six residents at risk for their needs not being met according to current CPR standards.

Findings include:

At approximately 10:50 AM, observation showed six residents in the common area of the home.

About 12:00 PM, record review of the Provider's file and Caregiver #C's file showed both of their CPR's certifications had expired on 11/05/18. There was no documentation to indicate their CPR had been renewed.

In an interview, the Provider stated she was not aware their CPR certificates had expired on 11/05/18 and agreed to schedule the course as soon as possible.

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, NARISA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

Date