



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 45819, Suite 220, Olympia, WA 98504-5819

RECEIVED
 JAN 29 2016

DSHS RCS
 Region3

Statement of Deficiencies	License #: 750792	Completion Date
Plan of Correction	Dolphin Cove Adult Family Home	January 14, 2016
Page 1 of 2	Licensee: David C. Palmer, Jr	

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.

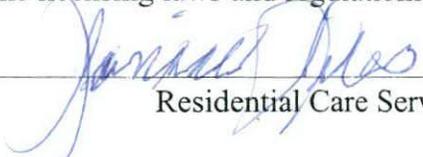
The department has completed data collection for the unannounced on-site full inspection of: 1/13/2015 and 1/13/2016

Dolphin Cove Adult Family Home
 2591 Tokeland Rd
 Tokeland, WA 98590

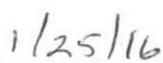
The department staff that inspected the adult family home:
 Carol Smith, Licensor

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

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

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the provider failed to ensure a system was in place to ensure residents receive their medications as ordered. Failure to maintain a system to ensure accuracy of medications placed 2 of 2 sampled residents (Resident # 1 and 2) at risk for harm as a result of medication errors.

Findings include:

Interview and record review took place on 1/13/2016 unless otherwise noted.

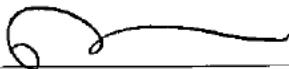
Upon review of resident # 1's medication log had Acetaminophen 650 mg, take one tablet as needed for pain listed but the only Acetaminophen available in the adult family home was 500 mg. Resident # 1 also had Vitamin D 3 100000 UI 1 tablet daily listed on the medication list but the prescription had 5000 UI 1 tablet daily.

Upon review of resident # 2's medication log, she had a discrepancy listed for [REDACTED] 20-25 mg. The medication log stated take 1 20-25 mg tablet daily but the prescription was take 2 tablets daily.

This licenser observed the provider correct the medication log errors at the time of this inspection. When the provider was questioned about why these discrepancies were present, he reported that the orders were just changed by the resident's Doctor but the pharmacy has not changed the medication log yet.

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, Dolphin Cove Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 1-25-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

1-25-16

Date



Dolphin Cove Adult Family Home
PO Box 465, Tokeland, WA 98590
360-268-7135

Corrective Action Plan
Citation regarding WAC 388-76-10475

All correction where made on January 13, 2016 for resident #1 and #2.

All prescriptions whether new and refills will be bumped against medication logs when they are received to insure accuracy. If there is a discrepancy the resident manager will contact prescribing Doctor to find out if there is a change or if a mistake was made by pharmacy. Resident manager will DC old prescription and add new prescriptions and sign medication log.

David C. Palmer Jr., Resident Manager

1-25-16

Date