



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

February 1, 2016

APRIL HOUSE
APRIL HOUSE INC
7719 77TH AVE NE
MARYSVILLE, WA 98270

RE: APRIL HOUSE INC License #750561

Dear Provider:

On January 25, 2016 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated December 3, 2015.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Patricia Johnson, Licenser

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services



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Statement of Deficiencies	License #: 750561	Completion Date
Plan of Correction	APRIL HOUSE INC	December 3, 2015
Page 1 of 2	Licensee: APRIL HOUSE	

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:
 11/18/2015

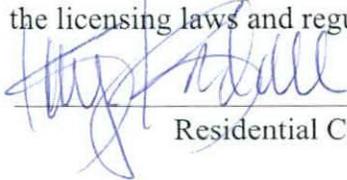
APRIL HOUSE INC
 7719 77TH AVE NE
 MARYSVILLE, WA 98270

The department staff that inspected the adult family home:
 Patricia Johnson, BA, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

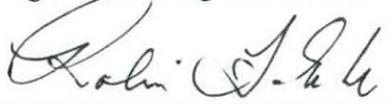
RECEIVED
 DEC 16 2015
 ADS/ARCS
 Smokey Point

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

12/7/15
 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)

12-15-15
 Date

WAC 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

- (1) When there is a significant change in the resident's physical or mental condition;
- (4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to have a system in place to ensure the care assessment for 1 of 2 sampled residents (Resident 1) was updated at least every 12 months and when there was a significant change in the resident's condition. This failure placed the resident at risk of having unrecognized or unmet care needs.

Findings include:

Resident 1 was admitted to the home on [REDACTED] 3 with diagnoses that include [REDACTED] and [REDACTED]. Resident 1 had recently exhibited behavioral disturbances, agitation and [REDACTED] in the late afternoon. The family recently hired a companion to provide one to one care from 4p.m. to 8:00 p.m. with the [REDACTED] taking over on Wednesdays.

Record review on 11/18/15 revealed a care assessment for Resident 1 which was dated 10/02/13. The licenser was not able to locate any other assessments since then. The provider said she was sure an assessment was done by the nurse delegator and stated she would contact her to get another copy. On 11/21/15, the licenser received a copy of a care assessment for Resident 1 dated 10/03/14 completed by the nurse delegator. However, no assessment was found for the annual review due in [REDACTED] 2015. There was no information regarding Resident 1's further cognitive decline or behavioral disturbances. The annual assessment was more than 1 month past due.

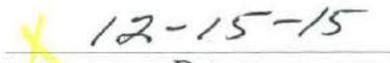
During an interview on 11/18/15, the provider said she did not think an assessment was needed if there were no changes in the resident or their care needs. The provider said she would contact the nurse delegator and schedule a re-assessment right away.

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, APRIL HOUSE INC is or will be in compliance with this law and / or regulation on (Date) 11-24-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date