



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504

July 11, 2019

Mitchell Erickson
QUEST CENTER HOUSE
2402 Shirley St SE
Lacey, WA 98503

RE: QUEST CENTER HOUSE License #719600

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on July 10, 2019 for the deficiency or deficiencies cited in the report/s dated June 14, 2019 and found no deficiencies.

The Department staff who did the inspection:
Rathana Duong, AFH Licenser

If you have any questions please, contact me at (360) 664-8421.

Sincerely,

B. Mc Coy For

Chris Cornell, Field Manager
Region 3, Unit D
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 45819, Olympia, WA 98504

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 REGION 3

Statement of Deficiencies	License #: 719600	Completion Date
Plan of Correction	QUEST CENTER HOUSE	June 14, 2019
Page 1 of 5	Licensee: MITCHELL ERICKSON	

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: 6/13/2019

QUEST CENTER HOUSE
 2402 Shirley St SE
 Lacey, WA 98503

The department staff that inspected the adult family home:
 Rathana Duong, AFH Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit D
 PO Box 45819
 Olympia, WA 98504
 (360)664-8421

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.

Chris Carroll
 Residential Care Services

June 17, 19
 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.

Mitchell Erickson
 Provider (or Representative)

6/20/19
 Date

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

WAC 388-76-10445 Medication Independent Self-administration. The adult family home must ensure residents who have medication assistance assessed as independent self-administration:

- (1) Administer their own medications; and
- (2) Are allowed to keep their prescribed and over-the-counter medications securely locked in either their room or another agreed upon area if documented in the resident negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home failed to ensure one of four residents (Resident #1) was appropriately assessed as independent with medication administration before allowing medications to be managed by the resident. This failure placed Resident #1 at risk for medication errors.

Findings included...

A full re-licensing visit was completed 06/13/19.

Review of assessment dated 08/17/18 showed Resident #1 required assistance with medications. The assessment also showed Resident #1's limitations with medications as follows: ability fluctuates, does not follow frequency or dosage, and forgets to take medications.

Review of Medication Administration Records (MAR) dated June 2019 showed Resident #1 has prescribed Ibuprofen 200mg as needed for pain. Physician's order dated 03/13/19 gave the following instructions for Ibuprofen 200mg- 1 tablet by mouth every 4 hours as needed for pain. Ibuprofen 200mg was not observed in Resident #1's locked medication supply.

During interview at 10:55am, provider stated Resident #1 keeps Ibuprofen medication in her room, as Resident #1 was cognitively able to manage Ibuprofen independently. Provider stated he was not aware Resident #1 had to be assessed to be independent with medications.

At about 11:05am, a bottle of Ibuprofen medication was observed on the floor in Resident #1's room, near a shelf. Provider then placed the medication in Resident #1's locked medication supply.

During phone conversation 06/14/19 at 12:20pm, the provider stated he already locked up Resident #1's Ibuprofen medication, and would have medication administration changed to independent for Ibuprofen only at Resident #1's next assessment.

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, QUEST CENTER HOUSE is or will be in compliance with this law and / or regulation on (Date) 6/20/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


 Provider (or Representative)

6/20/19
 Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home failed to ensure all prescribed and over the counter medications were secured for one of four residents (Resident #1). This failure placed Resident #1 at risk for medication errors.

Findings included...

A full re-licensing visit was completed 06/13/19.

Resident #1 was noted to share a room with Resident #3.

Review of Medication Administration Records (MAR) dated June 2019 showed Resident #1 has prescribed Ibuprofen 200mg as needed for pain. Physician's order dated 03/13/19 gave the following instructions for Ibuprofen 200mg- 1 tablet by mouth every 4 hours as needed for pain. Ibuprofen 200mg was not observed in Resident #1's locked medication supply.

During interview at 10:55am, provider stated Resident #1 keeps Ibuprofen medication in her room, as Resident #1 was cognitively able to manage Ibuprofen independently. Provider stated he was not aware Resident #1 had to be assessed to be independent with medications, and that all medications needed to be secured.

At about 11:05am, a bottle of Ibuprofen medication was observed on the floor in Resident #1's room, near a shelf. Provider then placed the medication in Resident #1's locked medication supply.

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, QUEST CENTER HOUSE is or will be in compliance with this law and / or regulation on (Date) 6/13/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Mitchell Erickson
Provider (or Representative)

6/20/19
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:

- (1) Emergency evacuation drills occur during random staffing shifts at least every two months; and

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure emergency evacuation drills were completed every two months as required. This failure placed four of four residents (Resident #1, #2, #3, #4) at risk for improper evacuation during an actual emergency.

Findings included...

A full re-licensing visit was completed 06/13/19.

Review of emergency evacuation drills showed the last emergency evacuation was completed 02/17/19.

During interview at about 10:15am, provider acknowledged he has not kept up with the required evacuation drills. Provider further stated he would conduct an evacuation drill as soon as possible.

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, QUEST CENTER HOUSE is or will be in compliance with this law and / or regulation on (Date) 6/14/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Mitchell Erickson
Provider (or Representative)

6/20/19
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure the main bathroom in the home was in good repair. This failure placed four of four residents (Residents #1, #2, #3, #4) in an undignified living condition.

Findings included...

A full re-licensing visit was completed 06/13/19.

During an environmental tour at about 10:30am, a cabinet door under the two sinks in the main bathroom was observed to be off the hinges, and was placed inside the cabinet.

At this time the provider acknowledged the need to repair the cabinet, and stated he would have it fixed.

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, QUEST CENTER HOUSE is or will be in compliance with this law and / or regulation on (Date) 6/21/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Glue is drying. will hang door in 24 hrs.

Mitchell Erickson
Provider (or Representative)

6/20/19
Date

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