



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3611 River Road, Suite 200, Yakima, WA 98902

March 15, 2016

DIANA L HANSON
CARING HANDS
618 SW EVANS
COLLEGE PLACE, WA 99324

RE: CARING HANDS License #750611

Dear Provider:

On March 11, 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 January 25, 2016.

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:
Jo Whitney, Complaint Investigator

If you have any questions please, contact me at (509) 225-2823.

Sincerely,

Chana White, Field Manager
Region 1, Unit C
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: CARING HANDS (688020) **Intake ID(s):** 3174859
License/Cert. #: AF750611
Investigator: Whitney, Jo **Region/Unit:** RCS Region 1/Unit C **Investigation Date(s):** 01/21/2016 through 01/25/2016
Complainant Contact Date(s): 01/21/2016

Allegations:

1. Alleged named resident walked out open gate in backyard of home, found by a neighbor and returned to home by local law enforcement uninjured.

Investigation Methods:

Sample: five residents in home, three in sample

Observations: neighborhood surrounding home, outside of home including fencing and gates, exit doors, alarm system in place and monitoring of alarms, resident rooms, resident activity, staff to resident interactions, overnight caregiver quarters.

Interviews: provider, staff, residents, collateral contact

Record Reviews: Resident records including assessment, negotiated care plans, medication log, incident report, facility policy, employee files



**Residential Care Services
Investigation Summary Report**

Allegation Summary:

Named Resident with history of attempt to exit the home, did elope from the home. Resident known to go into fenced backyard and was contained and safe without attempting to open gates. Provider's interventions of monitoring and alarms was insufficient when unforeseen windstorm damaged gate lock allowing an unobstructed path for the resident to find. Resident found approximately 15 minutes after absence and returned to the home without injury - no medical follow-up required. Gate lock immediately repaired, additional alarms purchased and installed on inside doors and outside gates. Reporting and notifications made as required.

Unalleged Violation(s): **Yes** **No**

One of two staff did not have training and qualifications required.

Conclusion: **Failed Provider Practice Identified** **Failed Provider Practice Not Identified**

Provider reinforced alarms and monitoring systems to ensure resident had unrestricted access to a safe backyard with immediate provider notification if a fence gate was opened. Review of qualifications and records of staff training to meet the needs of the residents found provider lacked system to ensure each staff had required qualifications and training.

Action: **Citation(s) Written** **No Citation Written**

Please see statement of deficiencies dated 1/25/16. WAC 388-76-10146 orientation and training; WAC 388-76-10265 tuberculosis testing; WAC 388-76-10198 personnel records available; and, WAC 388-112-0165 completing specialty training.

RCPA Action: **Recommend Finding** **Recommend Close Investigation**



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Statement of Deficiencies	License #: 750611	Completion Date
Plan of Correction	CARING HANDS	January 25, 2016
Page 1 of 4	Licensee: DIANA HANSON	

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 complaint investigation of: 1/21/2016

CARING HANDS
 618 SW EVANS
 COLLEGE PLACE, WA 99324

This document references the following complaint number: 3174859

The department staff that inspected and investigated the adult family home:

Jo Whitney, RN, BSN, Complaint Investigator
 Jaqueline Kraai, Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit C
 3611 River Road, Suite 200
 Yakima, WA 98902
 (509)225-2823



As a result of the on-site complaint investigation 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.

Carol Deite
 Residential Care Services

1/29/16
 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.

Diana J. Hanson
 Provider (or Representative)

2/1/16
 Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
- (a) Training required by chapter 388-112 WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
 - (b) Cardiopulmonary resuscitation;
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the provider did not ensure the employee file for one of two staff (Staff A) was complete and accessible for review. The file lacked required background check results and current training qualifications. Findings include:

Record review and interview occurred on 1/21/16 unless otherwise indicated.

Per the provider, Staff A started working at the home on 7/1/15.

Staff A's file did not include a fingerprint background check result. The file included a name and date of birth result dated 9/2/15. Staff A stated she had submitted fingerprints in the past. The provider did not have a result on file for review. Staff A submitted a request for her result on 1/21/16.

