



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744**

September 16, 2019

Dorotea D Ristig  
CARLSON CARE ADULT FAMILY HOME III  
10425 NE 201ST ST  
BOTHELL, WA 98011

RE: CARLSON CARE ADULT FAMILY HOME III License #576502

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on September 13, 2019 for the deficiency or deficiencies cited in the report/s dated August 9, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Susan Hajek, Community Complaint Investigator

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

A handwritten signature in cursive script that reads "Brenda Mooney".

Brenda Mooney, Field Manager  
Region 2, Unit I  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** CARLSON CARE ADULT FAMILY HOME III (687214)    **Intake ID(s):** 3661449  
**License/Cert. #:** AF576502  
**Investigator:** Hajek, Susan    **Region/Unit:** RCS Region 2/Unit J    **Investigation Date(s):** 07/29/2019 through 08/20/2019  
**Complainant Contact Date(s):** 07/25/2019

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**Allegations:**

#1. A resident had soiled clothing, smelled, had dirty feet.

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**Investigation Methods:**

**Sample:** residents

**Observations:** residents, care provision to residents in the home, environment, resident behaviors

**Interviews:** residents, collateral contacts, mental health providers, Share and Care House (payee)

**Record Reviews:** resident records, mental health attendance records, health care provider records

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**Allegation Summary:**

#1. The resident did receive assistance with basic hygiene when he would allow staff to assist. Staff were not providing daily foot care as directed by multiple health care professionals

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

#1. According to the case manager and protective payee an verbal agreement was made with the entity representative to return the resident's uncashed checks to the entity representative. When it was not possible to return the checks, the entity representative neglected to communicate with the case manager and/or protective payee, placing the resident at risk of loss of benefits.

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

**Failed Provider Practice Not Identified / No Citation Written**

See Statement of Deficiency dated 08/09/2019







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 20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

RECEIVED  
 SEP 06 2019  
 DSHS/ALTS/RCS

Statement of Deficiencies	License #: 576502	Completion Date
Plan of Correction	CARLSON CARE ADULT FAMILY HOME III	August 9, 2019
Page 1 of 4	Licensee: Dorotea Ristig	

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: 7/29/2019 and 8/2/2019

CARLSON CARE ADULT FAMILY HOME III  
 10425 NE 201ST ST  
 BOTHELL, WA 98011

This document references the following complaint numbers: 3661449 , 3661587 , 3660831 , 3662221 , 3662591

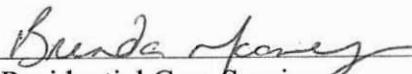
The department staff that inspected and investigated the adult family home:

Susan Hajek, Community Complaint Investigator

From:

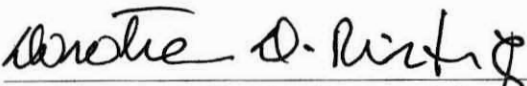
DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit I  
 20816 44th Ave West, Suite 240  
 Lynnwood, WA 98036-7744  
 (425)670-6061

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

8/26/19  
 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)

09/05/19  
 Date

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

**WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.**

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

Based on observation, interview and record review the facility failed to implement the negotiated care plans for two of six residents (Residents #1, #4) when residents repeatedly refused appointments and care. The failure to communicate with health care providers, case managers and families placed residents at risk of deteriorating mental and physical conditions and loss of services impacting their quality of life.

**Findings included...**

**Resident #1:**

Review of Resident #1's record on 08/02/19 showed diagnoses of [REDACTED] and [REDACTED]. The negotiated care plan dated 09/19/18 showed R1 had poor impulse control and poor decision making/unaware of consequences. The care plan showed Resident #1 (R1) was to attend MH therapy.

On 08/02/19 the Provider handed the investigator an undated page that had been given to her from Resident #1's MH clinic: "Send the client with an attendant who can speak to their care and mental health symptoms ..generally poor historians and unable/unwilling to describe their symptoms to prescribers... no one knows more about your clients than you do."

