Residential Care Services

Investigation Summary Report

Provider/Facility: SUNNY SIDE ADULT FAMILY HOME (687805) **Intake ID(s):** 3186470

License/Cert. #: AF750180

Investigator: Webb, Katherine **Region/Unit:** RCS Region 2/Unit A **Investigation Date(s):** 02/09/2016 through 02/22/2016

Complainant Contact Date(s): 02/09/2015

Allegations:

An ambulatory resident lost her balance and fell onto her right side in her bedroom.

Investigation Methods:

[X] **Sample:**	2 Residents.	[X] **Observations:**	Staff and residents oversight and interactions; area of falls; named resident room, other resident rooms.
[X] **Interviews:**	Named Resident and sampled resident were in the hospital; Facility Staff, Case-Manager, Others Not Associated with Facility.	[X] **Record Reviews:**	Resident records including assessments, negotiated service agreements, contact information; Hospital information; Incident log and faxes to MD's/Case Manager.

Allegation Summary:

The named resident had only been in the facility for about a week and a half. The staff were following the previous care plan from a former ALF and assisting her as needed. The named resident lost her balance and fell when the Provider was providing stand by assist. The Provider attempted to break her fall, however was unable to prevent her from falling onto her right side. The resident had right hip/leg pain and 911 was called. She was transported to the hospital where she was diagnosed with a fracture. The representative, MD and hot line were contacted. Related to another resident, the MD was not immediately consulted when that resident refused to be transported to the ER and she was later diagnosed with a fracture.

Residential Care Services

Investigation Summary Report

Provider/Facility: SUNNY SIDE ADULT FAMILY HOME (687805) **Intake ID(s):** 3181205

License/Cert. #: AF750180

Investigator: Webb, Katherine **Region/Unit:** RCS Region 2/Unit A **Investigation Date(s):** 02/09/2016 through 02/22/2016

Complainant Contact Date(s):

Allegations:

A resident was found lying on her right side beside her bed as though she just slid off.

Investigation Methods:

☒ **Sample:**	2 Residents	☒ **Observations:**	Staff and residents oversight and interactions; area of falls; named resident room, other resident rooms.
☒ **Interviews:**	Named Resident and sampled resident were in the hospital; Facility Staff, Case-Manager, Others Not Associated with Facility.	☒ **Record Reviews:**	Resident records including assessments, negotiated service agreements, contact information; Hospital information; Incident log and faxes to MD's/Case Manager.

Allegation Summary:

The named resident was found on the floor by her bed when a staff person was doing rounds. He had seen her in bed an hour before. The named resident complained of leg pain. 911 was called. The resident refused to be transported. The MD was not immediately consulted. The resident did not want her representative called during the night hours. The following morning, care was not able to be provided due to pain. The resident was then transported to the hospital where she was diagnosed with a fracture. It was at that time that the MD, SW, Representative and hot line were notified.

Unalleged Violation(s): ☐ **Yes** ☒ **No**

None

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Conclusion: ☒ **Failed Provider Practice Identified** ☐ **Failed Provider Practice Not Identified**

Failed practice identified.

Action: ☒ **Citation(s) Written** ☐ **No Citation Written**

70.129.030 Notice of rights and servicesAdmission of individuals.
(6) Notification of changes. (a)(i)(ii) which requires immediate consult with a resident's physician when there is an accident or significant change which has the potential for requiring MD intervention.

RCPP Action: ☐ **Recommend Finding** ☐ **Recommend Close Investigation**

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 750180	Completion Date
Plan of Correction	SUNNY SIDE ADULT FAMILY HOME	February 22, 2016
Page 1 of 3	Licensee: JOCELYN LEON	

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 complaint investigation of: 2/9/2016

SUNNY SIDE ADULT FAMILY HOME
13406 CASCADIAN WAY
EVERETT, WA 98208

This document references the following complaint numbers: 3181205 , 3186470

The department staff that inspected and investigated the adult family home:

Katherine Webb, RN, BSN, Complaint Investigator

RECEIVED
MAR 17 2016
ADSA/RCS
Smokey Point

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223
(360)651-6872

As a result of the on-site complaint investigation 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: 3/8/16

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: 3/15/16

RCW 70.129-030 Notice of rights and services -- Admission of individuals.
(6) Notification of changes.
(a) A facility must immediately consult with the resident's physician, and if known, make reasonable efforts to notify the resident's legal representative or an interested family member when there is:
(i) An accident involving the resident which requires or has the potential for requiring physician intervention;
(ii) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications).

This requirement was not met as evidenced by:
Based on interview and record review, the AFH failed to ensure 1 of 2, (Resident 1), resident's physician was immediately consulted when Resident 1 had a fall during the night and complained of pain but refused to be transported to the hospital by 911. This failure delayed emergency treatment.

Findings include:

Resident 1 was admitted on [redacted] 5 with diagnoses including [redacted] and [redacted] The HCS assessment, dated 9/3/15, documented she required extensive assistance with one person physical assist for walking in the AFH and transfers. It was documented she might stumble when walking and she was afraid of falling. She was to have contact guard when walking and a gait belt was to be used. Prior to admission to this AFH, Resident 1 said she had previously been found passed out on the floor but did not remember how it happened.

According to the AFH incident log, Resident 1 was found on the floor on her right side on 1/16/16. She was found at approximately 11:40 p.m., according to the fax that went to the MD the following day (1/17/16). At that time, Resident 1 "felt pain on her [redacted] Caregiver A turned her slightly off her right side onto her back, gave her a pillow and blanket and called 911 at 11:45 p.m.

The Provider said Staff A found Resident 1 on the floor when he did rounds at about 11:40 p.m. on 1/16/16. He had just been with Resident 1 an hour earlier. Resident 1 had turned to get something off the table and rolled off the bed. The Provider said 911 was called but Resident 1 refused to go to the hospital and so she was put into bed by the medics. The following morning Resident 1 was not able to move during morning care so the Provider told the caregiver to send her to the hospital.

Documentation on the fax that was sent to Resident 1's MD the day after the fall, included, Resident 1 had fallen on 1/16/16 at about 11:40 p.m. It was documented, "911 was called and Resident declined to go to Hospital. Next Day, [redacted] 2016, Resident c/o pain [redacted] side of Body." She was transported to the hospital at approximately 9:00 a.m. on [redacted] 16. It was also documented Resident 1 complained of pain on her [redacted] area.

On 2/11/16, the HCS Social Worker was contacted. She said Resident 1 had been diagnosed with a [redacted] and had surgery.

The AFH failed to ensure Resident 1's physician was immediately consulted when she was first found on the floor on [redacted]/16 and refused to be transported to the hospital by 911. She remained at the home, with a [redacted] till the following morning when she was transported to the hospital where she had surgery.

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, SUNNY SIDE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) X 3/15/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X J. Guerrero
Provider (or Representative)

X 3/15/16
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

April 14, 2016

JOCELYN C LEON GUERRERO
SUNNY SIDE ADULT FAMILY HOME
PO BOX 12087
MILL CREEK, WA 98082

RE: SUNNY SIDE ADULT FAMILY HOME License #750180

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 6, 2016 for the deficiency or deficiencies cited in the report/s dated February 22, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jolene Smith, Adult Family Home Licensor

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services