



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

Statement of Deficiencies	License #: 750311	Completion Date
Plan of Correction	DIVINE ADULT FAMILY HOME	January 8, 2016
Page 1 of 9	Licensee: DIVINE ADULT	

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:
 1/5/2016

DIVINE ADULT FAMILY HOME
 18827 STONE AVENUE N
 SHORELINE, WA 98133

The department staff that inspected the adult family home:
 Sonia Coleman, RN, MN, 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

RECEIVED
 FEB 10 2016
 DSHS/ADS/ARCS

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.

Bennett Stog
 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.

Victoria D. Divina
 Provider (or Representative)

02/01/16
 Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Completion of the training requirements that were in effect on the date they were hired including requirements described in chapter 388-112 WAC;

This requirement was not met as evidenced by:

Based on observation, interview and record reviews, the Entity Representative Provider (ERP) failed to ensure 1 of 2 caregivers (Staff A) obtained food safety training from a qualified trainer, and that the ERP had food safety training. These failures placed 4 of 4 residents (#1, #2, #3, and #4) at risk for not having their care needs met and food borne illnesses. Findings included:

Observation, interview and record reviews were conducted on 1/5/2015 unless otherwise noted.

Record reviews revealed the home hired Staff A on 8/28/2010. Interview with the ERP found Staff A was a live -in caregiver who worked by herself for 24 hours daily, When asked if Staff A had days off, the ERP said Staff A was off Wednesdays and Thursdays.

Observation during the inspection found Staff A provided direct care for the residents. Staff A prepared and served Resident #3 and #4 their lunches. She fed Resident #4.

Staff A had a food safety training certificate dated 6/9/2014 and signed by the ERP. When asked if she were a certified food safety trainer, the ERP said she was not. She was informed she could not teach the class if she were not a certified trainer.

The ERP did not have a food safety certificate in her file. She said it was at her home. She had the home's liability certificate delivered during the inspection and faxed documents to the department on 01/06/2016. As of 01/08/2016 the food safety certificate was not received.

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, DIVINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 02/01/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Victoria D. Divina
Provider (or Representative)

02/01/2016
Date

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FEB 10 2016
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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 reviews, the Entity Representative Provider (ERP) failed to ensure the negotiated care plan (NCP) for 1 of 2 sampled residents (#3) addressed how the resident's skin underneath her [redacted] was monitored and protected and how the resident kept safe during a [redacted] activity. These failures placed the resident at risk for skin breakdown and injury. Findings included:

Observation, interview and record reviews were conducted on 1/6/2016 unless otherwise noted.

The home admitted Reesident #3 in [redacted] 2014 with [redacted] and other illnesses. The resident was observed with her [redacted] elevated on entering the home. She was wearing an [redacted] to her [redacted]

The ERP reported the resident used to walk with a walker but she was prone to [redacted] (uncontrolled) [redacted]. The ERP said the resident had a [redacted] and was no leg and able to walk.

Review of the resident's NCP dated 3/1/15 found she had a closed [redacted] fracture on [redacted] 2015. It was documented in the NCP the resident wore a [redacted] all the times. No mention was made on the NCP of how the home monitored and protected the resident's skin from breakdown.

In interview, the ERP said she was sure she had mentioned skin underneath the [redacted]. After reviewing the NCP, she said it was not addressed.

Record reviews revealed Resident #3 was diagnosed with [redacted]. She was prescribed three different [redacted] medications that she took several times daily. No [redacted] plans were found on her NCP. When asked if the resident had a [redacted] plan, she said she did not.

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, DIVINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/06/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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SHS/ADS/ARCS

Victoria A. Divina
Provider (or Representative)

02/01/2016
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, interview and record review, the Entity Representative/Provider (ERP) failed to obtain a physician order for nutrient supplement for Resident #3. Findings included:

Observation, interview and record reviews were conducted on 01/05/2016 unless otherwise noted.

