



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** MAMAS HOME (687343)      **Intake ID(s):** 3136676  
**License/Cert. #:** AF628900  
**Investigator:** Odachowski, Christine      **Region/Unit:** RCS Region 2/Unit F      **Investigation Date(s):** 12/31/2015 through 01/05/2016  
**Complainant Contact Date(s):** 01/04/2016, 12/30/2015

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**Allegations:**

A named Resident fell twice in one week.

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**Investigation Methods:**

**Sample:** Four of four current residents

**Observations:** Staff to resident interactions, assistive devices, bed alarm system test, resident rooms, common areas, resident appearance, behavior and mobility, mealtime

**Interviews:** Residents, staff, others not associated with the home

**Record Reviews:** Resident records, adult family home (AFH) policy, incident reports

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**Allegation Summary:**

The Provider and a sampled caregiver said, and the incident report showed, the named Resident had one fall during the timeframe specified in the intake. Hospital records from two separate emergency visits showed statements the resident had two falls within a week, and sustained contusions in both. The Provider said the resident's representative took the resident to the hospital in the same week the Provider took the resident due to a fall, and the resident did not fall twice in one week. The resident's assessment, done prior to the fall, did not show a fall risk. A functioning bed alarm was observed in place for the named Resident, which the Provider said was added after the resident's fall. The named Resident said she did not recall any falls and said she was well treated. Observation, interview and record review showed the named Resident received care in accordance with her assessed needs. No residents were observed with signs of injury. A sampled resident said she was well treated. Interview and record review showed the Provider purposefully gave false information to the investigator about the resident's fall.



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

No unalleged violations.

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**Conclusion:**       Failed Provider Practice Identified                       Failed Provider Practice Not Identified

Failed practice identified.

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**Action:**               Citation(s) Written                       No Citation Written

WAC 388-76-10915 (2) Willful interference prohibited.

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**RCPP Action:**       Recommend Finding                       Recommend Close Investigation



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 #: 628900	Completion Date
Plan of Correction	MAMAS HOME	January 27, 2016
Page 1 of 4	Licensee: INES FRIVALDO	

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:  
 1/27/2016

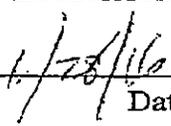
MAMAS HOME  
 23839 14TH AVE S  
 DES MOINES, WA 98198

The department staff that inspected the adult family home:  
 Jocelyn Cruz, RN, Licensor

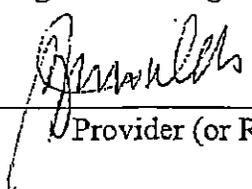
From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit G  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6007

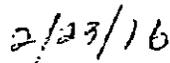
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
 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)

  
 Date

**WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:**

(7) Have a current valid first-aid and cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112 WAC; and

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

Based on interview and record review, the Adult Family Home (AFH) failed to ensure one of four AFH personnel (Provider) had current cardiopulmonary resuscitation (CPR) and first aid credentials. This failure placed four of four residents (Resident #1,2,3,4) at risk of not receiving appropriate care during an emergency.

All interview and record review occurred on 01/27/2016 unless otherwise noted.

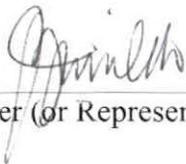
Findings include:

Record review of the Provider's records revealed a Cardiopulmonary Resuscitation (CPR) and First Aid card with an expiration date of 08/12/2015.

The Provider said she "didn't realized it's expired."

**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, MAMAS HOME is or will be in compliance with this law and / or regulation on (Date) 2-1-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

2-1-2016

Date

**WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:**

(1) Current residents living in the adult family home; and

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

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the home's written medication disposal policy was implemented when expired medications belonging to three of four residents (Residents #1, #3 and #4) were not disposed of according to medication disposal policy. This failure placed these residents at risk for accidental ingestion and use of expired medications secondary to medication error.

All observation, interview and record review occurred on 01/27/2016 unless otherwise noted.

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DNR/SIU/SARCS

Findings include:

Resident #1:

Observation during an audit of Resident #1's medications found a medication bingo card amongst others labeled [REDACTED] 2mg capsule, take 1 capsule by mouth daily as needed for diarrhea," with an expiration date of 08/31/2015.

Record review of Resident #1's Medication Administration Record (MAR) generated by the Pharmacy revealed [REDACTED] was initialed by the Provider as given to Resident #1 on 09/06/2015, 09/15/2015, 09/22/2015, 10/05/2015, 10/17/2015 and 11/01/2015.

When asked, the Provider took the medication bingo card labeled [REDACTED] and stated she will give [REDACTED] to Resident #5 when she has diarrhea. When asked if she will dispense the medication from that medication bingo card, she stated "yes."

Resident #3:

Observation during an audit of Resident #3's medications found a medication bingo card amongst others labeled [REDACTED] 325mg tablet, take 2 tablets (650mg) by mouth every 6 hours as needed for pain," with an expiration date of 07/05/2015.

Record review of Resident #3's Medication Administration Record (MAR) generated by the Pharmacy revealed [REDACTED] (Tylenol) was initialed as given by the Provider to Resident #3 on 12/18/2015, 01/04/2016 and 01/11/2016; and given by Caregiver C on 01/26/2016.

When asked, Caregiver C stated she gave "Tylenol" to Resident #3 yesterday because the resident complained of headache. When asked where she got the "Tylenol" from, she said she took it from the medication bingo card labeled [REDACTED] with an expiration date of 07/05/2015.

Resident #4:

Observation during an audit of Resident #4's medications found a medication bingo card amongst others labeled [REDACTED] 325mg tablet, take 2 tablets (650mg) by mouth six hours as needed," with an expiration date of 05/24/2015. Additionally, a second bingo card was observed to be labeled: [REDACTED] 10mg tablet, take 1 tablet by mouth daily as needed," with an expiration date of 08/23/2015.

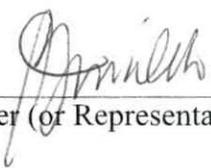
Review of the home's medication written disposal policy stated AFH has access to call the pharmacy "at any time to dispose any medication that is expired, no longer prescribed, etc."

The Provided did not offer any explanation but acknowledged the findings.

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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, MAMAS HOME is or will be in compliance with this law and / or regulation on (Date) 2-1-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

2-1-16  
\_\_\_\_\_  
Date

RECEIVED  
FEB 22 2016  
MS/ADSA/RCS