



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

July 7, 2016

Claudia V Nastase
THE PROMISED LAND II
201 240TH ST SW
BOTHELL, WA 98021

RE: THE PROMISED LAND II License #520100

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on June 24, 2016 for the deficiency or deficiencies cited in the report/s dated February 17, 2016 and found no deficiencies.

The Department staff who did the inspection:
Patty Johnson, Licensors

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services



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 3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 520100	Completion Date
Plan of Correction	THE PROMISED LAND II	February 17, 2016
Page 1 of 3	Licensee: CLAUDIA VICHI	

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.

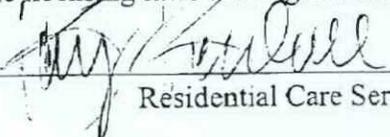
The department has completed data collection for the unannounced on-site full inspection of:
 2/16/2016

THE PROMISED LAND II
 224 240TH ST SW
 BOTHELL, WA 98021

The department staff that inspected the adult family home:
 Patty Johnson, RN, Licensor

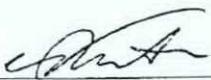
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

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

3/13/16
 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.


 Provider (or Representative)

3/23/16
 Date

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);

This requirement was not met as evidenced by:

Based on observation, interview and record review, the provider failed to have a system in place to ensure the medication system for 2 of 2 residents, (Residents 1 and 2), were complete. This failure placed the residents at risk for health issues related to potentially not receiving their medications per doctors instructions and/ or not having an accurate medication record in the event of an emergency.

Findings include:

All interviews, observations, and record reviews occurred on 2/16/16.

In an interview on, the provider stated she had forgotten to write in the time a medication was to be given on the residents medication log, therefore the caregivers did not realize they needed to sign for the medication. In an interview with caregiver A, she stated she gave the medication every night with the other medication that was due at the same time. Resident 2 stated [REDACTED] received [REDACTED] medication every night.

Record review revealed resident 2's February 2016's medication record to have a medication listed with no time to indicate when to give the medication and no caregiver initials to indicate the medication had been given.

Observation of resident 2's medications, the medication was available and had been opened.

In addition:

Review of resident 1's medication record revealed doctor orders for 2 different as needed medications when the resident was not able to have a bowel movement, in addition to doctor orders for as needed medications when the resident had [REDACTED]

During observation of resident 1's medications, the as needed medications for [REDACTED] were not available.

In an interview, the provider stated the resident had not needed the medications in a long time, so she did not refill the order.

Statement of Deficiencies

License #: 520100

Completion Date

Plan of Correction

THE PROMISED LAND II

February 17, 2016

Page 3 of 3

Licensee: CLAUDIA VICHI

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, THE PROMISED LAND II is or will be in compliance with this law and / or regulation on (Date) 3/23/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

3/23/16

Date