In interview on 08/02/19 at 3 PM the mental health (MH) case manager for R1 stated "(the resident) should be coming in at a minimum of every 90 days." She further stated there were multiple missed appointments with the psychiatrist and (the resident) is not meeting program requirements. The case manager stated the resident had been enrolled with their service since 12/03/18 (over seven months ago) and the only time an appointment had been kept was 06/06/19. The resident did not show up for appointments on 03/05/19 or 02/07/19 and could lose benefits. The case manager said the Provider does not speak with the clinician or counselors at the clinic regarding the resident's behaviors or symptoms.

**Resident #4:**

Review of Resident #4's record on 07/29/19 showed Resident #4 (R4 ) diagnoses included [REDACTED] and had a last MH appointment over three months prior. The negotiated care plan dated 06/10/19 identified the resident was to go to MH appointments monthly "CI (client) resists medical advise and refuses to see a MH counselor as recommended." The caregiver was to re-approach a few times and "Inform Case manager, PCP and mental health CM of any changes" . The behavioral intervention included to "Consult directly with her mental health provider."

In an interview on 07/25/19 at 8:45 AM Resident #4's case manager stated the program the resident attended required the resident go to a mental health appointment a minimum of every three months or the resident's funding could be cut off.

In interview with Resident #4 on 07/29/19 at 11:35AM, the resident stated her daughter was in town for a month and scheduling appointments.



In interview at 11:50 AM on 07/29/19 the Provider stated Resident #4's daughter did not arrange appointments for R4. The Provider stated Resident #4 frequently refused to go to scheduled appointments. The provider stated Resident #4 refused to see the podiatrist and refused to go to mental health (MH) appointments. When the Provider was asked what she did when the resident refused to go to appointments, the Provider stated she would cancel the appointment and reschedule but did not speak with the health care provider.

The Provider did not communicate with the case manager or "consult directly with her mental health provider" or primary care provider when the resident was delusional and repeatedly refused recommended care placing her at risk of losing benefits.

#### 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, CARLSON CARE ADULT FAMILY HOME III is or will be in compliance with this law and / or regulation on (Date) 09/05/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Dorotea R. Ristig  
Provider (or Representative)

09/05/2019

Date

**WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:**

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

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

Based on observation, interview and record review the facility failed to provide daily foot care for one of six residents (Resident #3). This failure placed the resident at risk of developing sores on the feet.

Findings included...

Review of Resident #3's record on 07/29/19 showed Resident #3 (R3) had [REDACTED] and other complicating diagnoses that impacted circulation in the feet. Resident #3's assessment dated 08/20/18 stated the resident had poor hand/eye coordination, tremors, limited range of motion, weak grip and limited fine motor control. The negotiated care plan dated 12/17/18 instructed staff to check, wash and apply lotion to feet daily.

Record review on 07/29/19 of the daily log written by the home health OT/PT on 07/16/19 gave the same instruction. The daily log documented lotion had only been applied to the resident's feet 07/18/19 and 07/25/19.

Interview with the Nurse Delegator on 07/30/19 at 2:20 PM found she had also instructed the

Provider to look at Resident #3's feet daily, wash and apply lotion.

At 11:10 PM on 07/29/19 the Provider stated he checked the resident's feet every morning and applied lotion.

On 07/29/19 at 10:45 AM Resident #3 was observed seated in a wheelchair moving about the adult family home (AFH). Resident #3's feet were observed to be extremely dry with flaking and peeling skin. The left foot was a little swollen and slightly more red than the right foot. The toe nails on both feet were long, several having sharp edges and debris beneath them. The inside aspect of the left great toe was reddened.

In an interview on 07/29/19 at 11:15 AM, R3 stated there were no sores on his feet now but he had some in the past. R3 stated his nails were last cut 2 months ago. The resident stated no lotion had been applied that morning. When asked if lotion is applied daily, R3 answered no. When asked if lotion was applied weekly, R3 said "maybe". R3 also added he was not able to reach his feet or do the care himself.

#### 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, CARLSON CARE ADULT FAMILY HOME III is or will be in compliance with this law and / or regulation on (Date) 09/05/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

09/05/2019  
Date