



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

May 9, 2016

VISION LIVING SERVICES
MATHEWS BEACH HOUSE
9740 49TH AVE NE
SEATTLE, WA 98115

RE: MATHEWS BEACH HOUSE License #719200

Dear Provider:

On May 6, 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 19, 2016 and April 25, 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:
Brenda Mooney, Licensors

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services



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Statement of Deficiencies	License #: 719200	Completion Date
Plan of Correction	MATHEWS BEACH HOUSE	January 19, 2016
Page 1 of 3	Licensee: VISION LIVING	

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:
 1/13/2016

MATHEWS BEACH HOUSE
 9740 49TH AVE NE
 SEATTLE, WA 98115

The department staff that inspected the adult family home:
 Brenda Mooney, M.A., Licensor

RECEIVED
 FEB 25 2016
 DSHS/ADSA/RCS

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

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.

Mike Anbesse
 Residential Care Services

01/28/16
 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.

M. Amey
 Provider (or Representative)

2/19/16
 Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Completion of the training requirements that were in effect on the date they were hired including requirements described in chapter 388-112 WAC;

WAC 388-112-0035 What documentation is required for facility orientation training? The adult family home or assisted living facility must maintain documentation that facility orientation training has been completed as required by this chapter. The training and documentation must be issued by the home or service provider familiar with the facility, and must include:

- (1) The name of the student;
- (2) The title of the training;
- (3) The number of hours of the training;
- (4) The signature of the instructor providing facility orientation training;
- (5) The student's date of hire;
- (6) The date(s) of facility orientation;
- (7) The documentation required under this section must be kept in a manner consistent with WAC 388-76-10198 (for adult family homes) and WAC 388-78A-2450 (for assisted living facilities).

This requirement was not met as evidenced by:

Based on Provider interview and record review, the home did not have a documented orientation for 1 of 2 caregivers (Caregiver A) for the home. Failure to ensure an orientation was documented had the potential to have critical information on care procedures/expectations for residents overlooked.

Findings include:

On 1/13/16, Caregiver A was the sole caregiver at the home providing care to residents. A review of staff qualifications revealed that Caregiver A had no documented orientation. When asked how long had she been working at the home, Caregiver A said she had recently been hired.

The Provider said it was an oversight.

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, MATHEWS BEACH HOUSE is or will be in compliance with this law and / or regulation on (Date) 2/20/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Mike Dorsey
Provider (or Representative)

2/19/16
Date

DSHS/ADSN/PCS
FEB 25 2016
RECEIVED

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on Provider interview and record review, the home did not implement blood pressure monitoring as agreed on 1 of 3 resident negotiated care plans (Resident #1). Failure to follow the care plan as agreed had the potential to result a decline in the resident's health status.

Findings include:

On 1/13/16, a review of Resident #1's care plan dated 9/23/15 revealed that the resident's blood pressure was to be monitored twice weekly and reported to the resident's physician if it was over 160/90. Resident #1 had a diagnosis of high blood pressure. The care plan was signed by the home and the resident/resident's representative on 9/30/15.

There was no record the home monitored the resident's blood pressure.

The Provider said the blood pressure monitoring was not done because the home had focussed on Resident #1's most compelling health issue, which was blood sugar control.

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, MATHEWS BEACH HOUSE is or will be in compliance with this law and / or regulation on (Date) 1/21/2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

W. Dasey
Provider (or Representative)

2/19/16
Date

RECEIVED
FEB 25 2016
DSHS/ADSA/RCS