



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

April 20, 2016

Delia M Hanly
DAHLIA INN SENIOR CARE
304 NE 129TH ST
VANCOUVER, WA 98685

RE: DAHLIA INN SENIOR CARE License #750335

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 19, 2016 for the deficiency or deficiencies cited in the report/s dated March 24, 2016 and found no deficiencies.

The Department staff who did the inspection:
Theresa Cole, Licenser

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

Karyl Ramsey for:

Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services

04/04/16
Ombud



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

Statement of Deficiencies	License #: 750335	Completion Date
Plan of Correction	DAHLIA INN SENIOR CARE	March 24, 2016
Page 1 of 3	Licensee: Delia M. Hanly	

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:
3/23/2016
DAHLIA INN SENIOR CARE
304 NE 129TH ST
VANCOUVER, WA 98685

The department staff that inspected the adult family home:
Theresa Cole, ARNP, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit E
800 NE 136th Avenue, Suite#220
Vancouver, WA 98684
(360)397-9549

RECEIVED
APR 15 2016
DSHS/ADSA/RCS

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.

[Signature]
Residential Care Services

04/10/2016
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.

Delia Hanly
Provider (or Representative)

4-15-16
Date

4/18/16
Approved T. Cole

Statement of Deficiencies	License #: 750335	Completion Date
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WAC 388-76-10130 Qualifications Provider, entity representative and resident manager. The adult family home must ensure that the provider, entity representative and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112 WAC;

WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year?

(1) Adult family homes

(c) If exempt from certification as described in RCW 18.88B.041 , all long-term care workers must complete twelve hours of continuing education per year.

This requirement was not met as evidenced by:

Based on observation, interview and record review the provider and Caregiver A failed to ensure they obtained 12 hours of continuing education. Failure to update their education placed four of four residents at risk for being cared for by unqualified caregivers.

Findings include:

Observation, interviews and record review occurred on 3/23/2016, unless otherwise noted.

Staff record review revealed the provider had obtained 3.5 hours of continuing education and Staff A received 6.5 hours of continuing education evaluated yearly from birthday to birthday.

The provider said she was aware she was behind with the continuing education requirements and recently took several classes. The recent classes did not qualify for the current requirement but will qualify for next year.

The provider did not have a system in place to ensure continuing education was completed as required.

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, DAHLIA INN SENIOR CARE is or will be in compliance with this law and / or regulation on (Date) 5-1-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*ret provider
4/18/16
chg'd date
to*

4/18/16

Delia Hanly
Provider (or Representative)

4-15-16
Date

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

(5) Ensure water temperature does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks.

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This requirement was not met as evidenced by:

Based on observation, interviews and record review, the provider failed to ensure the hot water accessed and used by residents, measured below 120 degrees Fahrenheit (F) when the main bathroom sink and Resident room #6 had a bathroom sink hot water temperatures greater than 120 degrees. Failure to provide water within the required temperature range placed the residents at potential risk for harm due to excessively hot water.

Findings include:

Observations, interviews and record review were completed on 3/23/2016.

During the tour of the home, the licensor tested water temperatures in the main bathroom and Resident room #6's bathroom sink. The temperature results were 127 and 126.5 respectively.

The provider stated approximately two months ago she had turned up the water temperature because Resident #2 complained about the water temperature being too cool for her.

A test of the home's water temperature revealed a temperature was 127 degrees retrieved from the main bathroom sink. The resident bathroom result was 126.5 degrees. The provider turned down the water temperature immediately.

Residents #1's was assessed to be able to use the bathroom independently. Resident #1 had a history of [redacted] state of the [redacted] in which [redacted] may be affected. The [redacted] placed her at risk of not being able to identify the degree of heat from the water. The elevated water temperature placed her at risk of burning her hands with the water.

During the inspection water temperatures were adjusted lower and the temperature was down to 120.2 degrees Fahrenheit when the licensor left the home.

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, DAHLIA INN SENIOR CARE is or will be in compliance with this law and / or regulation on (Date) 5/26. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*to provide
4/18/16 - chgd
date
to*

Delia Hanly
Provider (or Representative)

4-15-16
Date