During an interview with Staff A, she was asked which residents used a nutritional supplement. She said Resident #1 and #3. The Provider arrived during the interview and said Resident #3 did not use [REDACTED] but Staff A repeated the resident used [REDACTED]

During the tour of the home, several cans of [REDACTED] stored in cases were found in the laundry room. The Provider was asked who they belonged to. She said Resident #1. The Department staff asked her if Resident #3 used [REDACTED]. She said "Not really. Sometimes we give her sips of [REDACTED] when she is eating."

No physician order was found for Resident #3 to have the nutrient supplement. The resident's negotiated care plan of 03/01/2015 did not document she needed supplement.

In interview, the ERP said Resident #3 did not have physician's order for Ensure.

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, DIVINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/06/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Victoria A. Divina
Provider (or Representative)

02/01/2016
Date

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WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (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 reviews, the Entity Representative/Provider (ERP) failed to ensure all prescribed medications, including over-the-counter medications were available for 1 of 2 sampled residents (#4). This failure placed the resident at risk for not receiving medications when needed. Findings included:

Observation, interview and record reviews were conducted on 01/05/2016 unless otherwise noted.

Observation found the resident was alert and responsive. She had difficulty communicating and spoke in word salad. She required caregivers to anticipate all her needs.

Review of the residents's records found she had [REDACTED] and history of [REDACTED]. She had [REDACTED] 3 milligrams (mg) PRN (as needed) for [REDACTED].

While checking the resident's medications and comparing them with the medication log, all her medications were found except the [REDACTED]. When asked why the medication was not found, the ERP said the resident had not taken it for years and that she was out of the medication. The ERP said she tried to contact the physician to discontinue it but did not get a response.

In a telephone conversation with the ERP on 01/06/2016, she said the medication was delivered and that the physician did not want to discontinue it.

Attestation Statement

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Victoria A. Divine
Provider (or Representative)

01/20/2016
Date

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FEB 10 2016
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WAC 388-76-10480 Medication organizers. The adult family home must ensure:

- (4) Medication organizer labels clearly show the following:
- (d) The frequency which the medications are given.

This requirement was not met as evidenced by:

Based on observation, interview and record reviews, the Entity Representative/Provider (ERP) failed to ensure 2 of 2 sampled residents (#2 and #4) medication organizer labels included how often medications were to be given. This failure placed the residents at risk for not receiving medications as ordered. Findings included:

Observation, interview and record reviews were conducted on 01/05/2016 unless otherwise noted.

Observation found Resident #2 and #4 medications were delivered in bubble packs. The ERP said she prepared the medications in medication organizers. When asked why she did this, she said, "Because I'm the one that prepare it. It is in the care plan."

The orders written on the medication organizer label was compared with the orders on the

medication log (ML).

A [REDACTED] medication [REDACTED] recorded on the ML read 1 capsule every other day on Resident #4's ML. The medication organizer label did not state the medication was to be given every other day.

[REDACTED] ([REDACTED]) and [REDACTED] (treats [REDACTED]) were recorded twice daily on the resident's ML but twice daily was not documented on the medication organizer label.

Record review and interview found Resident #2 was a [REDACTED] [REDACTED] and [REDACTED] (treat [REDACTED]) were documented twice daily on the resident's ML. The medication organizer label did not include twice daily.

In interview, the ERP, a registered nurse (RN) said she thought she could just document the names and the doses of the residents' medications on the medication organizer labels because she was the one who filled the medication organizers.

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, DIVINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/06/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Victoria D. Devina
Provider (or Representative)

02/01/2016
Date

DSHS/ADSNRCS
FEB 10 2016
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WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations.

This requirement was not met as evidenced by:

Based on observation, record reviews and interview, the Entity Representative/Provider (ERP) failed to provide evidence she gave notice of services to 2 of 2 sampled residents (#2 and #4), and that 1 of 1 Resident (#1) received a new agreement every twenty four months. These failures placed the residents at risk for not knowing the rules, services and activities provided in the home. Findings included:

Observation, record reviews and interviews were conducted on 01/05/2016 unless otherwise noted.

Record reviews found the home admitted Resident #2 on [REDACTED] 2005. The resident was at work during the inspection.

Observation found Resident #3 made eye contact and responded when spoken to but spoke in word salad. Record review found the home admitted the resident on [REDACTED] 2011.

