



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 #: 750328	Completion Date
Plan of Correction	A & D HOME SERVICES	February 16, 2016
Page 1 of 4	Licensee: DOLORES CAVADA	

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:
2/9/2016

A & D HOME SERVICES
1036 S 325TH ST
FEDERAL WAY, WA 98003

The department staff that inspected the adult family home:
Dorothy Talbot, MN, Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032-2388
(253)234-6007

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

RECEIVED
FEB 29 2016
DSHS/ADSARCS

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

- (1) A licensed nurse, pharmacist, the resident or the resident's family member fills a resident's medication organizer;
- (4) Medication organizer labels clearly show the following:
 - (a) The name of the resident;
 - (b) A list of all prescribed and over-the-counter medications;
 - (c) The dosage of each medication;
 - (d) The frequency which the medications are given.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure one of six resident's (Resident #6) mediset was filled by the family or authorized professionals. In addition, the adult family home failed to label the mediset. This failure placed the resident at risk for medication errors.

Findings include:

All observation, interview and record review occurred on 2/9/16 unless otherwise noted.

During inspection, medications in the home, the medication log, the Physician's orders, the Assessment and the Negotiated Care Plans were compared and reviewed for Resident #3. The following was found:

The medications were observed stored in a locked cabinet in the kitchen.

An unlabeled mediset with two compartments filled with a blue longish pill and a round yellow pill was observed. The mediset was not labeled.

The Provider said the resident moved in with medication bottles. She said she ordered from a Pharmacy, in order to get the medication in Bingo cards and only 3 days worth of medication was left in the bottles. She said she placed the medication into the mediset.

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, A & D HOME SERVICES is or will be in compliance with this law and / or regulation on (Date) 2-09-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

2-09-16



Provider (or Representative)

2-20-16
Date

RECEIVED
FEB 29 2016
DSHS/ADSA/RCS

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

- (1) Current residents living in the adult family home; and
- (2) Residents who have left the home.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure medications discontinued for one of six residents (Resident #3) were disposed of, per the home's medication disposal policy. This failure placed all residents (Resident #1,#2,#3,#4,#5,#6) at risk of medication error.

Findings include:

All observation, interview and record review occurred on 2/9/16 unless otherwise noted.

Resident #3's medications in the home were compared to the medication log and the physician's orders. Two bingo cards with medications [REDACTED] mg one tablet every 4 hours as needed for nausea and [REDACTED] mg one tablet every 6 hours as needed for dizziness, which belonged to Resident #3 were observed in a bin.

The medications were not printed by the pharmacy on the medication logs the AFH received from the pharmacy.

The Provider said the medications were discontinued and the resident did not use them. She said it was an oversight on her part that she did not return the medication to the pharmacy. The Provider said the policy of the home was to return the medications back to the pharmacy immediately, as soon as the discontinued order was received.

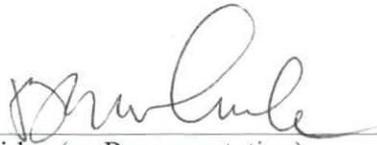
Record review revealed a prescription with the discontinued orders. The date to be discontinued was 10/23/15.

Record review of the medication disposition policy of the home documented "Discontinued or unused medications are either returned back to pharmacy or AFH provider will crush and mix with coffee grounds, put in plastic bags."

RECEIVED
FEB 29 2016
USHS/ADSA/RCS

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, A & D HOME SERVICES is or will be in compliance with this law and / or regulation on (Date): 02-10-2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

2-20-16

Date

RECEIVED
FEB 29 2016
2016 USAARCS



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

April 4, 2016

DOLORES CAVADA
OSMUNDO CAVADA
A & D HOME SERVICES
1036 S 325TH ST
FEDERAL WAY, WA 98003

RE: A & D HOME SERVICES License #750328

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 1, 2016 for the deficiency or deficiencies cited in the report/s dated February 16, 2016 and found no deficiencies.

The Department staff who did the inspection:
Dorothy Talbot, Licensors

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Delores Usea, Field Manager
Region 2, Unit G
Residential Care Services