



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

January 6, 2020

Shi's Home, Inc
SHI'S HOME
16529 8TH AVE NE
SHORELINE, WA 98155

RE: SHI'S HOME License #75000

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on December 31, 2019 for the deficiency or deficiencies cited in the report/s dated October 11, 2019 and found no deficiencies.

The Department staff who did the inspection:
Jeannie-Trang Nguyen, AFH Licensor

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager
Region 2, Unit I
Residential Care Services



RECEIVED

OCT 22 2019

DSHS/ALTSA/RCS

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

Statement of Deficiencies	License #: 75000	Completion Date
Plan of Correction	SHI'S HOME	October 11, 2019
Page 1 of 3	Licensee: Shi's Home, Inc	

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:
10/10/2019

SHI'S HOME
16529 8TH AVE NE
SHORELINE, WA 98155

The department staff that inspected the adult family home:
Jeannie-Trang Nguyen, AFH Licensor

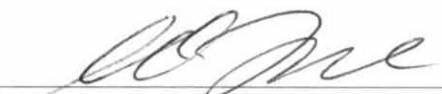
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit I
20816 44th Ave West, Suite 240
Lynnwood, WA 98036-7744
(425)670-6061

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


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

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

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

- (1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;
- (2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home (AFH) failed to ensure there was enough emergency supply of drinking water for the home's licensed capacity of five residents and for at least three live-in caregiving staff. This failure placed all four current residents (Resident #1, R#2, #3, and #4) and staff at risk for physical harm from not having enough emergency drinking water.

Findings included:

Review of department record showed the home was licensed for five residents.

During the inspection day, from 11:15 AM to 05:00 PM on 10/09/19, observation showed four residents living in the AFH.

In an interview at 11:45 AM on the same day, Caregiver A (CG A) said there were three staff, who worked and lived at the home. The provider came to the home every day in the afternoon.

During the home tour at 1:40 PM, observation showed ten 1-gallon store bought water bottles inside the house, and two stacks worth of four gallon of water bottles. This made up to 18 gallons of emergency drinking water found for the home. CG A, who led the tour, said she knew each person, including staff, needed three gallons of emergency water, but she could not find any more water in the home. CG A said there should had been at least over 24 gallons of emergency drinking water in the home at all time for five resident capacity and three staff.

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, SHI'S HOME is or will be in compliance with this law and / or regulation on (Date) 10/18/2019 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

10/20/2019

Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

- (4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the adult family home (AFH) served nutrient protein supplement to one of two sampled residents (Resident #3) without a written approval of the health care provider. This placed Resident #3 (R#3) at risk for dietary problem and a possible health complication.

Findings included:

During inspection day, from 11:15 AM to 05:00 PM on 10/09/19, observation showed R#3 stayed in the bedroom all day, and had lunch and snack in the room. At 11:30 AM on the same day, Caregiver A (CG A) stated that R#3 took two protein shake bottles daily as a supplement for her low food intake. The AFH paid for the shake as mutual agreement with R#3's representative. CG C showed a box with multiple chocolate flavored bottles (with 30 Gram of protein written on the bottle).

In an interview later in the day at 2:30 PM, R#3's representative said that R#3 had been taking the supplement at home, and then continued to take the supplement at the AFH. R#3 representative said that R#3 was a vegetarian and only ate snacks or small meals, so she needed some supplement.

Record review showed the AFH admitted R#3 on [REDACTED] 19. Review of R#3's record did not find a prescription of protein shake supplement for R#3.

In an interview at 3:20 PM on 10/09/19, CG A said that they never thought giving nutrient supplements or concentrates needed a written approval from R#3's physician.

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, SHI'S HOME is or will be in compliance with this law and / or regulation on (Date) 10/18/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

10/20/2019

Date