



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

Statement of Deficiencies	License #: 646700	Completion Date
Plan of Correction	CEESAYS ADULT CARE FAMILY HOME	February 8, 2016
Page 1 of 8	Licensee: SAIDY CEESAY	

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:  
 2/3/2016

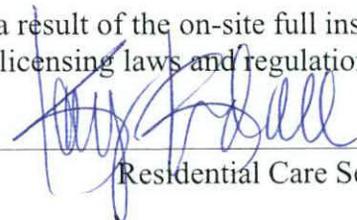
CEESAYS ADULT CARE FAMILY HOME  
 15218 12TH AVE NE  
 SHORELINE, WA 98155

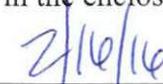
The department staff that inspected the adult family home:  
 Jolene Smith, RN/BSN, Adult Family Home Licensors

RECEIVED  
 FEB 25 2016  
 ADSA/RCS  
 Snokey Point

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

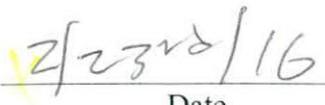
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
 Residential Care Services

  
 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)  
 saidy ceesay

  
 Date

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

- (4) Completion of the training requirements that were in effect on the date they were hired including requirements described in chapter 388-112 WAC;
- (7) Have a current valid first-aid and cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112 WAC; and
- (8) Have tuberculosis screening to establish tuberculosis status per this chapter.

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

Based on record review and interview the provider failed to develop and implement a system to ensure 2 of 3 staff (Caregiver A and Caregiver B) had established and maintained the minimum qualifications for providing care and services as required. This failure placed residents at risk for unmet care needs and potential exposure to a communicable disease or food borne illness.

**Findings include:**

On 02/03/16 during the Adult Family Home's (Home's) annual inspection, administrative records were reviewed and revealed that the home was licensed to provide care and services to 5 residents with Dementia and Developmental Disabilities. At the time of the inspection, the home currently housed four residents, each of which were identified, by interview and record review, to have some form of mental health or developmental disability.

A review of employee records revealed Caregiver A had completed only 1.5 of the required 12 hours of continuing education for 2015. There was no evidence the Provider had completed the 0.5 hour of food safety for 2015. In an interview on 02/03/16, the Provider indicated he believed Caregiver A had completed the continuing education hours as required and he had simply overlooked the food safety.

There was no documented evidence Caregiver B had completed tuberculosis screening within three days of hire. In an interview on 02/03/16, the Provider indicated Caregiver B had been considered for a "relief caregiver" and had only worked for a few months on a trial basis. The regulation related to tuberculosis screening was reviewed with the Provider.

**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, CEESAYS ADULT CARE FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 2/23/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

Saidy Ceesay

  
\_\_\_\_\_  
Date

**WAC 388-76-10161 Background checks Who is required to have.**

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

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

Based on record review and interview the Provider failed to develop and implement a system to ensure all staff (Caregiver B) had completed a national fingerprint background check. This failure placed residents at risk for receiving care from or having access to a person with a criminal history.

Findings include:

On 02/03/16, during the Adult Family Home's (Home's) annual inspection, administrative records were reviewed and revealed no documented evidence a national fingerprint check had been completed for Caregiver B.

During an interview on 02/03/16 the Provider indicated Caregiver B had been hired in 07/2015. Employee records were reviewed with the Provider whom confirmed a national fingerprint check had not been completed for Caregiver B. The Provider further explained Caregiver B had had completed training with the intent of being a relief caregiver but was unable to pass the certification test; therefore was not retained by the Home.

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Provider (or Representative)

*Sandy Ceesay*

2/23/16  
Date

**WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:**

- (1) Staff information such as address and contact information.
- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
  - (a) Training required by chapter 388-112 WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
  - (b) Cardiopulmonary resuscitation;
  - (c) First aid; and

(d) HIV/AIDS training.

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

Based on record review and interview the provider failed to develop and implement a system to ensure 1 of 3 staff (Caregiver B) had current contact information and completed orientation to the home. This failure placed residents at risk for unmet care needs.

Findings include:

On 02/03/16 during the Adult Family Home's (Home's) annual inspection, administrative records were reviewed and revealed the home was licensed to provide care and services to 5 residents with Dementia and Developmental Disabilities. At the time of the inspection, the home currently housed four residents, each of which were identified, by interview and record review, to have some form of mental health or developmental disability.

There was no documented evidence of a hire date for Caregiver B nor completion of orientation and training to the Home.

In an interview on 02/03/16, the Provider indicated Caregiver B had been considered for a "relief caregiver" and had only worked for a few months on a trial basis.

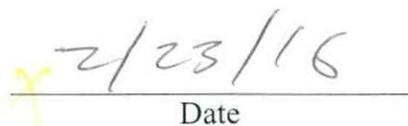
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Provider (or Representative)

*Saigy Ceeday*



Date

**WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:**

- (1) Uses nationally recognized infection control standards;
- (3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

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

Based on observation and interview, the provider failed to develop and implement a system to ensure 1 of 1 sampled staff (Provider) followed nationally recognized infection control standards during medication administration and food preparation. This failure placed 4 of 4 residents at risk for potential for a foodborne illness.

