



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

| | | |
|---------------------------|----------------------------|------------------|
| Statement of Deficiencies | License #: 750843 | Completion Date |
| Plan of Correction | A KIND HEART INC | January 22, 2016 |
| Page 1 of 6 | Licensee: A KIND HEART INC | |

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:
 1/11/2016

A KIND HEART INC
 18506 64TH AVE W
 LYNNWOOD, WA 98037

The department staff that inspected the adult family home:
 Jolene Smith, RN/BSN, Adult Family Home Licensors

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
 FEB 16 2016
 ADS/ADCS
 Snokey 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.

[Signature] Residential Care Services 1/31/14 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.

Winah Janis Fajardo Provider (or Representative) 2/8/16 Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

- (4) Completion of the training requirements that were in effect on the date they were hired including requirements described in chapter 388-112 WAC;
- (8) Have tuberculosis screening to establish tuberculosis status per this chapter.

WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year?

- (1) Adult family homes
- (b) Effective July 1, 2012, certified home care aides must complete twelve hours of continuing education each year after obtaining certification as described in RCW 74.39A.341 .
- (d) Continuing education must include one-half hour per year on safe food handling in adult family homes described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on record review and interview the provider failed to develop and implement a system to ensure 1 of 5 staff (Resident Manager) maintained the minimum qualifications for providing care and services as required. This failure placed residents at risk for unmet care needs.

Findings include:

On 01/10/16 during the Adult Family Home's (Home's) annual inspection, administrative records were reviewed and revealed the Resident Manager had not completed the mandatory 12 hours of continuing education for 2015.

- * The Resident Manager's Nursing Assistant Registration, required for nursing delegation, had also expired on 09/22/15 and was renewed late on 10/15/15.

In an interview on 01/10/16 with the Resident Coordinator, the Provider's designated representative, indicated the Resident Manager was enrolled in a 12-credit course to complete his continuing education requirement. The Resident Coordinator also indicated the home was developing a tickler system to track credential requirements and coordinate timely renewals.

Additionally, Staff B was re-hired 10/12/15. Staff B had a documented history of a reactive skin test and negative chest x-ray for tuberculosis in 2014. There was no documented evidence Staff B had completed tuberculosis screening upon her re-hire.

In an interview on 01/10/16 the Resident Coordinator, indicated she was not aware of this requirement. The Washington Administrative Code was reviewed and a screening form provided.

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, A KIND HEART INC is or will be in compliance with this law and / or regulation on (Date) 2/9/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Whimah Jones-Fajardo
Provider (or Representative)

2/9/16
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview the provider failed to develop and implement a system to ensure 1 of 6 staff (Staff B) had completed a Washington state name and date of birth background check (CBI). This failure placed residents at risk for receiving care from a person with a criminal history.

Findings include:

On 01/10/16, during the Adult Family Home's (Home's) annual inspection, administrative records were reviewed and revealed Staff B was re-hired by the home 10/12/15. There was no documented evidence a Washington state name and date of birth (CBI) check had been completed for Staff B upon her re-hire.

In an interview on 01/10/16 with the Resident Coordinator, the Provider's designated representative, indicated Staff B had worked for the Home, left for approximately one year and returned. The Resident Coordinator acknowledged a CBI had not been completed for Staff B upon her re-hire but indicated a Background Check Authorization would be completed and submitted as soon as possible.

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, A KIND HEART INC is or will be in compliance with this law and / or regulation on (Date) X 2/9/14. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Winnah Janis - Figarillo
Provider (or Representative)

X 2/9/14
Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

- (1) Obtain liability insurance upon licensure and maintain the insurance as required in WAC 388-76-10192 and 388-76-10193 ; and
- (2) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview the provider failed to develop and maintain a system to ensure the Home maintained active liability insurance. This failure put residents at risk for not being reimbursed for accidents, injuries or damages to self or property.

Findings include:

- ✓ On 01/10/16 during the Adult Family Home's (Home's) annual inspection Administrative records were reviewed and revealed the Home's liability insurance had expired 01/10/2016.

In an interview on 01/10/16, the Resident Coordinator, the Provider's designated representative, indicated the renewal for the liability insurance had been submitted 12/2015; however, proof of the updated policy had not been received. The Resident Coordinator contacted the insurance carrier and requested a copy of the updated policy, but was informed the renewal had just been received and the paperwork had not been processed/completed.

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X Winnah Janis - Figarillo
Provider (or Representative)

X 2/9/14
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

- (1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;
- (3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;
- (5) Ensure water temperature does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:
 - (c) Sinks.

This requirement was not met as evidenced by:

Based on observation and interview, the provider failed to develop and implement a system to ensure the home's environment was safe and in good repair for 1 of 2 residents (Residents 2). This failure placed the resident at the potential risk for a diminished quality of life.

Findings include:

The home was licensed to provide care for residents with dementia and mental health issues. The home currently housed two residents (Resident 1 and Resident 2). Record review and interview revealed the cognitive ability of each of the residents was impaired.

On 01/10/16 during a tour of the home with the Resident Manager, the following conditions were observed:

- ✓ -The water temperature in the hall powder at 10:00 AM tested at 121.4 F by the Licensor's thermometer and 121.2 F by the Home's thermometer.
- ✓ Room 6
 - The right outer border of the in-room shower, was missing tile pieces, creating a rough edge,
 - The in-room shower flooring appeared soiled and the non-skid rubber mat was coated with a layer of grayish/black organic matter,
 - The electric toothbrush bristles, hand-grip and base was coated with a brownish layer of organic matter.

In an interview on 01/10/16 with the Resident Manager, the Provider's designated representative acknowledged the cleaning issues, indicated the bathroom and appliances would be cleaned immediately and would follow-up with the maintenance man regarding repair of the shower tile.

The Resident Manager further indicated staff periodically checked the Home's water temperatures and had identified the temperature tended to run a little hotter, especially in the front powder, when the Homes' water had been allowed to run for a period of time. The Resident Manager indicated staff had not documented the results of these water checks. nor had the water temperature been adjusted down. At 4:45 PM the water was re-checked and tested 114.5 F.

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, A KIND HEART INC is or will be in compliance with this law and / or regulation on (Date) 2/9/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Winnah James-Fajardo
Provider (or Representative)

2/9/16
Date



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

March 1, 2016

A KIND HEART INC
A KIND HEART INC
18506 64TH AVE W
LYNNWOOD, WA 98037

RE: A KIND HEART INC License #750843

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on February 26, 2016 for the deficiency or deficiencies cited in the report/s dated January 22, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jolene Smith, Adult Family Home Licensors

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

Sincerely,

A handwritten signature in cursive script that reads "Kay Randall".

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