



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

October 9, 2019

Sarojani Kumar
KAM CARE
17314 108TH AVE SE
RENTON, WA 98055

RE: KAM CARE License #668000

Dear Provider:

On October 4, 2019 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 August 27, 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:
Julie Miranda, Nursing Consultant Institutional/AFH Licensors

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Elena Atanasova, Field Manager
Region 2, Unit G
Residential Care Services



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Statement of Deficiencies	License #: 668000	Completion Date
Plan of Correction	KAM CARE	August 27, 2019
Page 1 of 2	Licensee: SAROJANI KUMAR	

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:
 8/22/2019

KAM CARE
 17314 108TH AVE SE
 RENTON, WA 98055

The department staff that inspected the adult family home:

Julie Miranda, BSN, RN, Nursing Consultant Institutional/AFH Licensors

From:

DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6007

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

08/29/2019

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.

Provider (or Representative)

9-1-2019

Date

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

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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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to ensure the Negotiated Care Plan (NCP) was reviewed every twelve months on one of two sampled residents (Resident #1). This placed Resident #1 at risk for unmet care needs.

Findings included...

On 08/22/19 at 01:45 PM during review of Resident #1's records, the AFH admitted Resident #1 on [REDACTED] 16 with multiple diagnoses. The last NCP was reviewed dated 06/05/18. On further review showed the current NCP was reviewed dated 07/5/19, one month past since the last time it was reviewed on 06/05/18.

In a telephone interview with Staff A, Provider on 08/27/19 at 10:30 AM she stated, "[Resident #1] had a significant change, he went to the hospital. I waited for the department assessment to be completed before I could do the NCP."

In a telephone interview with a collateral contact on 08/27/19 at 02:00 PM he stated, "I completed [Resident #1]'s regular annual assessment on 03/14/19. [Resident #1] had a significant change, went to the hospital on early June 2019 therefore I did a significant change assessment on [Resident #1] on 07/03/19."

On 08/27/19 at 02:30 PM during review of Resident #1's department assessment history showed, Resident #1's yearly regular assessments were completed on 03/02/18 and 03/14/19 respectively. An assessment was completed by the department on 07/03/19 due to a significant change.

Review of Resident #1's current NCP showed that the NCP reviewed and dated 07/05/19 was one month late from the last time it was reviewed dated 06/05/18.

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, KAM CARE is or will be in compliance with this law and / or regulation on (Date) 9-1-2019 ; In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

9-1-2019

Date

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