



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

May 4, 2016

RICHMOND CARE INC
RICHMOND CARE INC
19001 9TH PL NW
SHORELINE, WA 98177

RE: RICHMOND CARE INC License #750478

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 3, 2016 for the deficiency or deficiencies cited in the report/s dated March 21, 2016 and found no deficiencies.

The Department staff who did the inspection:
Liza Masher, Licensor

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

Sincerely,


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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 750478	Completion Date
Plan of Correction	RICHMOND CARE INC	March 21, 2016
Page 1 of 12	Licensee: RICHMOND CARE INC	

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:
3/21/2016

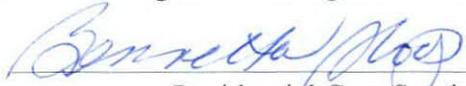
RICHMOND CARE INC
19001 9TH PL NW
SHORELINE, WA 98177

The department staff that inspected the adult family home:
Liza Masher, RN, BSN, Licenser

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

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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.

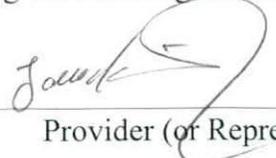


Residential Care Services

3/28/2016

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.



Provider (or Representative)

4.2.2016

Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington state background check (BGC) for two of three staff (Provider and Co-Provider). This failure placed four of four current residents (Residents #1, #2, #3 and #4) at risk of harm from staff with unknown current criminal backgrounds.

Findings include:

Observation, interview, and record review, occurred on 03-21-16, unless otherwise noted.

The Department staff observed the Co-Provider interacting and providing care to the residents.

The Provider was not in the AFH at the time of the visit.

According to the Co-Provider, the Provider and himself provided personal care and had unsupervised access to residents.

Review of staff records revealed the Provider and the Co-Provider's BGC expired on 02-05-2016 and overdue about one and one-half months. There were no new background authorization forms found for the Provider and Co-Provider.

When asked why staff did not have current BGC's, the Co-Provider stated, "I thought it's every three years."

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, RICHMOND CARE INC is or will be in compliance with this law and / or regulation on (Date) 4/02/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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JAVAD. MOGHADASPOUR

Provider (or Representative)

4/2/16

Date

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure a pet living in the home had a record of up-to-date rabies vaccinations. This failure placed four of four residents (Residents #1, #2, #3 and #4) at risk of possible disease exposure.

Findings include:

Interview and record review occurred on 03-21-16 unless otherwise noted.

According to the Co- Provider, they had a cat that lived in the AFH.

Review of records revealed the rabies vaccination for the cat expired on 10-23-13.

In an interview, the Co-Provider indicated the cat had a current rabies vaccination but was unable to locate it at the time of the visit. He said he would fax it to the department.

As of this writing (03-25-16), the department did not receive a copy of the cat's current rabies vaccination record.

Attestation Statement

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JAVAD MOGHADASSPOUR
Provider (or Representative)

4/2/16
Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

- (1) Resident; and
- (2) Adult family home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure one of two sampled current residents (Resident #4) and/or her representative agreed to and signed the Negotiated Care Plan (NCP). This failure placed Resident #4 and/or her representative at risk for not having the opportunity to review, sign and agree to the current care and services provided by the facility.

Findings include:

Observation, interview and record review, occurred on 03-21-16 unless otherwise noted.

Resident #4 was in the AFH.

Record review of Resident #4's NCP, dated 10-16-15, showed the AFH admitted her in 2015. Resident #4's NCP revealed no signature of the Provider, Resident #4, and/or her representative (indicating Resident #4 and/or her representative have not reviewed and agreed to the written plan of care).

In an interview, the Co-Provider stated, "We signed (NCP) but we gave it to him (Resident #4's representative)."

Attestation Statement

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JAVAD MOGHADASPOUR
Provider (or Representative)

4/2/16
Date

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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:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for one of two sampled residents (Resident #4) when the NCP no longer addressed and/or reflected the resident's current care needs. This failure placed Resident #4 at risk for unmet care needs due to caregivers' lack of or incorrect information regarding resident's current needs and condition.

Findings include:

Observation, interview, and record review occurred on 03-21-16 unless otherwise noted.

Resident #4 ambulated independently in the house with the use of a front wheeled- walker.

Record review of Resident #4'S NCP, dated 10-16-15 revealed the AFH admitted the resident in 2015. The resident's NCP, read, "Update ... Client (Resident #4) independently gives (sic) herself insulin from a pen after caregivers check the dose."

