



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

KENT LOVING CARE AFH
KENT LOVING CARE AFH
25225 32ND PL S
KENT, WA 98032

RE: KENT LOVING CARE AFH License # 750754

Dear Provider:

This letter addresses Compliance Determination(s) 41097 (Completion Date 06/03/2024) and 32714 (Completion Date 04/11/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/03/2024 and found that you have corrected the violations listed in the Complaint report dated 04/11/2024. Your home is back in compliance as of 11/20/2023 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10225-2-c, WAC 388-76-10400-3-a, WAC 388-76-10400-3-b

The Department staff who did the on-site verification:
Mavis Downing, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies License #: 750754 Compliance Determination # 32714
Plan of Correction KENT LOVING CARE AFH Completion Date
Page 1 of 5 Licensee: KENT LOVING CARE AFH 04/11/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 11/17/2023 and 03/13/2024 of:

KENT LOVING CARE AFH
25225 32ND PL S
KENT, WA 98032

This document references the following complaint number(s): 105653, 121244

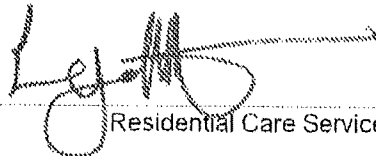
The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Mavis Downing, NCI
Lydia Owusu-Acheampong, Community Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

As a result of the on-site visit(s), 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

4/19/2024
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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 750754	Compliance Determination # 32714
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Yusubdar Abera

Provider (or Representative)

04-26-2024

Date

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(c) The resident's health care provider;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to report as required, when 1 of 4 residents (Resident 1) fell and sustained a fracture (broken bone) to their left hand. This failure delayed medical intervention for Resident 1's injury and placed Resident 1 at risk of complications and reduced quality of life associated with delayed care for a fractured hand.

Findings included...

Observation on 03/13/2024 at 12:00 PM, showed Resident 1 sat in a wheelchair, and watched Television in the living room with other residents. Resident 1 stated that, they had a cast (splint used to holds a broken bone in place to prevent movement to the affected area until healed) removed to the second and third metacarpals (middle fingers) which were fractured after a fall, some weeks back.

03/13/2024 at 12:15 PM, in an interview, Resident 1 stated that they were dropped on the floor by Staff B, Caregiver, weeks back, when they assisted Resident 1 with personal hygiene. Resident 1 added that, they fell on the floor hitting their left hand first, resulting in a fracture to the two middle fingers. Resident 1 stated that they notified Staff B of an excruciating pain in their left hand. Resident 1 said, Staff B then applied an ice park to the left hand.

Review of the AFH fall incident report dated 11/02/2024 showed the resident was in their room and called for help. Staff B approached the resident's room, and Staff B observed Resident 1 in a near fall position (dangling to the left side of their bed) with their left hand almost touching the floor. Report further stated that, Staff A, Entity Representative/Resident Manager assisted Staff B to reposition the Resident 1 into a wheelchair. Staff A had assessed the resident and found no injuries. The resident also denied any pain or discomfort.

During a phone interview on 03/24/2024 at 10:00 AM, Staff C, a designee for Staff A, who was out of the country, stated that Staff A had called to report this incident to Resident 1's medical provider when it occurred. Staff C said that a message was left when they could not reach the service. Staff C stated that the medical provider did not return Staff A's call. Staff C, when asked to, could not provide proof that, they notified Resident 1's medical

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provider about Resident 1's near fall incident and about the resident's bruise and complaints of pain to the left arm.

On 03/28/2024 at 10:50 AM, in a phone interview, Resident's 1 medical provider stated that they did not receive any calls from the AFH on 11/02/2023 concerning a near fall incident. The medical provider stated that Staff A only called on the morning of 11/08/2023 and left a message with nursing staff about the resident's injury to the left hand. This call came prior to a scheduled recreational appointment on the 11/08/2023. Resident 1's medical provider added that, when Resident 1 came to the facility, the nursing staff assessed and noted that Resident 1 had a severely bruised, yellowish, bluish discolored left hand. The resident reported complaints of excruciating pain at that time of assessment to the left hand.

Review of Resident 1's end of visit notes for the 11/08/2023, showed an X-ray was ordered for Resident 1's left hand. Review of the X-ray report dated 11/08/2023 showed Resident 1 had fractured their second and third metatarsals of the left middle fingers.

