



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

January 31, 2020

Evelyn J Thomas  
CIRCLE OF FRIENDS II  
3816 SOUTH 198TH ST  
SEATAC, WA 98188

RE: CIRCLE OF FRIENDS II License #750827

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on January 17, 2020 for the deficiency or deficiencies cited in the report/s dated November 14, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Brenna Botsford, Licensor

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

Sincerely,

Elena Atanasova, Field Manager  
Region 2, Unit G  
Residential Care Services



RECEIVED

DEC 10 2019

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 750827	Completion Date
Plan of Correction	CIRCLE OF FRIENDS II	November 14, 2019
Page 1 of 5	Licensee: EVELYN THOMAS	

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:  
11/6/2019

CIRCLE OF FRIENDS II  
3816 SOUTH 198TH ST  
SEATAC, WA 98188

The department staff that inspected the adult family home:  
Brenna Botsford, Licensor


From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit G  
20425 72nd Avenue S, Suite 400  
Kent, WA 98032-2388  
(253)234-6007

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

11/25/2019  
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)

12/31/19  
Date

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

**WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

- (1) Resident; and
- (2) Adult family home.

**This requirement was not met as evidenced by:**

Based on interview and record review the Adult Family Home (AFH) failed to have the AFH and one of two sampled residents (Resident #4) sign the Negotiated Care Plan (NCP). This failure placed Resident #4 at risk for not participating in or understanding their care plan.

Finding included...

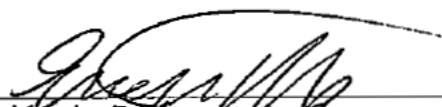
Review of Resident #4's resident records on 11/06/19 at 11:00 AM showed Resident #4 moved into the AFH [REDACTED] 6.

Review of Resident #4 NCP dated 07/25/19 showed there was no signature page or signature for Resident #4's NCP.

During an interview on 11/06/19 at 11:00 AM, Staff A, Provider stated that they were not sure what happened to the signature page, and flipped through Resident #4's records looking for the signature page.

**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, CIRCLE OF FRIENDS II is or will be in compliance with this law and / or regulation on (Date) 12/30/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

12/4/19  
\_\_\_\_\_  
Date

**WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:**

- (2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a less restrictive device and other alternatives had been tried and documented for one of one resident (Resident #1). The AFH also failed to assess the use of wheelchair [REDACTED] as necessary to treat one of one resident's (Resident #1) medical symptoms. These failures placed Resident #1 at risk for been restrained and injured from improper use of the wheelchair [REDACTED]

Findings included...:

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

WAC 388-76-1000 Definition: Mechanical restraint" means any device attached or adjacent to the vulnerable adult's body that they cannot easily remove and restricts freedom of movement or normal access to the vulnerable adult's body. "Mechanical restraint" does not include the use of devices, materials, or equipment that are: (a) Medically authorized, as required; and (b) Used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW.

Observation on 11/06/19 at 10:00 AM showed Resident #1 had a wheelchair [REDACTED] that was [REDACTED] around her waist while she was on the wheelchair. The licenser observed the resident tried to [REDACTED] the wheelchair [REDACTED] and after few minutes of struggle, she [REDACTED] the wheelchair [REDACTED]. Once the resident #1 [REDACTED] the wheelchair [REDACTED] Staff A, Provider [REDACTED] the wheelchair [REDACTED] and reminded Resident #1 they were okay. Observation showed the [REDACTED] had no alarm attached to it. The [REDACTED] did not make any noise when Resident #1 tried to [REDACTED]. Observation also showed that Resident #1 tried to [REDACTED] the [REDACTED] and once she was successful, staff A [REDACTED] the belt and no other help was provided at that time. The AFH had no other alternative offered or used as a call system such as call bell, call button wheelchair alarm etc. Observation also showed that the [REDACTED] when [REDACTED] restricted Resident #1 from getting up from the wheelchair.

Review of Resident #1's resident records on 11/06/19 at 11:00 AM showed Resident #1 moved into the AFH [REDACTED] 19.

Review of Resident #1's care needs assessment dated 05/02/19 showed Resident #1 was confused and could not keep information straight. The assessment showed Resident #1 made poor decisions and was unaware of the consequences. The assessment stated Resident #1 had an [REDACTED] on the wheelchair which was provided for Resident #1 during their initial hospitalization. Notes on the care needs assessment showed the AFH needed to get a physical therapy/occupation therapy evaluation to determine if Resident #1 should continue use of the wheelchair [REDACTED].

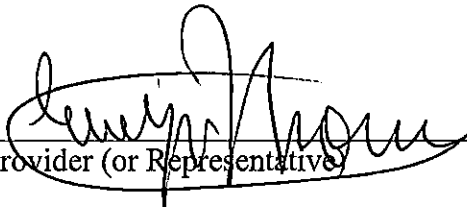
Review of Resident #1's Negotiated Care Plan (NCP) dated 03/01/19 showed Resident #1 was not weight bearing and used a wheelchair for mobility. The NCP showed that due to cognitive deficits Resident #1 would forget they were not weight bearing and attempt to get up from their wheelchair without calling for help. NCP showed that the Resident #1 was to use the [REDACTED] as a reminder for themselves to call for a caregiver.

During an interview on 11/06/19 at 11:30 AM, Staff A stated that they did not consider the [REDACTED] a restraint because it was used as a call bell.

No record was found that the AFH had followed on the evaluation request for the use of [REDACTED]. The record review also had no fond the use of [REDACTED] was medically authorized.

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Provider (or Representative)

12/4/19  
Date

**WAC 388-76-10129 Qualifications Adult family home personnel. The adult family home must ensure that the following are qualified and meet all of the applicable requirements of this chapter and chapter 388-112A WAC:**

- (1) Any person employed or used by the adult family home, directly or by contract, by an adult family home; including but not limited to:
- (e) Caregivers.

**WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.**

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review , the Adult Family Home (AFH) failed to have one of four staff (Staff C, Caregiver) complete facility orientation. This failure placed six of six residents (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5 and Resident #6) at risk for not having their care needs adequately met.

**Findings included...**

Observation on 11/06/19 at 9:30 AM showed si residents lived in and received care in the AFH.

Review of Staff C, Caregvier staff records showed their was no facility orientation or start date available.

During an interview on 11/0619 at 11:00 AM Staff A, Provider stated that Staff C was currently on leave, but had started working at the AFH on 06/10/19.

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\_\_\_\_\_  
Provider (or Representative)

12/4/19  
\_\_\_\_\_  
Date