



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

RECEIVED
 FEB 16 2016
 ADSA/RCS
 Smokey Point

Statement of Deficiencies	License #: 686500	Completion Date
Plan of Correction	PRINCESS CARE HOME III	January 14, 2016
Page 1 of 5	Licensee: PRINCESS CARE HOME	

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.

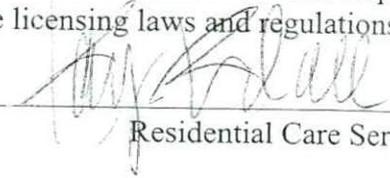
The department has completed data collection for the unannounced on-site full inspection of:
 12/11/2015

PRINCESS CARE HOME III
 11231 B 1ST AVE WEST
 EVERETT, WA 98204

The department staff that inspected the adult family home:
 Jolene Smith, RN/BSN, Adult Family Home Licensors

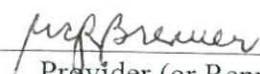
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

As a result of the on-site 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

1/31/16
 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)

2/9/16
 Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

- (1) Uses nationally recognized infection control standards;
- (2) Emphasizes frequent hand washing and other means of limiting the spread of infection;
- (3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on observation and interview the provider failed to develop and implement an infection control system that utilized nationally recognized infection control standards and emphasized frequent hand washing and other means of limiting the spread of infection during the administration of medications. This failure placed residents at an increased risk for the potential spread of infection.

Findings include:

On 12/11/15 during the Adult Family Home's annual inspection, medication administration was observed. The Resident Manager unlocked and accessed the lower level hall closet where medication supplies were stored. The Resident Manager gloved and retrieved a bubble pack of medication, popped a pill from the bubble pack directly into his gloved hand and then placed the pill into a plastic medication cup. The Resident Manager then exited the closet, closed and locked the door with one gloved hand and proceeded to room 5.

Using one of his gloved hands, the Resident Manager knocked, opened room 5's door and activated the light switch. Resident 6 had been resting in bed and the Resident Manger adjusted the bed linens as the resident repositioned and received her pill.

After administering the medication, and despite having access to a bathroom off room 5, the Resident Manager continued wearing the gloves, switched off the room lights, exited the room, closing the door using a gloved hand.

Without removing his gloves or washing his hands, the Resident Manger, returned to the hall closet and retrieved another bubble pack and two bottles of medications. Wearing the same gloves, the Resident Manager popped a pill from the bubble pack into one of his gloved hands; that had touched contaminated surfaces, and then placed the pill into a plastic medication cup. The Resident Manager then used his gloved fingers to retrieve a tablet and a capsule from the two bottles of medications and placed each into the plastic medication cup for administration.

In an interview on 12/11/15, the Resident Manager indicated that he poured the medication into his hands prior to the medication cup in order to "look-at" and count the number of pills to ensure accuracy of the medication administered.

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

[Signature]
Provider (or Representative)

2/9/16
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:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

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.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to meet all laws and rules relating to medications and medication administration for 1 of 2 sampled residents (Resident 5), to include maintain a current list of prescribed and over the counter medications and an up to date medication log.

Findings include:

On 12/11/15 during the Adult Family Home's annual inspection, resident records were reviewed and revealed that Resident 5 was admitted to the home in [REDACTED] 2011. Resident 5's current medication list identified [REDACTED] and indicated the medication was to be administered twice a day.

Resident 5's 12/2015 medication log also identified [REDACTED] and documented that the resident had received the medication twice daily 12/01/15 - 12/11/15. However, [REDACTED] was not included in Resident 5's supply of medication.

In an interview on 12/11/15, the Resident Manager clarified that Resident 5 had not actually received the [REDACTED] 12/01/15 - 12/11/15 as documented and explained that he had

erroneously signed for the medication. The Resident Manager further explained the [REDACTED] had been ordered for a limited duration and then discontinued, "a long time ago", but had not been removed from the medication log.

The Resident Manager indicated that he would follow-up with the home's supplying pharmacy to ensure that the medication log was updated to reflect Resident 5's current medications only.

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

Jeff Brewer
Provider (or Representative)

2/9/16
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 develop and implement a system to ensure the home was maintained in good condition with a safe and environment that was free of hazards. This failure placed residents at the potential risk for harm.

Findings include:

The home was licensed to provide care to residents with dementia and mental health disabilities. The home had six residents (Residents 1, 2, 3, 4, 5 and 6). Observation, interview and record review revealed the cognitive ability of each of the residents was impaired by either developmental and/or mental health disabilities.

On 12/11/15 at 10:10 AM during a tour of the home with the provider, the water temperature was tested in the bathroom located between rooms C and D, used by residents. The temperature reading was, 132.3 Fahrenheit (F). At 10:20 AM on 12/11/15, the water temperature in the main hall bathroom, also used by residents, was checked and read, 132.9 F.

The home's water temperature was adjusted down. The provider indicated the home's Resident Manager periodically checked the water temperature and provided a log that reflected temperatures had been checked monthly and ranged between 107 - 108 F. The provider was uncertain if the Resident Manager routinely calibrated the thermometer to ensure accuracy.

Statement of Deficiencies

License #: 686500

Completion Date

Plan of Correction

PRINCESS CARE HOME III

January 14, 2016

Page 5 of 5

Licensee: PRINCESS CARE HOME

On 12/11/15 at 2:55 PM the water temperatures were re-checked. The water temperature of the bathroom between rooms C and D was 113.8 F and the hall bath was 112.6 F.

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

Jeff Brewer
Provider (or Representative)

12/9/16
Date



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

March 29, 2016

PRINCESS CARE HOME INC
PRINCESS CARE HOME III
11231 B 1ST AVE WEST
EVERETT, WA 98204

RE: PRINCESS CARE HOME III License #686500

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on February 26, 2016 for the deficiency or deficiencies cited in the report/s dated January 14, 2016 and found no deficiencies.

The Department staff who did the inspection: _____
Jolene Smith, Adult Family Home Licensors

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

Sincerely,

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