



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

December 23, 2019

Hai Pham
OPTIMUS FAMILY HOME
14426 NE 16TH PL
BELLEVUE, WA 98007

RE: OPTIMUS FAMILY HOME License #750039

Dear Provider:

On December 16, 2019 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 October 21, 2019.

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:
Liza Masher, Licensor

If you have any questions please, contact me at (253) 234-6033⁰⁷.

Sincerely,

Glenna Atanasova, FM
Dahl Kim, Field Manager
Region 2, Unit E
Residential Care Services



RECEIVED

NOV 15 2019

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES DSHS/ALTSA/RCS
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 750039	Completion Date
Plan of Correction	OPTIMUS FAMILY HOME	October 21, 2019
Page 1 of 13	Licensee: HAI PHAM	

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:
10/8/2019

OPTIMUS FAMILY HOME
14426 NE 16TH PL
BELLEVUE, WA 98007

The department staff that inspected the adult family home:
Liza Masher, RN, BSN, Licensor

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.


 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 388-76-10485 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, interview, and record review the Adult Family Home (AFH) did not store one of six current residents (Resident #4) prescribed medications in a locked storage. This failure placed an ambulatory resident (Resident #5) at risk of using the medications that was not prescribed for him.

Findings included....

On 10/08/19 between 11:00 AM to 06:07 PM, Resident #5 was observed ambulating inside the AFH independently without using an assistive device.

Record review of Resident #5's 04/04/19 assessment showed a diagnosis of [REDACTED]

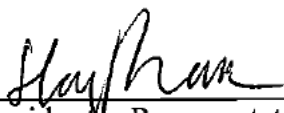
On 10/08/19 at 11:22 AM, observation showed three medications inside a small plastic cup on top of the kitchen counter. The kitchen was next to the living room and the dining room where Resident #5 ambulated independently. The kitchen had no door from either the living room or dining room.

In an interview on 10/08/19 at 11:22 AM, Staff A, Provider, stated that the medications was for Resident #4. Staff A stated she put the medications on the kitchen counter because Resident #4 refused the medications and would offer the medications again to the resident at a later time.

On 10/08/19 at 12:08 PM, the above medications were still in the small plastic cup on top of the kitchen counter. Staff A did not put the medications in a locked storage until after the Department staff prompted her and explained the regulation about keeping medications in locked storage.

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, OPTIMUS FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11-14-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

11-14-19
Date

WAC 388-76-10805 Automatic smoke detectors. The adult family home must ensure approved automatic smoke detectors are:

(3) Kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure one of one smoke detector in the dining room was in working order at all times. This failure placed six of six current residents (Residents #1, #2, #3, #4, #5, and #6) at risk of harm in the event of fire.


Findings included....

During an environmental tour on 10/08/19 at 12:29 PM, an automatic smoke detector located in the dining room did not activate when checked by Staff A, Provider. Staff A removed the smoke detector from the base and showed that there was no battery in it.

In an interview on 10/08/19 at 12:30 PM, Staff A stated that she removed the battery out when the battery was low but she forgot to replace it with a new one.

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, OPTIMUS FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/08/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

11-14-2019
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington state background check (BGC) for one of two staff (Staff A, Provider) and two of two household members ([HM] HM's #1 and #2). This failure placed six of six current residents (Residents #1, #2, #3, #4, 5, and #6) at risk of harm from staff and HM's with unknown current criminal background.

Findings included....

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

During unannounced visit on 10/08/19 between 11:00 AM and 06:07 PM, observation showed Staff A, Provider, interacted and provided care to the residents.

On 10/08/19 at 11:30 AM, HM #1 was observed in the AFH. According to Staff A, HM #1 was a family member who lived in the AFH.

On 10/08/19 at 05:03, Staff A stated that HM #2 also lived in the AFH. HM #2 was not observed in the AFH at the time of the visit.

On 10/08/19 at 05:05 PM, Staff A stated the HM #1 and #2 lived in the AFH and had unsupervised access to the residents.

Record review of personnel file showed Staff A's BGC expired on 08/19/2018.