Staff A's file contained a certificate of first aid and cardiopulmonary resuscitation (CPR) training that expired on 6/11/15. On 1/25/16, the provider faxed evidence of completed training that will expire on 5/31/16.

A basic training record was not included in Staff A's file. On 1/25/16, a certificate of training dated 2/7/1997 was faxed for review.

The provider stated she thought Staff A had the necessary documentation of training and qualifications and did not follow-up to ensure she had a copy of the records and/or check that the personnel file was complete. Tuberculosis testing records were not found; new testing was initiated on 1/25/16.

This is a repeat deficiency from 3/18/14.

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, CARING HANDS is or will be in compliance with this law and / or regulation on (Date) 3/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

3/15/16

Date

WAC 388-112-0165 Who is required to complete specialty training, and when? If an assisted living facility or adult family home serves one or more residents with special needs, long-term care workers in those settings must complete specialty training and demonstrate competency.

(2) Long-term care workers who are exempt from basic training must complete the relevant specialty training within ninety days of hire.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the provider did not ensure one of one new staff (Staff A) completed specialty training to meet the needs of the residents in the home within 90 days of hire. Findings include:

Observation, interview and record review occurred on 1/21/16 unless otherwise indicated.

Staff A was the caregiver on duty on the day of the investigation. The provider lived in the home and was available when called. Staff A had previously worked for an agency assisting vulnerable adults. The five adults in the adult family home each had dementia.

The provider stated Staff A started working in the home 7/1/15. The employee's file did not contain documentation she had completed specialty training. Staff A stated her training from the agency was focused on the intellectually impaired more than dementia.

The provider stated Staff A worked in the home from 8 a.m. until 3:30 p.m. and she was usually also in 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, CARING HANDS is or will be in compliance with this law and / or regulation on (Date) 3/15/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Diana L. Hanson

Provider (or Representative)

2/1/16

Date

Caring Hands AFH Plan of Correction

Included are the documents that the employee retrieved from her past employer showing her Fundamental of Caregiving credentials received on 2-7-97 and her Nurse Delegation Core Training for Nursing Assistants received 11-15-13. She also retrieved her CPR/AED and First Aid Certificate dated 5-13-14 which is good until 5-13-16. All of Caring Hands staff will be renewing our CPR/AED and First Aid Certificates in April, 2016 before the rest of our certifications expire. (An EMT from the Waitsburg Fire Department does this in-house training for our AFH every 2 years.)

Enclosed is the completed orientation document which was in her file but not entirely filled out. She did receive the facility orientation information during the first few days of work when she began here. Also included is her current NAR certificate dated 12-08-15.

A copy of her background check is enclosed that states "No record of criminal convictions, pending charges or negative actions. Interim Result Letter – A Washington State name and date of birth background check was completed. When the fingerprint check is complete, a final result letter will be sent to you." These fingerprint results were re-requested on 1-21-16 and she is still waiting to receive the documentation in the mail at her home address. (Enclosed is a copy of the faxed request.)

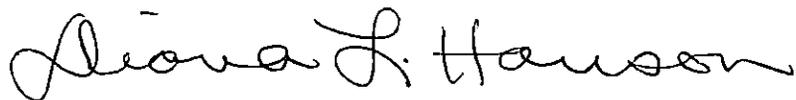
Included is her completed 2-step TB test with negative results.

This employee will be attending a Dementia Specialty Training class on March 8, 2016 and a Mental Health Specialty Training class on March 9, 2016 in the Tri-Cities presented by an approved

DSHS instructor. (This is the soonest we could arrange to receive these trainings.) We currently do not serve any MH clients but the AFH License has this classification and we also have a ECS contract, so we are training all staff in the event of future clients.

I have placed a copy of the "Training requirements for Adult Family Homes" found on the DSHS website in the front of the employee information book and will reference this list when hiring new help to insure a timely completion of requirements. (Copy included.)

Sincerely,

A handwritten signature in black ink that reads "Diana L. Hanson". The signature is written in a cursive style with a large initial 'D' and 'H'.

Diana L. Hanson, AFH Provider