Findings include:

On 02/03/16 during the Adult Family Home's (Home's) annual inspection medication

administration and meal preparation(s) were observed. During the AM and PM medication administration, without washing his hands, the Provider was observed to retrieve two medication bubble packs designated for Resident 2 from a locked cabinet. Without washing his hands, the Provider popped from the bubble packs (2) pills directly into his ungloved hand and then placed the pill(s) into a plastic medication cup which he provided to Resident 2.

Without washing his hands, The Provider repeated the process of popping pills directly into his hand from bubble packs or retrieved from from a bottled container using his un-gloved fingers and then administered to Resident 3 (spoon fed in applesauce) and Resident 4.

During the AM meal preparations, the Provider was observed to wash his hands, but then using bare hands, removed slices of bread from a bag, placed the slices in the toaster, removed the toasted bread, which he buttered and jammed (barehanded).

During the mid-day meal preparations, the Provider was observed to prepare and serve (4) tuna sandwiches. The Provider was observed to wash his hands and then barehanded, removed (8) slices of bread from a bag which he plated, then prepared a tuna salad mixture, retrieving items from the refrigerator, cupboard and drawer(s), touching the contaminated surfaces with his bare hands. Without re-washing his hands or donning gloves, the Provider completed the sandwiches, placing the top slice of bread, holding and cutting the sandwiches with his bare hands.

In an interview with the Provider on 02/03/16 information related to food safety and no barehand contact of ready-to-eat foods was reviewed.

#### Attestation Statement

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Provider (or Representative)

*Saiddy Ceesay*

2/23/16  
Date

#### WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
  - (c) Medication log is kept current as required in WAC 388-76-10475 ;
  - (d) Receives medications as required.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications

including name, dosage, frequency and the name and phone number of the practitioner as needed.

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

Based on record review and interview the provider failed to meet all laws and rules relating to medications, and failed to develop and implement a system to ensure that services provided met the medication needs of 1 of 2 sampled residents (Resident 1) to include a current list of all prescribed and over the counter medications. This failure put resident(s) at risk for medication errors and/or omissions.

**Findings include:**

On 02/03/16 during the Adult Family Home's (Home's) annual inspection, resident records were reviewed and revealed Resident 1 was admitted to the Home [REDACTED] 5. A review of Resident 1's current medication list (doctors orders) dated 11/12/15, medication log and supply of medication revealed the following discrepancies:

[REDACTED] The doctor's order read, [REDACTED] mg/ml (milligram/milliliters). Instill 4 drop by otic (ear) route two times every day into affected ear(s). Resident 1's 02/2015 medication log failed to identify [REDACTED] and the resident's supply of medication failed to include [REDACTED]. When asked, the Provider was unable to explain the lack of medication, but indicated he would follow-up with the supplying pharmacy and prescribing provider to clarify.

[REDACTED] The doctor's order read, [REDACTED] ear drops. Instill 10 drops by otic (er) route 2 times every day into [REDACTED] ear." Resident 1's 02/2015 medication log failed to identify [REDACTED] and the resident's supply of medication failed to include [REDACTED]. When asked, the Provider was unable to explain the lack of medication, but indicated he would follow-up with the supplying pharmacy and prescribing provider to clarify.

In a follow-up voicemail message received 02/08/16, the Provider indicated he had clarified the medication orders with the prescribing provider and both medications had been discontinued.

**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, CEESAYS ADULT CARE FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 2/23/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

Saidy Ceesay

2/23/16  
\_\_\_\_\_  
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;
- (4) Provide safe and functioning systems for:
  - (l) Any other feature of the home.

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

Based on observation and interview, the provider failed to develop and implement a system to ensure the home's environment was safe and in good repair for 4 of 4 residents (Residents 1, 2, 3 and 4) as required. This failure placed the residents at the potential risk for a diminished quality of life.

**Findings include:**

The home was licensed to provide care for residents with dementia and developmental disabilities. The home currently housed four residents (1, 2, 3 and 4). Record review and interview revealed the cognitive ability of each of the residents was impaired.

During a tour of the home with the provider on 02/03/16 the following conditions were observed:

- Front yard and raised bed was overgrown with weeds and cluttered with strewn garden implements;
- Main Hall Bath: linoleum had pulled away from the wall
  - (2) holes had been patched, but areas had not been re-painted;
- Room C: Lacked room door threshold;
- Recyclables container maintained under kitchen bar/counter lacked lid;
- Used sharps container maintained unsecured on kitchen counter adjacent to ready-to eat foods
- Back patio housed large rubber trash can (bin) used for storing soiled clothing immediately outside sliding glass door and discarded items to include shower bench, suitcase, damaged chest-of-drawers and boxes to be recycled, in addition to lawn furniture and several large pots used for cooking.

In an interview on 02/03/16 the Provider acknowledged the accumulation of items on the patio and indicated both the front and back areas could be cleaned up. The Provider further indicated the bin of soiled clothing could be stored in the laundry room where it would also be better secured.

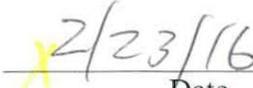
**Attestation Statement**

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, CEESAYS ADULT CARE FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/7/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

Saïdy Ceessay



Date



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

March 29, 2016

Saidy Ceesay  
CEESAYS ADULT CARE FAMILY HOME  
15218 12TH AVE NE  
SHORELINE, WA 98155

RE: CEESAYS ADULT CARE FAMILY HOME License #646700

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 February 8, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Jolene Smith, Adult Family Home Licensor

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kay Randall".

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