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, KENT LOVING CARE AFH is or will be in compliance with this law and / or regulation on (Date) 11-20-2023.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Yuvubdar - Akora
Provider (or Representative)

04-26-2024
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

- (3) The care and services in a manner and in an environment that:
 - (a) Actively supports, maintains or improves each resident's quality of life;
 - (b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to immediately seek medical intervention when 1 of 1 Resident (Resident 1) fell and sustained broken fingers (fracture) of the left hand. This placed Resident at risk of complications and reduced quality of life associated with delayed medical intervention care for a fractured hand.

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Findings included...

Review of Assessment dated 11/15/2022, showed Resident 1 was admitted in the AFH with multiple diagnoses including [REDACTED] Resident 1 used a wheelchair for mobility and required assistance of staff for most of activities of daily living transfers and hygiene care.

During a second visit on 03/13/2024 at 12:00 PM, Resident 1 sat in a wheelchair, and watched Television in the living room with other residents. Resident 1 stated that they had a cast (splint used to holds a broken bone in place to prevent movement to the affected area until healed) to the second and third metacarpals (middle fingers) few weeks back after they fell in the AFH.

03/13/2024 at 12:15 PM in another interview, Resident 1 stated that they were dropped on the floor by Staff B, Caregiver, weeks back, when they assisted Resident 1 with personal hygiene. Resident 1 added that, they fell on the floor hitting their left hand first, resulting in a fracture to the two middle fingers. Resident 1 stated that they notified Staff B of an excruciating pain in their left hand. Resident 1 said, Staff B then applied an ice park to the left hand.

Review of the AFH fall incident report dated 11/02/2024 showed the resident was in their room and called for help. Staff B approached the resident's room, and Staff B observed Resident 1 in a near fall position (dangling to the left side of the bed) with their left hand almost touching the floor. Report further stated that, Staff A, Entity Representative/Resident Manager assisted Staff B to reposition the Resident 1 into a wheelchair. Staff A had assessed the resident and found no injuries. The resident also denied any pain or discomfort.

On 03/13/2024 at 1:00 PM, in an interview, Staff B stated that on 11/04/2024, two days after Resident 1's fall incident, Resident 1's left hand was observed swollen, and the Resident 1 complained of pain to the left hand. Staff B said they applied ice to the resident's left hand while Staff A notified the resident's medical provider about the resident's injury. Staff B said they scheduled an appointment for 11/06/2023 at 9:00 AM, and the appointment was cancelled by the agency overseeing Resident 1's care. They explained that there was no transportation to pick up the resident for a medical checkup. Staff B added that Resident 1's medical appointment was rescheduled for 11/08/2023.

During a phone interview on 03/24/2024 at 10:00 AM, Staff C, a designee for Staff A, Entity Representative stated that Staff A, who was out of the country, had called to report this incident to Resident 1's medical provider when it occurred. Staff C said that a message was left when they could not reach the service. Staff C stated that the medical provider did not return Staff A's call. When asked why they did not send Resident 1 to a local health facility when they noted injury to the resident's left hand. on 11/04/2023, Staff C did not answer. Staff C, when asked, could not provide proof that they notified Resident 1's medical provider about Resident 1's near fall incident and about the resident's bruise and complaints of pain to the left arm.

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On 03/28/2024 at 10:50 AM, in an interview, Resident's 1 medical provider stated that they did not receive any calls from the 11/02/2024 on the day the resident experienced a fall, until 11/08/2024. The medical provider stated that Staff A called on the morning of 11/08/2024 and left a message with nursing staff about the resident's injury to the left arm. Resident 1's medical provider stated that during Resident 1's assessment conducted by nursing staff, they observed Resident 1 with a severely bruised right hand.

Review of the medical provider's progress notes dated 11/08/2023 showed an order for X-ray of Resident 1's left hand. Review of the X-ray dated 11/08/2023 showed Resident 1 had a fracture to the second and third metatarsals to the left hand. The notes further showed Resident 1's had had a yellowish bluish color to their left hand. Resident 1 had also complained of excruciating pain to left hand during the visit. The medical provider issued an ordered to immobilize and apply a cast to the two left metatarsals and notified Staff A about the X-ray results, and the need for the AFH staff to administer medications to relieve the resident's pain at the AFH

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, KENT LOVING CARE AFH is or will be in compliance with this law and / or regulation on (Date) 11-20-2023.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Yuwubdar Abera
Provider (or Representative)

04-26-2024
Date