



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

September 8, 2016

Jimma D Robbins
SYLVIAS ADULT HOME
PO BOX 1562
COUPEVILLE, WA 98239

RE: SYLVIAS ADULT HOME License #667900

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 30, 2016 for the deficiency or deficiencies cited in the report/s dated June 1, 2016 and July 13, 2016 and found no deficiencies.

The Department staff who did the inspection:
Kelly Howard, Complaint Investigator

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

Sincerely,

A handwritten signature in cursive script that reads "Kay Randall".

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: SYLVIAS ADULT HOME (687462) **Intake ID(s):** 3215691
License/Cert. #: AF667900
Investigator: Howard, Kelly **Region/Unit:** RCS Region 2/Unit B **Investigation Date(s):** 05/04/2016 through 06/01/2016
Complainant Contact Date(s): 05/03/2016

Allegations:

The Adult Family Home (AFH) failed to give the named residents his [REDACTED] medications for up to 3 days.

Investigation Methods:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Sample: | 4 residents (including the named resident) | <input checked="" type="checkbox"/> Observations: | Environment, care provision, staff to resident interactions |
| <input checked="" type="checkbox"/> Interviews: | The named resident, residents, provider, caregiver, Home and Community Services (HCS) case manager, pharmacist | <input checked="" type="checkbox"/> Record Reviews: | Assessments, negotiated care plans (NCP), progress notes, medication logs, medical records, nurse delegation documentation |

Allegation Summary:

The named resident was admitted to the hospital on [REDACTED]/16 with [REDACTED]. Review of the named resident's medical log revealed the AFH did not give the resident 3 doses of [REDACTED] medication between 4/11/16 and 4/12/16. When interviewed, the provider stated the resident ran out of [REDACTED] medication and the pharmacy did not send refills. In addition, the AFH failed to ensure a qualified staff was on duty to administer a [REDACTED] medication when the named resident experienced a [REDACTED].

Unalleged Violation(s): Yes No

None

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10400(2)(3)(4) Care and services
WAC 388-76-10430(1)(2)(d) Medication systems



**Residential Care Services
Investigation Summary Report**



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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 #: 667900	Completion Date
Plan of Correction	SYLVIAS ADULT HOME	June 1, 2016
Page 1 of 4	Licensee: Jimma Robbins	

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.

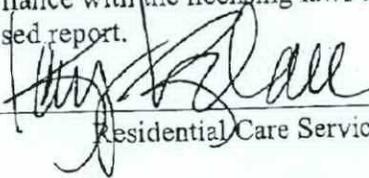
The department has completed data collection for the unannounced on-site complaint investigation of: 5/4/2016
SYLVIAS ADULT HOME
707 GOULD STREET
COUPEVILLE, WA 98239

This document references the following complaint number: 3215691
The department staff that inspected and investigated the adult family home:
Kelly Howard, RN, MSN, Complaint Investigator

JUL 18 2016
ADSA/RCS
Smokey 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 complaint investigation 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

6/17/16
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)

7/14/16
Date

Statement of Deficiencies

License #: 667900

Completion Date

Plan of Correction

SYLVIA'S ADULT HOME

June 1, 2016

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Licensee: Jimma Robbins

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

- (2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.
- (3) The care and services in a manner and in an environment that:
- (b) Actively supports the safety of each resident; and
- (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 interview and record review, the Adult Family Home (AFH) failed to provide the necessary care and services, including nurse delegation, to ensure the physical well-being of 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk of harm when a qualified staff was not available to give an emergency medication when Resident 1 experienced a [REDACTED]

Findings include:

Interviews and record review occurred on 5/4/16 unless otherwise indicated.

Resident 1 was admitted on [REDACTED] 5 with a medical diagnosis of [REDACTED] Common symptoms of [REDACTED]

Review of physician's orders, dated 2/16/16, revealed Resident 1 was to receive [REDACTED] medication administered [REDACTED] for increased [REDACTED]. The order directed staff to give [REDACTED] 10 mg per [REDACTED] may repeat in 4-12 hours if needed."

Review of nurse delegation documentation, dated 2/16/16 by the home's nurse delegator, revealed the provider was the AFH's only staff delegated to administer Resident 1's [REDACTED]. Record review revealed Caregiver A did not have the appropriate training to be nurse delegated.

Review of medical records revealed Resident 1 was admitted to the hospital on [REDACTED] 16 after the resident experienced [REDACTED] at the AFH. The emergency room physician wrote, "The group home also had in position [sic] an emergency [REDACTED] with PR [REDACTED] available- this was not given for unknown reasons."

Review of Resident 1's April 2016 medication log revealed no [REDACTED] was administered to the resident at any time in April.

When interviewed, the provider stated Caregiver A was working in the home on 4/12/16 when Resident 1 started to have a [REDACTED]. The provider stated Caregiver A did not administer the [REDACTED] because she was not qualified to do so. Review of medical records revealed the caregiver gave the paramedics the [REDACTED] to administer upon their arrival to the AFH.

Statement of Deficiencies	License #: 667900	Completion Date
Plan of Correction	SYLVIAS ADULT HOME	June 1, 2016
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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, SYLVIAS ADULT HOME is or will be in compliance with this law and / or regulation on (Date) 7/14/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

7/14/16
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:
- (d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure medications were given as prescribed for 1 of 4 residents (Resident 1). This failure resulted in possible harm for Resident 1 when [redacted] did not receive the necessary medications for [redacted] management.

Findings include:

Interviews and record review occurred on 5/4/16 unless otherwise indicated.

Resident 1 was admitted on [redacted] 15 with a medical diagnoses of [redacted]

Review of Resident 1's assessment, dated 1/11/16, revealed AFH staff were directed to assist Resident 1 with medication administration.

Review of physician's orders, dated 2/9/16, revealed Resident 1 was to receive [redacted] (medication) 500 milligrams (mg) twice daily.

Review of hospital records, dated 4/12/16, revealed Resident 1 was admitted to a local hospital on [redacted] 16. The admitting physician wrote Resident 1 "was brought into the emergency room with [redacted] the etiology of [redacted] is believed to be due to missing at least a days' worth of [redacted]"

Statement of Deficiencies	License #: 667900	Completion Date
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Review of Resident 1's April 2016 medication log revealed Resident 1 missed a total of 3 doses of [redacted] (2 doses on 4/11/16 and 1 dose on 4/12/16).

When interviewed, the provider stated she called the pharmacy on 4/4/16 and 4/7/16 to re-order the [redacted] for Resident 1. She stated the pharmacy told her they "could not refill the medication." When interviewed on 5/17/16, the pharmacist stated the pharmacy did not have a system in place to record phoned-in refill requests so she could not confirm or deny if the provider attempted to re-order medications.

The provider did not notify Resident 1's physician when the resident ran out of medications on 4/11/16.

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, SYLVIAS ADULT HOME is or will be in compliance with this law and / or regulation on (Date) 7/14/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
 Provider (or Representative)

7/14/16
 Date