



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 5, 2016
Page 1 of 3	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 complaint investigation of: 12/31/2015

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

This document references the following complaint number: 3136676

The department staff that inspected and investigated the adult family home:
 Christine Odachowski, BSN, Complaint Investigator

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 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

1/6/16

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)

01/18/16

Date

RECEIVED
 JAN 27 2016
 DSHS-REGISTRATION

WAC 388-76-10915 Department staff access Willful interference prohibited. The adult family home must ensure:

(2) The home and staff do not willfully interfere or fail to cooperate with department staff in the performance of official duties.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) willfully interfered with a Department investigation when the Provider deliberately gave false information to a Department investigator. This failure hindered the investigation in the AFH where four residents (Residents #1-#4) resided.

Findings include:

Interviews and record reviews occurred on 12/31/15 unless otherwise noted.

The Provider said she had been licensed as a Provider for the past eleven years. The Provider said she required staff to notify her, and call 911, for all resident falls.

Caregiver B said if a resident fell she would call the Provider and call 911.

Record review of an assessment dated 2/6/15 showed Resident #2 had a cognitive condition.

Resident #2 said she experienced no falls at the AFH.

An incident log at the AFH showed an entry of 8/4/15 for Resident #2. The entry said "Client fall down in bed un-witnessed at 5 am."

On 1/4/16 the Provider said she was the only person who wrote in the AFH incident log.

The Provider said while she was on duty as the sole caregiver, Resident #2 fell out of bed 8/4/15 after she responded to a noise in the resident's room. The Provider said the resident did not seem different after the fall, and the Provider took her to the hospital emergency department the same day for "peace of mind." The Provider said she gave the resident's history to hospital staff that day, and the resident was found to have a chest contusion. The Provider said no other falls in the AFH were reported to her by caregivers in August 2015, and said she felt confident caregivers would tell her if there had been any.

Hospital records received and reviewed on 1/4/16 showed an emergency department physician record dated 8/4/15 for Resident #2. The note said the resident had a ground level fall four days prior at the AFH, and injured her left chest wall. The note also said the resident complained of pain in that area since the time of the fall.

On 1/5/16 Caregiver C said on a day she could not recall in August 2015, Resident #2 fell at approximately 5:00 a.m. Caregiver C said she was the only caregiver on duty at the time and the Provider had gone home. Caregiver C said she heard a noise and went to the resident's room and saw she had fallen. Caregiver C said Resident #2 told her not to tell the Provider she fell because she was not hurt. Caregiver C said she did not tell the Provider about Resident #2's fall for two days because the resident told her not to. The caregiver said she told the Provider about the fall

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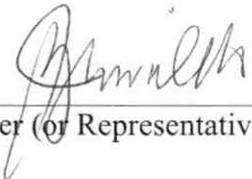
after two days because she did not want the Provider to be mad at her.

On 1/4/16 the Provider said she took Resident #2 to the emergency department on 8/4/15, when, two days after a 8/2/15 fall, the resident felt chest wall pain. The Provider said she first learned of the 8/2/15 fall when Caregiver C told her about it on 8/4/15. The Provider said she had no idea why two days passed before Caregiver C told her the resident fell. The Provider was asked why she told the investigator on 12/31/15 it was the Provider who heard the noise of the resident's 8/4/15 fall. The Provider replied, "I was just trying to cover up my caregiver." When asked what this meant, the Provider said "I was really pissed off at the same time that they did not tell me right away." The Provider said she was "really mad" she was not told of the fall right away. The Provider was asked if her earlier statement to the investigator that she heard the resident fall 8/4/15 was a lie, and the Provider replied it was. The Provider commented, "I'm just covering up myself" and said she meant to cover up information about Resident #2's fall to the Department. The Provider added, "I let it out" and said she could now have "peace of mind."

On 1/4/16 this regulation was reviewed with the Provider. The Provider was asked if lying was interference, and if she willfully interfered with the investigation. The Provider replied "yes" to both these questions. The Provider said "I'm not used to covering up or lying."

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) 01/18/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

01/18/16

Date

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JAN 27 2016
DSHS/DA/SARC/S



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

March 23, 2016

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

RE: MAMAS HOME License #628900

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on March 22, 2016 for the deficiency or deficiencies cited in the report/s dated January 5, 2016 and January 27, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jocelyn Cruz, Licensor

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

Sincerely,

A handwritten signature in black ink, appearing to read "Delores Usea".

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