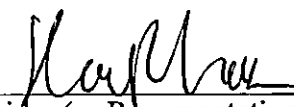
Review of HM #1 showed an expiration date of 11/02/18 and HM #2's BGC expired on 11/02/18.

In an interview on 10/08/19 at 04:50 PM, Staff A stated that it was her fault that she did not check the expiration date of the BGC's.

The Department staff received a BGC result for Staff A and HM #2 on 10/15/19. Staff A and HM 2's BGC were not completed until 10/08/19.

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, OPTIMUS FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/14/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


 Provider (or Representative)

11-14-2019
 Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

- (7) If needed, a plan to:
 - (c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure the use of a safety belt for one of two residents (Resident #1) was included in the negotiated care plan (NCP). This failure placed the resident at risk of harm.

Findings included....

On 10/08/19 at 12:16 PM, Resident #1 was observed sitting on a wheelchair with a safety belt around her waist that was connected to the wheelchair.

In an interview On 10/08/19 at 12:16 PM, Resident #1's power of attorney (POA) stated that he wanted the belt on Resident #1 when she was seated in a wheelchair for safety.

In an interview on 10/08/19 at 12:17 PM, Staff A, Provider, stated that Resident #1 could fall without the safety belt as the resident leaned forward. Staff A stated she did not know that she had to include it in the NCP.

Record review of Resident #1's assessment dated 12/04/18 showed the resident had Dementia and was legally blind. The assessment further noted that the resident could not reposition while in the chair, could not propel the wheelchair, leaned forward, poor safety awareness, and needed physical assistance for mobility.

Record review of Resident #1's NCP dated 12/10/18 showed the used of the safety belt while seated in a wheelchair was not included.

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, OPTIMUS FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/15/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

11-14-2019
Date

WAC 388-76-10430 Medication system.

- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the PRN (as needed) medications ordered for one of two sampled residents (Resident #1) were available. This failure placed the resident at risk for medication error and/or not receiving the medication when needed due to unavailability of the medication prescribed.

Findings included....

On 10/08/19 between 11:00 AM to 06:07 PM, staff interacted and provided care to Resident #1.

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

On 10/08/19 at 04:00 PM, Staff A, Provider, stated that the resident received medication assistance from staff.

On 10/08/19 at 03:42 PM, review of Resident #1's physician orders, medication log, and medications supply showed the following:

PHYSICIAN'S ORDER:

The doctor's order dated 03/15/18 showed; "Artificial tears ... instill 1 drop in each eye ... as needed for dry eyes to relieve dryness."

The doctor's order dated 03/12/18 showed; "Lidocaine HCL (hydrochloride) 2% jelly apply ... topically to affected skin area ... as needed for pain."

The doctor's order dated 04/28/16 showed; "Tylenol EX-STR 500 milligrams (mg.) ... take 1 tablet by mouth every six hours as needed for pain"

The doctor's order dated 07/07/17 showed; "Milk Of Magnesia Suspension give 15 milliliters (ml.) by mouth daily at bedtime as needed for constipation."

MEDICATION LOG:

Review of the October 2019 medication log showed the above medications were listed.


MEDICATION SUPPLY:

On 10/08/19 at about 03:45 PM showed the above-prescribed medications were not included in the resident's medication supplies.

In an interview on 10/08/19 at 03:47 PM, Staff A stated that Resident #1 did not need the above as needed medications.

Attestation Statement

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Provider (or Representative)

11-14-2019

Date

WAC 388-76-10129 Qualifications Adult family home personnel. The adult family home must ensure that the following are qualified and meet all of the applicable requirements of this chapter and chapter 388-112A WAC:

- (1) Any person employed or used by the adult family home, directly or by contract, by an adult family home; including but not limited to:
- (a) The provider;
 - (e) Caregivers.

WAC 388-112A-0610 Who is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

- (1) Adult family homes.
- (b) If exempt from certification as described in RCW 18.88B.041 , long-term care workers must complete twelve hours of continuing education by their birthday each year.
- (ii) Continuing education requirements under subsection (1)(b) of this section do not apply to certified nursing assistants and persons with special education training and an endorsement granted by the superintendent of public instruction, as described in RCW 28A.300.010 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure Department approved continuing education (CE) requirement was met by two of two sampled staff (Staff A, Provider and Staff B, Caregiver). This failure placed six of six current residents (Residents #1, #2, #3, #4, 5, and #6) at risk of needs not being met in accordance with the current caregiving standards.

