



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

January 14, 2020

Elisabeta Adamovici
ELISABETAS LOVING CARE
2507 167TH PL SE
BOTHELL, WA 98012

RE: ELISABETAS LOVING CARE License #647900

Dear Provider:

On January 10, 2020 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated October 8, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Lyra Ouano, AFH Licensor

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



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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 20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

Statement of Deficiencies	License #: 647900	Completion Date
Plan of Correction	ELISABETAS LOVING CARE	October 8, 2019
Page 1 of 6	Licensee: ELISABETA ADAMOVIČI	

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: 10/2/2019

ELISABETAS LOVING CARE
 2507 167TH PL SE
 BOTHELL, WA 98012

The department staff that inspected the adult family home:
 Lyra Ouano, AFH Licenser

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 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.

Brenda Mooney
 Residential Care Services

10/11/2019
 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.

Elisabeta Adamovici
 Provider (or Representative)

10-21-19
 Date

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

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure one of four staff (the Provider) have a valid Washington state name and date of birth background check (BGC). This placed six residents (R) (R#1, R#2, R#3, R#4, R#5, and R#6) at risk of harm from a staff with an unknown background.

Findings included...

On 10/02/19, at 11:03 AM interview, the Provider said she was the owner of the AFH and worked as needed.

On 10/02/19, review of the Provider's record showed BGC completed on 04/12/17 and expired on 04/12/19. There was no new background authorization form found for the Provider.

On 10/02/19, at 01:20 PM interview in the dining room, the Provider said her adult child completed the BGC applications. The Provider was observed using the telephone and requesting her adult child about faxing the Provider's current BGC record to the AFH. At 01:40 PM, the Provider showed a new BGC which had been completed on the same day as the inspection, 10/02/19, and after the Provider had been informed there was no current BGC in the home.

The Provider's BGC expired on 04/12/19 and was approximately seven months overdue.

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, ELISABETAS LOVING CARE is or will be in compliance with this law and / or regulation on (Date) 10-2-19 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Elisabeta Adamovici
Provider (or Representative)

10-21-19
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

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This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to ensure one of two caregivers (Staff B) had tuberculosis (TB) testing as required. This placed six residents (R#1, R#2, R#3, R#4, R#5, and R#6) at risk of possible exposure to communicable disease.

Findings included...

On 10/02/19, review of Staff B's records showed the AFH hired Staff B on 10/05/18. Staff B's record did not show TB skin test results. There was no record found Staff B had a TB skin test done within three days of hire. There was no other TB test record found for Staff B.

On 10/02/19, at about 01:50 PM interview, Staff B said she had a negative TB skin test result in 2014 and 2016 but could not find her records. In interview, the Provider said she was not aware Staff B did not have TB skin test record available. The Provider said she would have Staff B get a TB skin test as soon as possible.

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, ELISABETAS LOVING CARE is or will be in compliance with this law and / or regulation on (Date) 10-17-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Elisabetas Adamovici
Provider (or Representative)

10-17-19^{EA}
Date

WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to provide one of two residents (Resident #3), written notice of the house rules, services, items and activities provided, and the charges for them, at least every twenty-four months after admission. This failure may have resulted in the resident being unaware of house rules, services, items, and costs.

Findings included...

On 10/02/19, review of Resident #3's (R#3's) records showed an admission agreements (which included house rules, resident rights, services and activities provided, and charges for them)

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were signed by the R#3's representative on 08/29/11. There was no other admission agreement found in any of R#3's records.

On 10/02/19, at about 03:40 PM interview, the Provider said she was aware the AFH reviewing the admission agreement of each resident every two years but she had not done so for R#3.

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, ELISABETAS LOVING CARE is or will be in compliance with this law and / or regulation on (Date) 10-6-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Elisabeta Adamovici

Provider (or Representative)

10-21-19

Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:

(2) All residents take part in together and at the same time at least one emergency evacuation drill each calendar year that includes full evacuation from the home to a safe location.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to have an emergency evacuation drill involving a full evacuation of residents as required. This placed six of six residents (R) (R#1, R#2, R#3, R#4, R#5, and R#6) at risk of harm should the AFH evacuate the home in an emergency situation.

