



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

PRIVATE NURSING CARE INC
PRIVATE NURSING CARE INC
28850 SE 224TH ST
MAPLE VALLEY, WA 98038

RE: PRIVATE NURSING CARE INC License #660400

Dear Provider:

On March 22, 2016 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 January 5, 2016.

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:
Susan Aromi, Licensor

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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Statement of Deficiencies	License #: 660400	Completion Date
Plan of Correction	PRIVATE NURSING CARE INC	January 5, 2016
Page 1 of 8	Licensee: PRIVATE NURSING	

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:
 12/28/2015

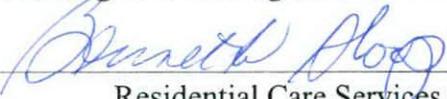
PRIVATE NURSING CARE INC
 375 MT OLYMPUS DR NW
 ISSAQUAH, WA 98027

The department staff that inspected the adult family home:
 Susan Aromi, BSN, RN, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

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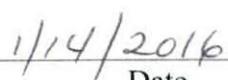
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 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)


 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:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home failed to have date-of-birth (DOB) background records readily available to review for 5 of 8 current caregivers (Caregivers A, C, E, F and G) and 2 of 2 former caregivers (Caregivers H and I).

Findings include:

Interviews and record reviews occurred on 12/28/2015 unless otherwise noted.

Review of records revealed no DOB background results for five current caregivers (Caregivers A, C, E, F and G) and for two former caregivers (Caregivers H and I).

In interview, the Entity Representative (ER) said she tossed the DOB background check results for her five current caregivers because she thought the final fingerprint-based background results were all they needed. The ER said she did not have the background check results of her two former caregivers available in the home.

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, PRIVATE NURSING CARE INC is or will be in compliance with this law and / or regulation on (Date) 1/14/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Lupa Kumar
Provider (or Representative)

1/14/16
Date

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WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Entity Representative failed to ensure 1 of 3 sampled staff (Caregiver B) had two-step tuberculosis (TB) skin testing. This placed all six residents (Residents #1, #2, #3, #4, #5 and #6) at risk of possible exposure to communicable disease.

Findings include:

Observations, interviews and record reviews occurred on 12/28/2015.

Observations revealed Caregiver B provided personal care to the home's six residents.

In interview, Caregiver B said she worked at the home for three months now.

Review of Caregiver B's records revealed a hire date of 9/26/2015, and a 10/01/2015 physician's note stating their clinic recently performed a TB skin test on Caregiver B with a negative result for TB. There was no date of when the TB test was done. There was no record of a second test done one to three weeks after the first test.

Caregiver B said she did not think she had a second TB test done one to three weeks after the first test.

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, PRIVATE NURSING CARE INC is or will be in compliance with this law and / or regulation on (Date) 1/30/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Lisa Kemner
Provider (or Representative)

1/14/2016
Date

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WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews, the Entity Representative (ER) failed to ensure the negotiated care plan (NCP) of 1 of 2 sampled residents (Resident #2) was signed and dated by the resident's representative. This placed the resident at risk of receiving services the resident's representative did not negotiate.

Findings include:

Observation, record reviews and interviews occurred on 12/28/2015, unless otherwise noted.

Observation revealed Resident #1 received total care from the caregivers. She was not interviewable due to cognitive deficits.

Review of Resident #2's records revealed the NCP last dated and signed by the resident's representative and the AFH was dated 12/22/2014. There were updates on the resident's NCP

dated 7/10/2015, initialed by the ER.

In interview, the ER said she involved the resident's family when she updated the resident's NCP annually in December. She said she had updated the resident's NCP in July 2015 because of changes to her status, but did not have the resident's representative sign the NCP. The ER said the resident's representative visited the resident at least once a week, and was aware of the changes to the resident's condition.

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, PRIVATE NURSING CARE INC is or will be in compliance with this law and / or regulation on (Date) 12/29/2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Jessa Kemur
Provider (or Representative)

1/14/2016
Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

- (1) After an assessment for a significant change in the resident's physical or mental condition;
- (2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the adult family home failed to update the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident #5) after significant changes in the resident's physical condition, and when parts of the plan no longer addressed her care needs. This placed the resident at risk for unmet care needs.

Findings include:

Observations, interviews, and record reviews occurred on 12/28/2015.

Observations revealed Resident #5 received total care from the caregivers.

Caregiver A, the live-in caregiver, said when Resident #5 was admitted to the home in [REDACTED] 2015, the resident had a [REDACTED] in the middle of her [REDACTED]. Caregiver A said the crack healed, but about three or four weeks ago, the area "opened up, it became a round, red, deeper sore with a bad smell". Caregiver A said they no longer got the resident out of bed so they could reposition the resident on her sides.

Resident #5 was in bed throughout the full inspection. She was not interviewable. The resident had a quarter-size pressure sore on her [REDACTED]. The sore was about half a centimeter deep, with a white, dime-size balled-up material (Aqua Cel) in the crater. The sore was covered with a

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white, four inches by four inches foam dressing. The caregiver said the hospice nurse changed the resident's sore dressings once a week, and the caregivers changed the dressings when they got wet or soiled.

