



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 19, 2016

Maria J Fritz  
FRITZ CARE SERVICE  
9627 S 241ST ST  
KENT, WA 98030

RE: FRITZ CARE SERVICE License #475700

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 14, 2016 for the deficiency or deficiencies cited in the report/s dated February 11, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Julie Miranda, AFH Licensors

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Delores Usea, Field Manager  
Region 2, Unit G  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 475700	Completion Date
Plan of Correction	FRITZ CARE SERVICE	February 11, 2016
Page 1 of 9	Licensee: MARIA J. FRITZ	

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:  
 2/9/2016

FRITZ CARE SERVICE  
 9627 S 241ST ST  
 KENT, WA 98030

The department staff that inspected the adult family home:

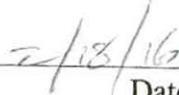
Julie Miranda, BSN, RN, AFH Licensors  
 David Simm, BSN, Field Manager

From:

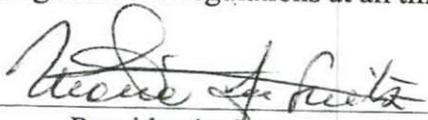
DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit G  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6007

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)

03-02-16  
 Date

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**WAC 388-76-10146 Qualifications Training and home care aide certification.**

- (2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112 WAC, including but not limited to:
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to ensure one of two caregivers (Caregiver C), completed specialty training in dementia, mental health. This placed six of six residents (Resident #1, #2, #3, #4, #5 and #6) at risk for compromised and unmet care needs.

**Findings include;**

Observations, interview and record review occurred on 2/9/2016.

During entrance interview with the Provider, she verified the home was licensed and provided care to residents with dementia, mental illness and occasionally residents with developmental disabilities.

Review of records found Caregiver C was hired on 11/1/2011. Further review of his records found no documentations of specialty training for dementia, mental health.

The Provider stated Caregiver C provided care to six residents at the home during night shift. The Provider she said she did not know Caregiver C had not completed the specialty trainings.

**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, FRITZ CARE SERVICE is or will be in compliance with this law and / or regulation on (Date) 2-22-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*Maria J. Fritz*

Provider (or Representative)

03-02-16

Date

**WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

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**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to ensure that a national fingerprint based background check was completed on one of two sampled caregivers (Caregiver C), hired after January 1, 2012. This placed six of six residents (Resident #1, #2, #3, #4, #5 and #6) at risk for harm, abuse and neglect.

Findings include:

Interview and record review occurred on 2/9/2016.

Record review revealed Caregiver B was hired at the facility on [redacted] 2015.

The provider said Caregiver B had unsupervised access to six current residents at the home.

Review of records found no fingerprint based background check completed on Caregiver B since his hire date on [redacted] 2015.

The Provider said Caregiver B had not completed the fingerprint based background check and did not know that it had to be completed.

According to the Background Check Central Unit (BCCU), Caregiver C did not have any fingerprint check completed.

**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, FRITZ CARE SERVICE is or will be in compliance with this law and / or regulation on (Date) 2-11-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*Maria J. Fritz*  
Provider (or Representative)

3-02-16  
Date

**WAC 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.**

- (2) If the background check results show that an individual specified in WAC 388-76-10161 has a criminal conviction or pending charge for a crime that is not automatically disqualifying under chapter 388-113 WAC, then the adult family home must:
  - (a) Determine whether or not the person has the character, competence and suitability to have unsupervised access to residents; and
  - (b) Document in writing the basis for making the decision.

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**This requirement was not met as evidenced by:**

Based on observations, interview and record review, the adult family home (AFH) failed to

ensure a character, competence and suitability determination was completed and documented on one of two sampled caregivers (Caregiver B). This failure placed six of six residents (Resident #1, #2, #3, #4, #5 and #6) at risk for harm, abuse and neglect.

Findings include:

Observations, interview and record review occurred on 2/9/2016.