Findings included...

On 10/02/19, at 11:04 AM, observed six residents in various areas of the home. Two of the residents (R#2 and R#4), wheelchair bound were watching television in their respective bedrooms while R#1 and R#5 were seated in recliners in their bedrooms. The Provider said R#3 was bed bound and R#6 was independent with mobility. In interview, the Provider said all residents required assistance with evacuation.

On 10/02/19, record review showed evacuation drills were done on 06/02/18, 08/04/18, 10/05/18, 12/18/18, 02/04/19, 04/03/19, 06/04/19, 08/04/19, and 10/04/19. In the type of drill section, "Emergency Evacuation (every 2 months)" was marked on all evacuation drill dates.

Further record review showed a document of "Full Evacuation (Annually)" dated on 10/02/17. There was no documented full evacuation drill done since the last full inspection. There was no other full emergency evacuation drill record found in the AFH and approximately 24 months had elapsed since the last full evacuation drill was documented.

On 10/02/19, at 05:00 PM interview, the Provider said she was not aware 2018 annual evacuation of residents was not documented.

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, ELISABETAS LOVING CARE is or will be in compliance with this law and / or regulation on (Date) 10-20-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Elisabeta Adamovici
Provider (or Representative)

10-21-19
Date

WAC 388-76-10475 Medication Log. The adult family home must:

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (2) Include in each medication log the:
 - (a) Name of the resident;
 - (b) Name of all prescribed and over-the-counter medications;
 - (c) Dosage of the medication;
 - (d) Frequency which the medications are taken; and
 - (e) Approximate time the resident must take each medication.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to update the daily medication log for one of two residents (R) (R#4) with current physician orders. This placed R#4 at risk of harm from not getting the right medications.

Findings included...

On 10/02/19, at 11:25 AM interview, the Provider said all residents required assistance with medication, including R#4. When asked, the Provider said the AFH admitted R#4 on [redacted] 19.

On 10/02/19, at 03:10 PM in the dining room, observation showed R#4's medication bottle was labelled as Methocarbamol 500 milligrams (mg) tablet (a muscle relaxant used to treat pain sensations), take one tablet by mouth every six to eight hours as needed for muscle spasms. R#4's October 2019 six-page medication log (MAR) showed 28 physician ordered (PO) medications. R#4's MAR did not show the Methocarbamol order. Review of R#4's four-page PO dated 09/26/19 showed 27 ordered medications, including the Methocarbamol order.

On 10/02/19, record review of page one of R#4's MAR showed a PO Duloxetine HCL 60 mg (a medication used for treating depression and anxiety), one capsule by mouth once daily, and staff initials at 08:00 AM on 10/01/19 and 10/02/19. On page three of R#4's MAR showed a PO for Atorvastatin 80 mg tablet (a medication to lower high cholesterol), take 1 tablet by mouth every night at bedtime and no staff initials found. Further review of R#4's MAR showed on page six

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was a handwritten PO for Cymbalta 60 mg (a medication used for treating depression and anxiety), in the hours column "AM", and staff initials on dates 10/01/19 and 10/02/19. Page six of R#4's MAR also showed a handwritten PO for "Lipitor 80 mg for cholesterol", in the hours column "5PM", and a staff initials on 10/01/19.

Duloxetine and Cymbalta are the same medication. Atorvastatin and Lipitor are the same medication. R#4's MAR was not up to date and showed duplicate entry of two PO medications.

On 10/02/19, at 03:20 PM interview, the Provider said she was not aware the Methocarbamol was not in the MAR. When asked about the duplicate PO entry in R#4's MAR, the Provider said she was not aware they were the same drug.

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, ELISABETAS LOVING CARE is or will be in compliance with this law and / or regulation on (Date) 10-22-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Elisabeta Adamovici
Provider (or Representative)

10-22-19
Date

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