



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

Statement of Deficiencies	License #: 704200	Completion Date
Plan of Correction	PRECIOUS FRIENDS	February 9, 2016
Page 1 of 4	Licensee: NOVALITA MANDAC	

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:
 2/5/2016

PRECIOUS FRIENDS
 3404 S 162ND ST
 SEATAC, WA 98188

The department staff that inspected the adult family home:
 Jocelyn Cruz, RN, Licensor

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

2/16/16
 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)

Date

RECEIVED
 FEB 29 2016
 DSHS/ADSARCS

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(I) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the home's written medication disposal policy was implemented when expired medications belonging to one of five residents (Residents #4) were not disposed of according to the AFH's medication disposal policy. This failure placed Resident #4 at risk for harm related to accidental ingestion of expired medications.

All observation, interview and record review occurred on 02/05/2016 unless otherwise noted.

Findings include:

Observation during the audit of Resident #4's medications revealed a medication bingo card labeled [REDACTED] 100mg capsule give 1 capsule orally twice daily as needed for constipation, discard after 02/02/2016." In addition another bingo card labeled [REDACTED] 5mg tablet, give 1 or 2 tablets orally every 4 hours as needed for pain, discard after 12/14/2015, was in Resident #4's medication bin.

Record review of Resident #4's Medication Administration Record (MAR) revealed an order for [REDACTED] mg capsule, give one capsule orally twice daily as needed for constipation and [REDACTED] mg tablet orally every four hours as needed for pain.

Further review of the MAR revealed [REDACTED] mg was initialed as given by Caregivers A and C daily in January, 2016.

Caregiver A stated she dispensed from the bingo cards [REDACTED] that says discard after 02/02/2016 and [REDACTED] that says discard after 12/14/2015) in case Resident #4 needed medication for constipation or pain.

Caregiver A stated they kept the expired and discontinued medications in the cabinet underneath the medication cabinet "or sometimes, I flushed them in the toilet."

Caregivers A and D were not able to find the AFH medication disposal policy at the time of inspection.

On 02/08/2016, the Department received the AFH's Medication Disposal Policy which stated "Proper disposal for discontinued/expired medications- the AFH will return discontinued medication to our client's respective pharmacy. Unused narcotics will be grinded and mixed with coffee grounds and dispose in the regular garbage can."

RECEIVED
FEB 9 2016
SHS#D5A/RCS

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, PRECIOUS FRIENDS is or will be in compliance with this law and / or regulation on (Date) Feb. 8, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Novalita f. Mandac
Provider (or Representative)

Feb. 8, 2016
Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:

- (2) Be provided both orally and in writing in a language that the resident understands;
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to keep the home's policy on accepting medicaid (Medicaid Policy) as payment source in five of five residents' (Residents #1-#5) files. This failure may have resulted in confusion regarding the home's policy on accepting medicaid reimbursement.

All interview and record review occurred on 02/05/2016 unless otherwise noted.

Findings include:

Review of the residents' records revealed Residents #1- #5 had no Medicaid policy signed and kept in their files. Residents #1- #5's records indicated they used medicaid as a payment source.

In a telephone interview with the Provider, she stated she was not aware this policy needed to be provided to residents whose payment source is already Medicaid.

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, PRECIOUS FRIENDS is or will be in compliance with this law and / or regulation on (Date) Feb. 20, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Novalita f. Mandac
Provider (or Representative)

Feb. 20, 2016
Date

DSHS/ADS/RCS
FEB 29 2016
RECEIVED

WAC 388-112-0200 What is continuing education?

(1) (1) Continuing education is annual training designed to increase a caregiver's knowledge and skills. DSHS must approve continuing education curriculums and instructors. The same continuing education course may not be repeated for credit unless it is a new or more advanced training on the same topic. The exceptions to this are:

(d) Food handling training.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Food Safety Training was conducted by an instructor approved by the Department. This failure resulted in invalid training certificates for four of four staff (Staff A, B,C,D).

All observation, interview and record review occurred on 02/05/2016 unless otherwise noted.

Findings include:

Observation revealed Caregivers A and B prepared meals for all the residents in the home.

Review of Caregiver A's records revealed a Food Safety training certificate dated 07/22/2015 and was signed by the Provider.

Further record review of the AFH personnel revealed the Food Safety Training (FST) certificate for the Provider dated 10/23/2014, Caregiver C's dated 12/02/2015 and Caregiver D's dated 10/23/2014 were all signed by the Provider.

The Provider stated she is not a Department's approved instructor.

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, PRECIOUS FRIENDS is or will be in compliance with this law and / or regulation on (Date) Feb 24, 2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Novalita F. Mandac
Provider (or Representative)

Feb. 24, 2016
Date

RECEIVED
FEB 29 2016
DSHS/ADS/ARCS



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 18, 2016

Novalita S Mandac
PRECIOUS FRIENDS
3404 S 162ND ST
SEATAC, WA 98188

RE: PRECIOUS FRIENDS License #704200

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on March 15, 2016 for the deficiency or deficiencies cited in the report/s dated December 17, 2015 and February 9, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jocelyn Cruz, Licensors

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

Sincerely,

A handwritten signature in black ink, appearing to read "Delores Usea".

Delores Usea, Field Manager
Region 2, Unit G
Residential Care Services