Record review revealed Caregiver B was hired at the facility on [REDACTED] 2015.

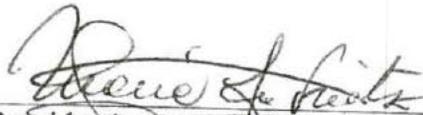
The Provider said Caregiver B had unsupervised access to all residents.

Review of Caregiver B's background check result dated 4/29/2015 revealed a negative action finding that occurred on [REDACTED] 1998. No documentation of a suitability review was found on Caregiver B's records.

The Provider said she was not aware that she needed to complete a suitability letter regarding Caregiver B's negative action finding.

**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, FRITZ CARE SERVICE is or will be in compliance with this law and / or regulation on (Date) 02-11-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 Provider (or Representative)

03-02-16  
~~02-11-16~~  
 Date

**WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:**

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to ensure that an initial Tuberculosis (TB) test was completed within three days of employment, a second step completed from one to three weeks after the first test, on one of two sampled caregivers, (Caregiver C). This placed six of six residents (Resident #1, #2, #3, #4, #5 and #6) at risk for possible exposure to the communicable disease.

Findings include:

Interview and record review occurred on 2/9/2016.

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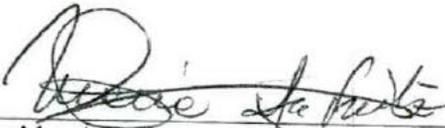
Record review revealed Caregiver C was hired at the facility on [REDACTED] 2011 and review of records found that he completed the first step of TB testing on 11/21/2011, [REDACTED] days after his date of hire.

Caregiver C completed the second step dated 1/4/2012, six weeks and one day after the first step.

The Provider said the tests were done a long time ago and she did not know they were done late.

#### 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, FRITZ CARE SERVICE is or will be in compliance with this law and / or regulation on (Date) 02-22-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

03-02-16

Date

#### WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

#### This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure one of six resident's (Resident #5) medications were kept in locked storage at all times. This failure placed all residents (Resident #1,2,3,4,5,6) at risk for medication errors and accidental ingestion.

#### Findings include:

Unless otherwise noted, all observation and interview occurred on 2/9/16.

During observation of breakfast service at 9:00 AM, the kitchen cabinets/drawers were observed to have no locking devices on them. An [REDACTED] was observed in an unlocked kitchen drawer. Staff B retrieved the [REDACTED] from the unlocked kitchen drawer and handed the [REDACTED] to Resident #5. After Resident #5 self administered her medication from the [REDACTED] Staff B placed the [REDACTED] back into the unlocked kitchen drawer.

At 10:09 AM, the Provider was observed taking the [REDACTED] from the kitchen drawer. She placed the [REDACTED] into a medication cabinet where all other resident medications were stored.

At 11:00 AM, the Provider was asked if she always locked medications in the home. She replied "yes." She was asked again and she replied "most always." When asked by Department staff what medication was unlocked, the Provider responded; "(Resident #5's) [REDACTED] I put it in the drawer because sometimes she needs it quick, so I put it there today." The Provider said the

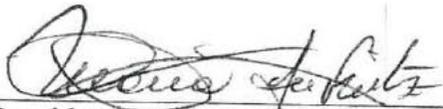
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drawer used to have a lock on it, but the lock broke and was not replaced.

All medications in the AFH must remain in locked storage at all times.

#### 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, FRITZ CARE SERVICE is or will be in compliance with this law and / or regulation on (Date) 02-09-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

03-02-16

Date

**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.

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home failed to ensure a disclosure of their policy on accepting medicaid payments was completed on two of six sampled residents, (Resident #3 and #5). This placed residents at risk for confusion and sudden discharge in the event of converting to private pay and or reverting to medicaid.

**Findings include:**

Interview and record review occurred on 2/9/2016.

