



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

October 18, 2019

PACIFIC COUNTRY HOMES LLC  
PACIFIC COUNTRY HOME LLC  
3205 PACIFIC WAY  
LONGVIEW, WA 98632

RE: PACIFIC COUNTRY HOME LLC License #750286

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on October 16, 2019 for the deficiency or deficiencies cited in the report/s dated July 18, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Jennifer LeMaster, NCI Community Complaint Investigator

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

Sincerely,

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



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** PACIFIC COUNTRY HOME LLC (687860) **Intake ID(s):** 3657779  
**License/Cert. #:** AF750286  
**Investigator:** Wakefield, Janet **Region/Unit:** RCS Region 3/Unit D **Investigation Date(s):** 07/09/2019 through 07/18/2019  
**Complainant Contact Date(s):**

**Allegations:**

- 1) Resident Neglect- Named resident was reported to have a burn that was untreated.
- 2) Quality of Care/treatment- Named resident was reported to have received a burn from a heating pack.

**Investigation Methods:**

**Sample:** Named resident and 1 sample resident.

**Observations:** Named resident, environment, care and services, staff interaction with residents, and safety measures.

**Interviews:** Named resident, sample resident, and staff.

**Record Reviews:** Named resident, sample resident, and incident log.

**Allegation Summary:**

- 1) Resident Neglect - Named resident received a burn from a heat pack and was treated as directed by health care provider for the burn immediately upon discovery.
- 2) Quality of care/treatment - Resident received a burn from a heat pack that was not authorized for treatment of pain. Resident was treated as directed immediately upon discovery. Heat packs in home were disposed of and will no longer be used for residents.

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

**Conclusion / Action:**  **Failed Provider Practice Identified / Citation(s) Written**  **Failed Provider Practice Not Identified / No Citation Written**

Facility failed practice identified. See Statement of deficiency dated 07/18/19. Citation written for WAC 388-76-10400.

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



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Statement of Deficiencies	License #: 750286	Completion Date
Plan of Correction	PACIFIC COUNTRY HOME LLC	July 18, 2019
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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: 7/9/2019 and 7/11/2019  
PACIFIC COUNTRY HOME LLC  
3205 PACIFIC WAY  
LONGVIEW, WA 98632

This document references the following complaint number: 3657779

The department staff that inspected and investigated the adult family home:  
Janet Wakefield, Complaint Investigator

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 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.

Chris Cornell  
Residential Care Services

July 22 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.

Heidi Zimmer  
Provider (or Representative)

10-13-19  
Date

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

Statement of Deficiencies	License #: 750286	Completion Date
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WAC 389-76-10400 Care and services. The adult family home must ensure each resident receives:

- (3) The care and services in a manner and in an environment that:
- (b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on interview, and record review the adult family home (AFH) failed to actively support the safety of one of two sample residents (Resident #1) who was burned with a heating pack. This failure resulted in Resident #1 experiencing harm from a second degree burn requiring wound care.

Findings include:

Review of incident report dated 06/28/19 showed Caregiver A had placed a heated rice pack on Resident #1's lower back on 06/27/19 causing a second degree burn. Review of assessment dated 02/15/19 showed Resident #1 has a diagnosis of [redacted] has limited mobility, and is alert and oriented.

On 07/09/19 during interview at 1:45PM Caregiver A stated that on 06/27/19 Resident #1 had complained of lower back pain in the evening and requested a heat pack. She heated the homemade rice heating pack up in the microwave for 2 minutes and placed it on the resident for 10 minutes. No burns were noted when pack removed and resident #1 did not complain of the pack being too hot. The home uses the rice pack on occasion when residents request it for muscle pain. On 06/28/19, in the AM during care the AFH staff found Resident #1 had a blister to lower back.

Notifications were made to medical provider on 06/28/19 and care was given to wound as directed.

Interview with Resident #1 on 07/11/19 at 11:20AM she stated she had requested the heat pack and did not feel that it was too hot. She stated she received care for the burn right away when it was found.

Interview with Provider on 07/09/19 at 1:50PM she stated follow up care was done immediately for burn and the facility will not use heat packs for any residents.

No WAC - stating No use of rice-bags but  
 yes, I removed them from my home on  
 7/18/19 - day of inspection. Resident #1  
 also was already going to Dr's on back  
 wound - change in condition on 7/18/19,  
 when investigator came. Resident #1 is her  
 own P.O.A  
 Refused  
 to see Dr or ER?!!

Statement of Deficiencies

License #: 750286

Completion Date

Plan of Correction

PACIFIC COUNTRY HOME LLC

July 18, 2019

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Licensee: PACIFIC COUNTRY HOMES LLC

**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, PACIFIC COUNTRY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 7-9-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Heidi Zimmerman  
Provider (or Representative)

10-13-19  
Date