Findings included....

On 10/08/19 between 11:00 AM and 06:07 PM, Staff A and Staff B interacted and provided care to the residents.

STAFF A

Personnel record review showed Staff A was a Nursing Assistant Registered (NAR). Staff A's birthday was 06/15. Staff A's personnel file did not include 12 hours of CE from 06/15/2018 to 06/15/2019.

STAFF B

Personnel record review showed Staff B was a NAR. Staff B's birthday was 08/02. Staff B's personnel file did not include 12 hours of CE from 08/20/18 to 08/20/19.

In an interview on 10/08/19 at 05:15 PM, Staff A stated she thought they had enough CE's.

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, OPTIMUS FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/14/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

11/14/2019

 Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

WAC 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(a) Developmental disabilities specialty training as described in WAC 388-112A-0420 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure Developmental Disabilities (DD) specialty training was completed by one of two sampled staff (Staff B, Caregiver). This failure placed one of six residents (Resident #6) at risk of having unmet specialty care needs.

Findings included....

The Department records showed the AFH provided care and services to residents with DD specialty care needs.

In an interview on 10/08/19 at 05:31 PM, Staff A, Provider, stated that Staff B provided direct care to all residents that included but not limited to assisting residents with meals, medications, dressing, and toileting.

On 10/08/19 at 11:58 AM, Staff B interacted with Resident #6 at the dining room table.

Record review of Resident #6's assessment dated 04/04/19 showed diagnoses of [REDACTED] and [REDACTED]. Resident #6 did not have a Mental Health (MH) and/or Dementia diagnosis.

Personnel record review showed the AFH hired Staff B in 2005. Staff B's personnel record did not include a DD certificate.

In an interview on 10/08/19 at 05:28 PM, Staff A stated that she thought as long as she (Staff A) had a DD certificate, Staff B did not need to have one.

In a telephone interview on 10/21/19 at 10:11 AM, Staff A stated that the AFH admitted Resident #6 in 2018 with a primary diagnosis of [REDACTED].

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, OPTIMUS FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/13/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

11/14/2019
Date

WAC 388-76-10810 Fire extinguishers.

- (2) The home must ensure the fire extinguishers are:
 - (a) Installed according to manufacturer recommendations;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) did not install one of two fire extinguishers (Fire extinguisher #2 located at the upper level of the home) in accordance with the manufacturer's recommendation. This failure placed six of six current residents (Residents #1, #2, #3, 4, #5 and #6) at risk of harm in the event of fire.

Findings included....

On 10/08/19 at 01:42 PM, Staff A, Provider, stated that the home had two levels. All residents resided on the main level (first level) and household member lived in the upper level.

On 10/08/19 at 01:43 PM, a portable fire extinguisher at the upper level of the home was on the stairway, standing upright, and unsecured.

The portable fire extinguishers had the following label that says, "... to be installed, maintained, inspected, and tested in accordance with the standard of the National Fire Protection Association (NFPA) titled portable fire extinguisher."

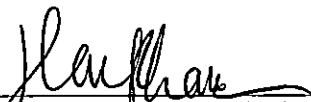
According to the NFPA, standard for portable fire extinguishers weighing less than 40 pounds (like the extinguisher found in the AFH), should be installed so that the top is not more than five feet above the ground, but no lower than four inches above the floor.

In an interview on 10/08/19 at 01:43 PM, Staff A stated that the fire extinguisher on the upper

level was not installed because no resident lived there.

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, OPTIMUS FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/28/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

11/14/2019

Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

- (1) Resident; and
- (2) Adult family home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure one of two sampled residents (Resident #2) and/or their representative and the AFH signed the Negotiated Care Plan (NCP). This failure placed Resident #2 for receiving services as outlined in the NCP that was not agreed by the resident, the representative, and the AFH.

Findings included....

