



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

August 11, 2016

CATALINA C DORONIO
DIVINE ADULT FAMILY HOME
7917 46TH AVE S
SEATTLE, WA 98118

RE: DIVINE ADULT FAMILY HOME License #631301

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 10, 2016 for the deficiency or deficiencies cited in the report/s dated June 22, 2016 and found no deficiencies.

The Department staff who did the inspection:
Susan Aromi, Licensors
Lyra Ouano, Complaint Investigator

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

Sincerely,

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



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 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 631301	Completion Date
Plan of Correction	DIVINE ADULT FAMILY HOME	June 22, 2016
Page 1 of 4	Licensee: CATALINA C DORONIO	

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:
 6/20/2016

DIVINE ADULT FAMILY HOME
 7917 46TH AVE S
 SEATTLE, WA 98118

The department staff that inspected the adult family home:

Susan Aromi, BSN, RN, Licensor
 Lydia Mills, Community 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 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.

Debra Veld
 Residential Care Services

6-24-2016
 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.

Catalina C. Doronio
 Provider (or Representative)

7-8-2016
 Date

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WAC 388-76-10225 Reporting requirement.

- (2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:
- (f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the adult family home (AFH) failed to report a significant change in the condition of 1 of 1 resident (Resident #1) to the resident's case manager. This placed the resident at risk of not getting appropriate services.

Findings include:

Observations, interviews and record reviews occurred on 06/20/2016.

Observation revealed Resident #1 had a round, pale red, open area with rough edges, about one centimeter in diameter, on her [REDACTED]. The open area was covered with a [REDACTED] dressing [REDACTED].

In interview, the Provider said Resident #1 had developed the [REDACTED] on her [REDACTED] about a month ago. She said she notified the resident's physician and the home's nurse delegator but did not notify the resident's case manager.

The Provider documented Resident #1 had developed a small rash on her [REDACTED] on 05/06/2016 and she reported this to the resident's physician. The Provider noted the resident was seen by the physician on 05/11/2016 and topical medication was prescribed, and the nurse delegator visited the resident on 05/12/2016 and on 06/10/2016 for the skin issues. Review of Resident #1's department case manager's records revealed no documentation the case manager was notified of the resident's pressure ulcer by the AFH.

The Provider said she was not aware she needed to report to the resident's case manager.

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, DIVINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/20/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

7.8.2016
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

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- 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 interviews and record review, the adult family home (AFH) failed to provide 1 of 1 resident (Resident #1) a policy on accepting medicaid payments as required.

Findings include:

Interviews and record reviews occurred on 06/20/2016.

Resident #1's records indicated she had Medicaid as a payment source.

Review of the home's records revealed no written policy on accepting Medicaid as a payment source.

The Provider said Resident #1 had lived at the AFH for about [REDACTED] years, and she was a Medicaid client since admission. The Provider said she was not aware of the need to have a written policy on accepting Medicaid as a payment source.

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, DIVINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/25/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

7.8.2016

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;
- (9) Keep the home free from:
 - (a) Rodents;
 - (b) Flies;
 - (c) Cockroaches, and
 - (d) Other vermin.

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This requirement was not met as evidenced by:

Based on observations and interviews, the adult family home (AFH) failed to keep the outside environment clean and safe for 1 of 1 resident (Resident #1). This placed the resident at risk of harm from possible rodent and insect bites.

Findings include but not limited to:

Observations and interviews occurred on 06/20/2016.

During the environmental tour, the following were found in the backyard: an old, stained mattress with holes, a rusted cooking stove with a hanging plastic bag that had pinkish liquid in one pouch and brownish liquid in another pouch, an old sofa with torn fabric and multiple stains, a metal rack, a microwave oven, a black chair and several other objects. This pile of clutter could cause rodent and insect infestation that can harm the resident.

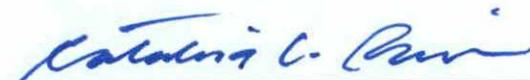
There was an old blue cooler full of brownish water with sediments and petals, near the backyard fence. In the cooler were broken glass vases, and floating on the surface of the water were light blue lancets. In front of the cooler were multiple glass vases covered with dirt. To the right of the cooler was a dusty, rusted grill covered with cobwebs. The standing water in the cooler could breed insects that can bite the resident and cause disease.

Resident #1 was ambulatory and interviewable, but was not able to comment on the clutter because she was legally blind.

In interview, the Provider said the clutter had been there for about a month. She said she had a hard time getting someone to clear the clutter from the backyard.

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, DIVINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 07/02/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

7.8.2016

Date

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