Review of both residents' files found they did not have a copy of the home's admission information. When asked for the contracts, the ERP said she would find them. She searched the records but could not find the contracts. She said she did not know what she did with them.

Review of Resident #1's records found her admission contract expired on 03/10/2012; almost three years ago. When discussed with the ERP, she said she did not know a new contract was needed every twenty four months.

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, DIVINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/13/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Victoria A. Divine
Provider (or Representative)

02/01/2016
Date

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FEB 10 2016
DSHS/ADSNRCCS

WAC 388-76-10532 Resident rights Standardized disclosure of services form. The adult family home is required to complete the department's standardized disclosure of services form.

- (1) The home must:
- (a) List on the form the scope of care and services available in the home;
 - (b) Send the completed form to the department; and
 - (c) Provide an updated form to the department thirty days prior to changing services, except in emergencies, when the scope of care and services is changing.
- (2) The form does not:
- (a) Replace the notice of services required when a resident is admitted to the adult family home as directed in chapter 388-76-10530 WAC.
 - (b) Replace any other form or policy as required in chapter 388-76 WAC.

This requirement was not met as evidenced by:

Based on record reviews and interview, the Entity Representative/Provider (ERP) failed to ensure a disclosure of services form was completed and mailed to the department. Findings include:

Record reviews and interview were conducted on 01/05/2016 unless otherwise noted.

In the entrance interview, the ERP was asked if she had completed and mailed a disclosure of services form to the department. The ERP said she had not. She said it was discussed at the adult family home union meeting but she did not follow up on it or complete and mail it to the department.

The department staff gave the ERP a blank disclosure of services form with the instructions to complete and mail it.

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, DIVINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/16/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Victoria A. Divina
Provider (or Representative)

02/01/2016
Date

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FEB 10 2016
DSHS/ADSA/RCS

WAC 388-76-10750 Safety and maintenance. The adult family home must:

- (1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;
- (6) Provide storage for toxic substances, poisons, and other hazardous materials that is only accessible to residents under direct supervision, unless the resident is assessed for and the negotiated care plan indicates it is safe for the resident to use the materials unsupervised;

This requirement was not met as evidenced by:

Based on observation, interview and record reviews, the Entity Representative/Provider (ERP) failed to ensure the home was kept in good repair and toxic substances were stored out of the reach of 2 of 2 cognitively impaired mobile resident (#2 and #3). This failure placed the residents at risk for harm. Findings included:

Observation, interview and record reviews were conducted on 01/05/2016 unless otherwise noted.

The home had one bathroom the four residents shared. Observation during the environmental tour found a post inside the bathroom near the bathroom door and next to the bath tub was rotting at the base. The white paint was chipped and peeling. The ERP said it was caused by the residents' (#1's, #3's and #4's) wheelchairs rubbing against it and that it only needed to be painted.

During the tour of the kitchen, observation found several toxic chemicals (glass cleaner, dish and laundry detergents, multipurpose cleaner) with warnings to keep out of the reach of children and that they cause irritation to the eyes, in the cupboard under the kitchen sink. No lock was on the cupboard doors.

The laundry room, next to the kitchen, also had detergent and cleaning supplies. No lock was on the door. When interviewed, the ERP said she had been thinking of putting a lock on the laundry room door.

Review of Resident #3's negotiated care plan of 02/16/2015 found she was able to propel her own wheelchair. Record review and interview revealed Resident #2 ambulated independently.

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, DIVINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/20/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Victoria A. Divina
Provider (or Representative)

02/01/2016
Date

RECEIVED
FEB 10 2016
DBHS/ADSA/RCCS



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

February 24, 2016

DIVINE ADULT FAMILY HOME LLC
DIVINE ADULT FAMILY HOME
19052 10TH AVE NE
SHORELINE, WA 98155

RE: DIVINE ADULT FAMILY HOME License #750311

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on February 24, 2016 for the deficiency or deficiencies cited in the report/s dated January 8, 2016 and found no deficiencies.

The Department staff who did the inspection:
Sonia Coleman, Licensors

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bennetta Shoop".

Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services