



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

January 22, 2019

Olympia Harris  
OLYMPIA ADULT FAMILY HOME  
7301 MISSISSIPPI DR  
VANCOUVER, WA 98664

RE: OLYMPIA ADULT FAMILY HOME License #650700

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on January 11, 2019 for the deficiency or deficiencies cited in the report/s dated November 30, 2018 and found no deficiencies.

The Department staff who did the inspection:  
Sarah Bjork, Licensor

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

Karyl Ramsey, Field Manager  
Region 3, Unit E  
Residential Care Services



RECEIVED

DEC 13 2018

DSHS RCS  
REGION 3

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

Statement of Deficiencies	License #: 650700	Completion Date
Plan of Correction	OLYMPIA ADULT FAMILY HOME	November 30, 2018
Page 1 of 6	Licensee: OLYMPIA HARRIS	

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:  
11/28/2018

OLYMPIA ADULT FAMILY HOME  
7301 MISSISSIPPI DR  
VANCOUVER, WA 98664

The department staff that inspected the adult family home:  
Sarah Bjork, Licensor

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3, Unit E  
800 NE 136th Avenue, Suite#220  
Vancouver, WA 98684  
(360)397-9549

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.

C. Burinsky for Karl Ramsey  
Residential Care Services

12/04/2018  
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.

Olympia Harris  
Provider (or Representative)

12/10/18  
Date

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

01/14/19 ✓

**WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:**

(3) Has proof of up-to-date rabies vaccinations.

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

Based on interview and record review, the provider failed to ensure one dog had up-to-date rabies vaccination. This failure placed all five residents at risk for exposure to rabies.

Findings include: -

Interview and record review took place on 12/28/2018.

During an initial interview with the provider, the provider stated two dogs lived at the adult family home and were primarily outside. Record review revealed one dog was current with rabies vaccination and one dog had a rabies vaccination which expired 10/17/2017. The provider stated she would schedule an appointment for the dog to be vaccinated as soon as possible.

This deficiency was consulted in 04/2011.

**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, OLYMPIA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/10/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*Olympia Harris*  
Provider (or Representative)

12/10/18  
Date

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(5) Ensure water temperature does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

- (a) Tubs;
- (b) Showers; and
- (c) Sinks.

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

Based on observation and interview, the provider failed to ensure the home's water temperature remained less than 120 degrees Fahrenheit. This failure placed all five residents at risk for burns.

Findings include:

Observation and interview took place on 11/28/2018.

The home's water temperature was checked at approximately 1:28 pm and was 124.8 degrees

Fahrenheit. The provider stated her husband was gone from the adult family home, but knew how to adjust the settings and she would ensure he adjust it promptly upon his return.

This deficiency was cited 12/2014.

#### Attestation Statement

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*Olympia Harris*  
Provider (or Representative)

12/10/18  
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:
  - (d) Receives medications as required.

#### WAC 388-76-10480 Medication organizers. The adult family home must ensure:

- (3) Each resident and anyone giving care to a resident can readily identify medications in the medication organizer;
- (4) Medication organizer labels clearly show the following:
  - (a) The name of the resident;
  - (b) A list of all prescribed and over-the-counter medications;
  - (c) The dosage of each medication;
  - (d) The frequency which the medications are given.

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

Based on observation, interview, and record review, the provider failed to ensure medication organizers were labeled for two sampled residents (Resident #2 and #3) and a system was in place to verify one resident (Resident #3) received medications in accordance with medication orders and the medication log. This failure placed both residents at risk for medication errors.

#### Findings include:

Observation, interview, and record review took place on 11/28/2018.

Resident #2's negotiated care plan (dated 1/05/2018) documented Resident #2's daughter was a

nurse and filled a medication organizer for Resident #2 to use in the home. Resident #3's negotiated care plan (dated 11/3/2018) documented Resident #3's son was a pharmacist and prepared a medication organizer for Resident #3 to use in the home.

Both medication organizers had blank labels and did not include any information about the medications contained inside the organizer, including means to identify one medication tablet from another.

Resident #3's medication log documented Resident #3 was ordered to receive five medication tablets at 8:00 am, two medication tablets at 5:00pm, and three medication tablets at 8:00pm. The medication log contained seven tablets in the 8:00 am section and three tablets in the 5:00pm section. The provider stated the son packed the organizer the way the resident preferred and had been taking for years. The provider stated she would talk to Resident #3's son about requesting physician orders and approval to give medications on a different schedule and would update the medication log to ensure it accurately reflected both the orders and the prepared medication organizer.

#### Attestation Statement

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*Olympia Harris*  
Provider (or Representative)

12/10/18  
Date

**WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:**

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

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

Based on observation, interview, and record review, the provider failed to ensure nurse delegation was in place for one sampled resident (Resident #2) who was admitted to hospice and was not able to request as needed comfort medications. This failure placed Resident #2 at risk for not having her needs adequately identified and met.

Findings include:

Observation, interview, and record review took place on 11/28/2018.

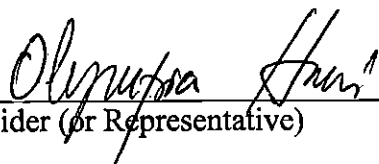
During an initial interview with the provider, the provider stated Resident #2 was not able to communicate due to a stroke and confusion from dementia. The provider stated Resident #2 did not have any delegated nursing tasks and had been admitted to hospice for end of life care.

Resident #2's assessment, dated 1/05/2018, documented Resident #2 was rarely/never able to communicate and "someone else must interpret sounds or body language." It read Resident #2 was "not aware of needs" and "cannot indicate preference." It documented Resident #2 required medication administration as the resident "does not recognize she takes oral medications" and "cannot place in mouth" requiring "this task to be delegated."

Resident #2's records documented she was admitted to hospice 9/27/2017 and was prescribed a comfort kit which included various as-needed medications. No documentation of nurse delegation was noted. The provider stated she would contact her nurse delegator promptly.

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

12/10/18  
 \_\_\_\_\_  
 Date

**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:

- (a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;
- (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 interview and record review, the provider failed to ensure one on-call caregiver (Staff B) had a valid Washington state criminal background check. This failure placed all five residents at risk for being cared for by a person with an unknown and potentially disqualifying recent history.

#### Findings include:

Interview and record review took place on 11/28/2018.

During an initial interview with the provider, the provider stated she and her husband (Staff A) were the primary caregivers and Staff B was an on-call caregiver who worked on an as-needed basis. The provider stated Staff B worked approximately once a week.

Staff record review revealed Staff B was hired 02/29/2016. Staff B's Washington state criminal background check expired 06/24/2017. The provider stated she had started working on getting an updated background check using the new online system approximately a week prior and had several emails indicating the process was initiated. The provider stated she would ensure it be renewed as soon as possible.

**Attestation Statement**

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Olympia Harris  
Provider (or Representative)

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Date

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