STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504-5819

May 12, 2016

SOUTH BAY ADULT FAMILY HOME LLC
SOUTH BAY ADULT FAMILY HOME LLC
2828 8TH AVE NE
OLYMPIA, WA 98506

RE: SOUTH BAY ADULT FAMILY HOME LLC License #750552

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 11, 2016 for the deficiency or deficiencies cited in the report/s dated April 14, 2016 and found no deficiencies.

The Department staff who did the inspection:
Carol Smith, Licensor

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

Sincerely,

Janice Jiles, Field Manager
Region 3, Unit D
Residential Care Services

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DSHS RCS
Region3

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504-5819

Statement of Deficiencies	License #: 750552	Completion Date
Plan of Correction	SOUTH BAY ADULT FAMILY HOME LLC	April 14, 2016
Page 1 of 2	Licensee: SOUTH BAY 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: 4/13/2016

SOUTH BAY ADULT FAMILY HOME LLC
2828 8TH AVE NE
OLYMPIA, WA 98506

The department staff that inspected the adult family home:
Carol Smith, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit D
PO Box 45819
Olympia, WA 98504-5819
(360)664-8421

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: 4/14/16

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: 4-25-16.

WAC 388-76-10650 Medical devices. Before the adult family home uses medical devices for any resident, the home must:
(1) Review the resident assessment to determine the resident's need for and use of a medical device;
(2) Ensure the resident negotiated care plan includes the resident use of a medical device or devices; and
(3) Provide the resident and family with enough information about the significance and level of the safety risk of use of the device to enable them to make an informed decision about whether or not to use the device.

This requirement was not met as evidenced by:
Based on observation, interview and record review, the Provider failed to ensure informed consent was received for 1 of 2 sampled Residents (Resident #3) usage of a bed side rail and that both the NCP and assessment were reflective of this specialized equipment. Failure to educate the resident and/or their representative about the safety risks of the specialized medical equipment, receive informed consent and update both the NCP and assessment to reflect the specialized medical equipment placed this Resident at risk of not being able to make an informed decision and risk for injury or entrapment.

Findings include:

Observation, interview and record review took place on 4/13/2016, unless otherwise noted.

Resident # 3 was observed to be using a bed side rail and did not have informed consent for the usage of this specialized medical equipment. When the Provider was questioned about not having a signed consent form, he reported he would get the forms signed as soon as possible and fax it to this licensor.

Neither the assessment nor the NCP had been updated to reflect this specialized medical equipment. The Provider reported that he was going to update both assessments and have the family sign the consent at the same time as the updated assessments.

Consultation for usage of a bed side rail was given on 9/05/2012.

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, SOUTH BAY ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 4-25-16.. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) | 4-25-16. Date

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Plan Of Correction

4-25-2016

To Whom It May Concern:

South Bay Adult Family home has corrected the deficiency with the medication order for Resident #3. The medication was delivered the same night and the receipt of delivery was sent to Carol Smith the following day to show that it was delivered.

Also the deficiency for the ¼ bed rail for positioning was corrected on 4-14-2016. Our Delegating Nurse came out and did a rail assessment for Resident #3. The Medical Device was added to the resident's care plan and assessment.

All of our deficiencies have been corrected as of 4-25-2016

Thanks

Marius Nutu
South Bay Adult Family Home, LLC
360-915-8041