Record review revealed Resident #3, was admitted to the home on [REDACTED] 2013. Resident #5 was admitted to the home on [REDACTED] 2004. Review of records indicated both residents had Medicaid as a payment source. No documentation could be found regarding disclosure of written policies on accepting Medicaid as a payment source on both residents.

The Provider, licensed since 1998, verified on interview that Resident #3 and Resident #5 did not have medicaid policy documents as required.

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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, FRITZ CARE SERVICE is or will be in compliance with this law and / or regulation on (Date) 03-10-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

03-02-16

Date

**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.

**This requirement was not met as evidenced by:**

Based on observation, interview and record reviews, the adult family home failed to provide two of six residents, (Resident #3 and #5) written notice of the house rules, resident rights, services and activities provided, and the charges for them, at least every twenty-four months after admission. This failure may have resulted in the residents being unaware of house rules, rights, services, and costs.

**Findings include:**

Observation, interview and record reviews occurred on 2/9/2016.

There were six residents observed in the home.

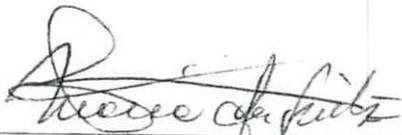
Review of records revealed the admission agreements (which included house rules, resident rights, services and activities provided, and charges for them) were last signed by the residents or their representatives as follows: Resident #3's on [REDACTED] 2013, Resident #5's on [REDACTED] 2012. There were no other admission agreements found in the residents' records.

The Provider acknowledged that the admission agreement for Resident #3 and #5 were not completed since the last time they were signed.

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**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, FRITZ CARE SERVICE is or will be in compliance with this law and / or regulation on (Date) 03-10-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



\_\_\_\_\_  
Provider (or Representative)

03-02-16

\_\_\_\_\_  
Date

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;

**This requirement was not met as evidenced by:**

Based on observations, interviews and record review, the adult family home (AFH) failed to keep a safe, sanitary and well repaired internal and external environment. This placed six of six residents (Resident #1, #2, #3, #4, #5 and #6)) at risk for injury from unsafe conditions and a decreased quality of life.

**Findings include:**

Observations, interviews and record review occurred on 2/9/2016.

Six residents were observed living in the home. Two were ambulatory and walked inside and outside of the home. The four other residents were up in their wheelchair during the day. Two residents were observed smoking at the covered deck at the back of the home.

During tour of the home, the following were observed outside: The driveway outside was found with a line of green moss by the two front windows, three scattered pieces of wet flat square cardboard, a very long orange electric cord left at the driveway, a long black cord hung loosely from the top of the roof at the other front window.

At the back of the home, the deck was covered and made of wood. One piece of wood was found with a 23 inch x 1 inch crack. Another piece of wood about 2.5 inches long and 1/2 inch wide pressed down when stepped on. One piece of wood was found chipped at it's edges. On one side of the deck was an open plastic bin of clothes, a commode chair, 3 brooms placed against the wall, a mop with it's long wood stick that hung from the ceiling at the middle of the deck.

The following were observed inside the home: Resident #5's bathroom wall was found with gray marks and chipped paint. The kitchen window was found with multiple white material splashes, brown debris between the window and outside screen and cobwebs that hung from the ceiling. The refrigerator and freezer was found with crusty brown and white materials at the drawers and shelves. Whitish calcium like deposits were found at the bottom of the ice machine dispenser. Resident #3's window screen was found with multiple scratches and holes. The bedroom

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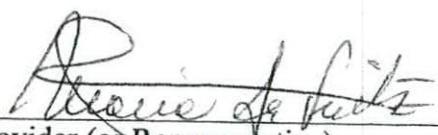
hallway had a 1 1/2 inch x 4 inch hole at the bottom.

The Provider said she informed Caregiver B many times regarding the hole at the hallway and the other concerns found but had not completed them yet.

This is a repeated deficiency cited on 2/3/2015.

#### 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, FRITZ CARE SERVICE is or will be in compliance with this law and / or regulation on (Date) 03-15-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

03-02-16  
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Date

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