According to the Co-Provider, Resident #4 was dependent on staff with insulin injection. This was contrary to what the NCP noted.

In an interview, Caregiver A confirmed she administered the resident's insulin injection and was nurse delegated to do so. She stated, "... since (██████████) 15) she was admitted here (AFH) she never give herself insulin injection. I do it."

When asked why the resident's NCP was not revised and/or updated to reflect the resident's current care and condition, the Co-Provider stated, "I don't know what happened."

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, RICHMOND CARE INC is or will be in compliance with this law and / or regulation on (Date) 4/2/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

JAVAD MOGHADASSPOUR
Provider (or Representative)

4/2/16
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

- (1) In locked storage;
- (3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to keep refrigerated medication in locked storage for two of two sampled residents (Residents #1 and #4). In addition, the AFH did not ensure the unlocked first aid kit did not contain over the counter (OTC) medications. These failures placed four of four current residents (Residents #1, #2, #3 and #4) at risk of medication error and harm had they used the medication improperly and/or accidentally used the medication not prescribed for them.

Findings include:

Observation and interview occurred on 03-21-16 unless otherwise noted.

The AFH provided care and services to residents with Developmental Disabilities (DD) and Dementia specialty care needs.

Refrigerated Medication

During an environmental tour of the home, an open plastic container with three bottles of

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prescribed medications for Residents #1 and #4 was in the refrigerator on a shelf next to food supplies. The refrigerator was not locked and in the kitchen that was easily accessible by the residents.

The Co-Provider did not offer an explanation why the refrigerated medications were not locked. He stated, "... because they asked me to put it (referring to the medications) in a cold place."

OTC Medications

During the environmental tour of the home, an unlocked first aid kit box was on an open shelf located next to the dining room table where residents ate.

The unlocked first aid kit contained the following medications:

- Neosporin (antibiotic ointment) 1 ounce (oz) x 1 tube.
- Neomycin antibiotic 0.9 grams x 1 packet.

The Antibiotic ointment had the following warning label: "For external use only ... Keep out of reach of children. If ingested contact poison control immediately."

When asked why the medications were stored in an unlocked storage, the Co-Provider stated, "It's not medication it's an over the counter stuff ... this is emergency kit."

Attestation Statement

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Provider (or Representative)

4/2/16
Date

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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, interview, and record review the Adult Family Home (AFH) failed to provide one of two sampled residents (Resident #1), written notice of the house rules, resident rights, services and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Resident #1 and/ or his power of attorney (POA) at

risk for being unaware of the current house rules, resident's rights, services, and costs.

Findings include:

Observation, interview, and record review occurred on 03-21-16 unless otherwise noted.

The Department staff observed Resident #1 at the AFH.

Review of Resident #1's Negotiated Care Plan (NCP) last updated and reviewed on 10-16-15, revealed he was admitted to the AFH in 2012. Resident #1's records showed, the resident and the Provider last reviewed and signed the notice of services on 11-12-12.

In an interview, the Provider said he was responsible in updating the residents' notice of services. When asked why the residents' notice of services was not reviewed timely, he answered; " ... if there's change we update but if there's no change we just leave it like that."

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, RICHMOND CARE INC is or will be in compliance with this law and / or regulation on (Date) 4/2/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

JAVAD-MOGHADASPOUR
Provider (or Representative)

4/2/16
Date

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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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to complete and submit to the Department the standardized disclosure of services form.

Findings include:

Interview and record review occurred on 03-21-16 unless otherwise indicated.

Review of the Department's record revealed the AFH did not complete and submit the standardized disclosure of services.

In an interview, the Co-Provider indicated he was not aware of the Department's disclosure of

services.

Attestation Statement

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JAVAD-MOGHADABPOUR
Provider (or Representative)

4/2/16
Date

WAC 388-76-10650 Medical devices. Before the adult family home uses medical devices for any resident, the home must:

(2) Ensure the resident negotiated care plan includes the resident use of a medical device or devices; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed ensure use of medical devices (bed rails) was included in Negotiated Care Plan (NCP) for one of two sampled residents (Resident #1). This failure placed the resident at risk for injury or death due to entrapment in the medical device and inadequate monitoring.

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Findings include:

Observation, interview, and record review occurred on 03-21-16 unless otherwise noted.

During an environmental tour of the home, a bed with full lengths side rails (down position) on both sides was in Bedroom A. According to the Co-Provider, Resident #1 lived in bedroom A and used the bed with side rails because "... he walks out from the bed ..."