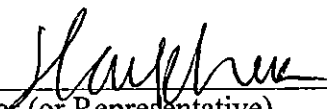
Observation on 10/08/19 between 11:00 AM and 06:07 PM showed staff provided care to Resident #2.

Review of records showed the AFH admitted Resident #2 in 2019. Resident #2's NCP dated 09/05/19 showed no signatures of the AFH, the resident, and/or the resident's representative to indicate they reviewed and agreed to the NCP.

In an interview on 10/08/19 at 05:54 PM, Staff A, Provider, stated that she forgot to give Resident #2's NCP to the representative for signatures.

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, OPTIMUS FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/15/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

11/14/2019
Date

WAC 388-76-10585 Resident rights Examination of inspection results.

- (1) The adult family home must place the following documents in a visible location in a common use area where they can be examined by residents, resident representatives, the department and anyone interested without having to ask for them.
 - (a) A copy of the most recent inspection report and related cover letter; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to place copies of the most recent inspection reports in a visible common area for review of six of six residents (Residents #1, #2, #3, #4, #5, and #6), their representatives, the Department and anyone interested without having to ask for it. This failure placed the residents and/or their representatives at risk of not being able to make an informed decision due to lack of information regarding AFH's compliance with the regulation.

Findings included....

On 10/08/19 from 11:00 AM to 06:07 PM, six residents were observed in the AFH.

During the tour of the home on 10/08/19 at 01:11 PM, the Department staff was unable to see the inspection reports in the common areas of the home.

On 10/08/19 at 01:11 PM, Staff A, Provider looked for the inspection reports in a stack of piled documents that were placed in a four-tiered plastic holder near the entrance door. The documents in the pile included emergency policy, pharmacy forms, AFH insurance and other documents with 82 pages total. Staff A found the inspection reports in between other documents unrelated to inspections.

In an interview on 10/08/19 at 01:17 PM, Staff A stated that she used to put the inspection results in the front of the plastic holder but it leaned forward so she decided to put it together with other documents.

Department records showed the last inspection report was dated on 06/15/18 with three violations and a consult.

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, OPTIMUS FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/08/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

11-14-2019
Date

WAC 388-76-10575 Resident rights Privacy.

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep the residents' records for five of six current residents (Residents #1, #3, #4, #5 and #6) and one former resident in a confidential manner. This failure placed the residents at risk for violation of privacy.

Findings included....

Observation on 10/08/19 at 01:15 PM showed residents' list dated 06/15/18 and 08/13/15 placed together with the Statement of Deficiencies (SOD) from the Department. The lists contained names of Residents #1, #3, #4, #5, #6 and one former resident. The residents' lists showed a notation, "CONFIDENTIAL DO NOT POST WITH STATEMENT OF DEFICIENCIES."

In an interview on 10/08/19 at 01:27 PM, Staff A, Provider, stated that she thought she had to put the residents' lists together with the SOD.

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, OPTIMUS FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/08/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

11/14/2019
Date

WAC 388-76-10885 Elements of emergency evacuation floor plan. The adult family home must ensure the emergency evacuation floor plan has:

- (2) Emergency evacuation routes showing the paths to take to exit the home; and
- (3) The location for the residents to meet outside the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure the emergency evacuation floor plan showed the emergency evacuation routes showing the paths to take to exit the home and the location for the residents to meet outside the home. This failure placed the residents at risk for not being able to navigate through the home to a safe location in an emergency.

Findings included....

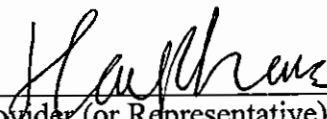
On 10/08/19 at 12:30 PM, observation showed a home's evacuation plan was posted on the wall by the hallway in the lower level of the house where residents lived.

Review of the evacuation plan showed the emergency evacuation routes showing the paths to take to exit the home and the location for the residents to meet outside the home were not marked and/or labeled.

In an interview on 10/08/19 at 12:31 PM, Staff A, Provider, stated that the meeting place was in front of the house by the driveway. Staff A stated that the posted emergency evacuation floor plan was not the original floor plan that had the routes and meeting place labeled.

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, OPTIMUS FAMILY 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)

11/14/2019
Date