



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

August 31, 2016

LUCIA I OPREAN
GOLDEN LEAF ADULT FAMILY HOME
15120 41ST AVE SE
BOTHELL, WA 98012

RE: GOLDEN LEAF ADULT FAMILY HOME License #750203

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 24, 2016 for the deficiency or deficiencies cited in the report/s dated May 18, 2016 and found no deficiencies.

The Department staff who did the inspection:
Megan Wylie, Licensors

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

Sincerely,

A handwritten signature in cursive script that reads "Kay Randall".

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



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

Statement of Deficiencies	License #: 750203	Completion Date
Plan of Correction	GOLDEN LEAF ADULT FAMILY HOME	May 18, 2016
Page 1 of 5	Licensee: LUCIA OPREAN	

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:
 5/10/2016

GOLDEN LEAF ADULT FAMILY HOME
 15120 41ST AVE SE
 BOTHELL, WA 98012

The department staff that inspected the adult family home:
 Megan Wylie, BSN, Licenser

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

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 MAY 25 2016
 ADSA/RCS
 Smokey Point

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

5/18/16

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.

X 

Provider (or Representative)

5-23-2016

X Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review the provider failed to ensure the Negotiated Care Plan (NCP) was updated annually for 1 of 2 residents (Resident 1) who had lived in the home over a year. This placed Resident 1 at risk for unmet/unidentified care needs and a decreased quality of life.

Findings include:

Resident 1 moved into the home on [redacted] 10. The NCP in the record at the time of the inspection was last updated on 8/25/14.

The provider's designated assistant, Caregiver A, said that she did not know it wasn't updated and would make sure it was done as soon as possible. *It was updated on 5/11/2016*

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, GOLDEN LEAF ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5/11/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

[Signature] 5/23/2016
Date

WAC 388-76-10475 Medication Log. The adult family home must:

- (2) Include in each medication log the:
 - (e) Approximate time the resident must take each medication.
- (3) Ensure the medication log includes:
 - (a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on interview and record review the provider failed to ensure a safe system of medication management that documented when medications were given and what time they were to be given. This placed all residents at risk for not receiving medications as prescribed when they are intended to be given.

Findings include:

Resident 1:

Resident 1 moved into the home on [REDACTED] 10. Resident 1 was assessed, on 8/27/15, as requiring assistance with medication administration. The NCP, dated 8/25/14, directed caregivers to assist Resident 1 with medications. A review of the resident's Medication Administration Record (MAR) showed that it did not have approximate times in which the caregivers were to give the medications. In the "Hour" column of the MAR Morning, Noon, Evening and Bedtime were used to identify when medications were to be given.

Also missing from the MAR were signatures of the person who gave the medication. [REDACTED] and [REDACTED] which were both to be given at bedtime, were not signed as given from 5/4/16 to 5/9/16.

During an interview with the resident, she stated she receives her medications as expected

Resident 2:

Resident 2 moved into the home on [REDACTED] 15. Resident 2 was assessed, on 2/28/16, as requiring assistance with medication administration. The NCP, dated [REDACTED] 15, directed caregivers to assist Resident 2 with medications. A review of the resident's Medication Administration Record (MAR) showed that it did not have approximate times in which the caregivers were to give the medications. In the "Hour" column of the MAR, Morning, Noon, Evening and Bedtime were used to identify when medications were to be given for the following medications:

[REDACTED]

The above medications also were not signed as being given, from 5/1/16 until the time of the inspection, in addition to the following medications:

[REDACTED]

The resident stated, on 5/10/16, that he thought he received all of his medications when he expected them.

Resident 3:

Resident 3 moved into the home on [REDACTED] 15. Resident 3's Assessment, dated 8/24/15, identified the resident as requiring assistance with medications. The resident's NCP, dated 10/7/15, directed caregivers to assist the resident with medication management. A review of the resident's MAR, on 5/10/16, showed no signatures of medications being given from 5/1/16 to 5/10/16. The following medications were not signed as being given:

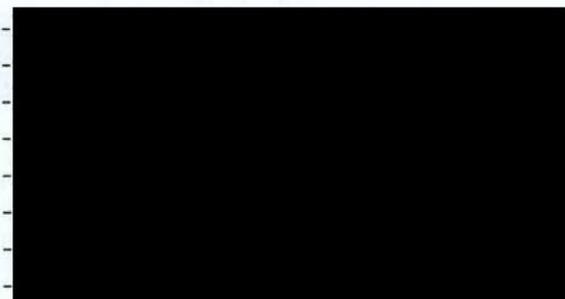
[REDACTED]



During an interview, on 5/10/16, the resident stated that the facility meets her needs and she is very happy there. Additionally, the resident's family stated that Resident 3 received her medications as prescribed.

Resident 4:

Resident 4 moved into the home on [REDACTED] 5. Resident 4's Assessment, dated 4/30/15, identified the resident as requiring assistance with medications. The resident's NCP, dated 6/1/15, directed caregivers to assist the resident with medication management. A review of the resident's MAR, on 5/10/16, showed no signatures of medications being given from 5/1/16 to 5/10/16. The following medications were not signed as being given:



The resident's daughter, on 5/17/16, said that Resident 4 gets his medications as they would expect.

Resident 5:

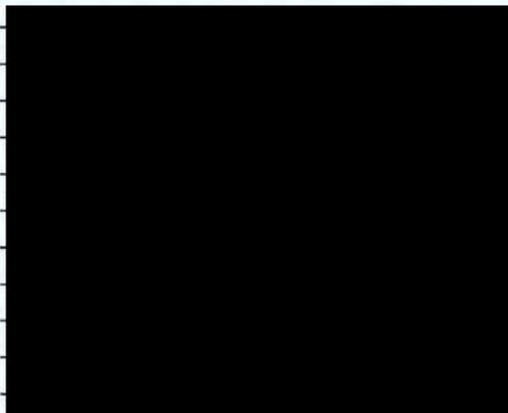
Resident 5 moved into the home on [REDACTED] 4. Resident 5's Assessment, dated 5/29/15, identified the resident as requiring assistance with medications. The resident's NCP, dated 7/9/15, directed caregivers to assist the resident with medication management. A review of the resident's MAR, on 5/10/16, showed no signatures of medications being given from 5/1/16 to 5/10/16. The following medications were not signed as being given:



Resident 6:

Resident 6 moved into the home on [REDACTED] 16. Resident 6's Assessment, dated 2/4/16, identified the resident as requiring assistance with medications. The resident's NCP, dated 3/30/16, directed caregivers to assist the resident with medication management. A review of the

resident's MAR, on 5/10/16, showed no signatures of medications being given from 5/1/16 to 5/10/16. The following medications were not signed as being given:



Not documenting what time and what medications were given at the time of administration places the residents at great risk for not receiving their medications, receiving the wrong medications and/or receiving their medications multiple times. The provider said that she thought she signed the MAR's and Caregiver C stated that the provider usually punches the medications out of the bubble pack and hands it to her to give to the resident. Caregiver C said she is generally not aware what medications the resident is receiving and trusts the Provider is correct. *It was corrected started 5-10-2016.*

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, GOLDEN LEAF ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) *5-11-2016*. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

5/23/2016
Date