In an interview, Caregiver A said bed rails on Resident #1 were in "up" position at night time because the resident "... gets agitated at night ..."

Review of Resident #1's records, dated 02-10-16, revealed a doctor's order for his use of side rails.

Review of Resident #1's NCP last updated and reviewed on 10-16-15, indicated he was admitted at the AFH in 2012. The resident's NCP showed he was dependent on staff with Activities of Daily Living (ADL).

Further review of the resident's NCP, revealed no caregiver directives regarding on how to monitor and interventions needed to ensure resident's safe use of side rails.

According to the Co-Provider, Resident #1's bed side rails was not care planned because "...

(Nurse) does the care plan ... we are waiting for her."

Attestation Statement

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JAVAD-MOGHADAS POUR

Provider (or Representative)

4/2/16

Date

WAC 388-76-10685 Bedrooms. The adult family home must:

- (2) **Ensure window** and door screens:
- (a) Do not hinder emergency escape; and

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure one of four bedroom windows (Bedroom A) was not blocked with a wooden dowel. This failure placed one of four residents (Resident #1) at risk of harm or injury had he been unable to evacuate the home from the bedroom window in an emergency.

Observation and interview occurred on 03-21-16 unless otherwise noted.

Resident #1 used bedroom A.

During the environmental tour of the home, Bedroom A's window had a wooden dowel placed on the bottom slide track. The Co-Provider had to remove the wooden dowel before he was able to open the window.

In an interview, the Co-Provider said the window dowel was placed "... for safety."

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, RICHMOND CARE INC is or will be in compliance with this law and / or regulation on (Date) 4/2/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

4/2/16

Date

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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;
- (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.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the [REDACTED] for one of two sampled residents (Resident #4) was safely stored. In addition, the AFH failed to ensure the water temperature in the bathroom sink used by two of four residents (Residents #2 and #4) did not exceed 120 degrees Fahrenheit. These failures placed Resident #4 at risk of harm from a possible oxygen tank explosion; and Resident #2 and #4 at risk for scalding and/or hot water burns.

Findings include:

Observation and interview occurred on 03-21-16 unless otherwise noted.

Oxygen Tank Not Stored Safely

During a guided tour of the home, two portable oxygen cylinders were observed in bedroom C occupied by Residents #1 and #4. A portable oxygen cylinder was in the bedroom closet on the floor unsecured and in upright position. The other oxygen cylinder was placed in a cylinder oxygen carrier cart on wheels.

In an interview, the Co-Provider stated, "I didn't know it needs to be secured. Nobody told us (referring to the portable oxygen tanks)".

Hot Water Temperature Too Hot

During the environmental tour, the bathroom water temperature in the sink inside Residents #2 and #4's bedroom was 125.1 degrees Fahrenheit.

According to the Co-Provider, Residents #2 and #4 used the bathroom with assistance from staff. He stated, "I'm the one who test the water temperature ... the water is always between 120 to 125 (degrees Fahrenheit). I did not adjust it below 120 (degrees Fahrenheit) because sometimes the water gets cold."

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JAVAD MOGHADABPOUR
Provider (or Representative)

4/2/16
Date

WAC 388-76-10810 Fire extinguishers.

- (2) The home must ensure the fire extinguishers are:
(a) Installed according to manufacturer recommendations;

This requirement was not met as evidenced by:

Based on observation and interview, the facility did not install one of two portable fire extinguishers in accordance with the manufacturer's recommendation. This failure placed four of four current residents (Residents #1, #2, #3 and #4) at risk of harm.

Findings include:

Observation and interview occurred on 03-21-16 unless otherwise noted.

During the tour of the home, a fire extinguisher was on the lower level of the house. The fire extinguisher was on a shelf in an upright position, unsecured and not installed.

The portable fire extinguisher had the following label that says, "... to be installed, maintained, inspected, and tested in accordance with the standard of the National Fire Protection Association (NFPA) titled portable fire extinguisher."

According to the NFPA, standard for portable fire extinguishers weighing less than 40 pounds (as the extinguisher found in the AFH), should be installed.

When asked why the fire extinguisher was not installed, the Provider stated, "... it's handy here. Before, I mounted it on the wall but it was dangerous if it falls."

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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, RICHMOND CARE INC is or will be in compliance with this law and / or regulation on (Date) 4/2/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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Provider (or Representative)

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