Resident #5's current NCP documented under "Skin", "Red area above [redacted] worsens when in her chair even when padded & position changed. Bed rest. Up 30 minutes in chair maximum 2x a day." The presence of a pressure sore with the skin broken was not documented. The following was documented: "VNS (Visiting Nurse services) monitoring. Hospice." There were written instructions for "Wound/Dressing changes" but it did not specify who did the dressing changes, when and how often.

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, PRIVATE NURSING CARE INC is or will be in compliance with this law and / or regulation on (Date) 12/29/2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Asa Kemur

Provider (or Representative)

1/14/2016
Date

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WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the adult family home failed to have nurse delegation for the wound care of one of one resident with a pressure ulcer (Resident #5). This placed the resident at risk of infection and worsening wound condition.

Findings include:

In interview, the Entity Representative (ER) said she was a Registered Nurse and did the nurse delegation of her caregivers for their six residents including Resident #5. The ER said Resident #5 was bed-bound, non-verbal, was on hospice services, and had a pressure sore on her [redacted]

Caregiver A, the live-in caregiver, said when Resident #5 was admitted to the home in [redacted] 2015, the resident had a [redacted] in the middle of her [redacted]. Caregiver A said the crack healed, but about three or four weeks ago, the area "opened up, it became a round, red, deeper sore with a bad smell".

With Caregiver A's assistance, the Licensor observed a white, four inches by four inches foam dressing on Resident #5's tail bone. Caregiver A opened the dressing, revealing a white, dime-size balled-up material in the crater of a quarter-size pressure sore. The sore was about half a

centimeter deep. The caregiver said she cut up the white balled-up material from another dressing, and showed the Licensor an open pack of Aqua Cel dressing. She said the hospice nurse changed the resident's sore dressings once a week. Caregiver A said she and the other caregivers changed the resident's sore dressings when the dressings got wet or soiled. She said the hospice nurse taught them how to do the dressing changes.

Review of records revealed nurse delegation for Caregivers A, C, G, H and E for Resident #5's "medication administration, prn (as needed) medications" due to resident's severe dementia. There were no records of delegation of the caregivers for the resident's pressure sore dressing changes.

The ER said she did not delegate the caregivers for Resident #5's pressure sore dressing changes. She said she will delegate the caregivers immediately.

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, PRIVATE NURSING CARE INC is or will be in compliance with this law and / or regulation on (Date) 12/29/2015 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Mrs. Kumar
Provider (or Representative)

1/14/16
Date

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WAC 388-76-10675 Adult family home rules and policies related to abuse Required. The adult family home must develop and implement written rules and policies that:

- (1) Do not allow abandonment, abuse, neglect of any resident, exploitation or financial exploitation of any resident;
- (2) Require staff to report possible abuse, and other related incidents, as required in chapter 74.34 RCW; and
- (3) Do not interfere with the requirement that employees and other mandated reporters file reports directly with the department, and with law enforcement, if they suspect sexual or physical assault to have occurred.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home failed to develop written rules and policies related to abuse, abandonment, neglect and exploitation. This placed 6 of 6 residents (Residents #1, #2, #3, #4, #5 and #6) at risk for unrecognized or unreported abuse, neglect and financial exploitation.

Findings include:

Review of records revealed no written rules and policies related to abuse, abandonment, neglect and exploitation.

In interview, the Entity Representative (ER) referenced a part of their admission agreement that stated they did not tolerate abuse in the home and for staff to report immediately when abuse was observed. The ER said this was all they had regarding policies related to abuse, abandonment, neglect and exploitation.

There was no written information to guide staff on what abuse, neglect, abandonment, and financial exploitation were, and who to report to when observed. In addition, there was no written requirement that employees and other mandated reporters file reports directly with the department, and with law enforcement, if they suspect sexual or physical assault to have occurred.

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, PRIVATE NURSING CARE INC is or will be in compliance with this law and / or regulation on (Date) 12/29/15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

1/14/2016

Date

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WAC 388-112-0255 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the adult family home did not ensure the cardiopulmonary resuscitation (CPR) training of 2 of 4 sampled staff (Caregivers A and B) included hands-on skills development. This placed 6 of 6 residents (Residents #1, #2, #3, #4, #5 and #6) at risk of unmet needs in the event CPR was needed.

Findings include:

Observations, interviews and record reviews occurred on 12/28/2015.

Observation revealed one caregiver (Caregiver A) providing personal care to six residents upon the Licensor's arrival at the home. A few minutes later, Caregiver B arrived and assisted with the residents' care.

Review of records revealed Caregivers A and B had on-line CPR training. In separate interviews, Caregivers A and B said they did not have hands-on skills development with their on-line CPR training.

The Entity Representative said she was not aware the on-line CPR training was not acceptable.

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, PRIVATE NURSING CARE INC is or will be in compliance with this law and / or regulation on (Date) 2/9/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Lisa Kemmelt
Provider (or Representative)

1/14/2016
Date

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