



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

May 4, 2016

ADAGIO ADULT FAMILY HOME LLC  
ADAGIO ADULT FAMILY HOME  
3015 51ST PL SW  
EVERETT, WA 98203

RE: ADAGIO ADULT FAMILY HOME License #750846

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 2, 2016 for the deficiency or deficiencies cited in the report/s dated March 29, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Megan Wylie, Licenser

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

Sincerely,

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



RECEIVED

APR 25 2016

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

Statement of Deficiencies	License #: 750846	Completion Date
Plan of Correction	ADAGIO ADULT FAMILY HOME	March 29, 2016
Page 1 of 6	Licensee: ADAGIO ADULT	

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.

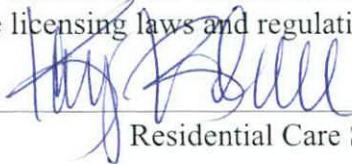
The department has completed data collection for the unannounced on-site full inspection of: 3/29/2016

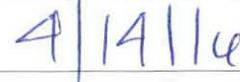
ADAGIO ADULT FAMILY HOME  
 3015 51ST PL SW  
 EVERETT, WA 98203

The department staff that inspected the adult family home:  
 Megan Wylie, BSN, 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

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.

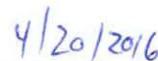
  
 Residential Care Services

  
 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

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

Based on record review and interview, the provider failed to ensure a Washington State name and date of birth background check was completed every 2 years as required for 1 of 1 staff (Caregiver B) that had been employed at the home over 2 years. This placed 3 of 3 residents at risk for abuse.

**Findings include:**

A full licensing inspection was conducted on 3/29/16 , the provider and licenser reviewed the facility's background checks together. Caregiver B's background check expired 5/14/15 and was unable to provide a current background check when requested.

**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, ADAGIO ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/1/2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*Hauty Brink*

Provider (or Representative)

*4/20/2016*

Date

**WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:**

(1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and

(3) Rules of the home's operations.

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

Based on interview and record review, the provider failed to have a system in place to ensure 1 of 1 residents (Resident 3) who have lived in the home over [REDACTED] received a new notice of services (Admission agreement) at least every 24 months after admission. This failure placed

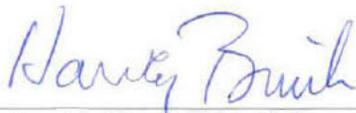
Resident 3 and [REDACTED] family at risk of not knowing the rules or understanding care and services provided by the home.

Findings include:

Resident 3 moved into the home on [REDACTED] 11. The resident's admission agreement, signed by the resident's power of attorney, was dated on admission. The provider was unaware of this requirement and said he would have the resident's [REDACTED] sign it 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, ADAGIO ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/29/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date

#### WAC 388-76-10655 Physical restraints. The adult family home must ensure:

- (1) Each resident's right to be free from physical restraints used for discipline or convenience;
- (2) Less restrictive alternatives have been tried;
- (3) That physical restraints used have been assessed as necessary to treat the resident's medical symptoms; and
- (4) That if physical restraints are used to treat a resident's medical symptoms that the restraints are applied and immediately supervised on-site by a:
  - (a) Licensed registered nurse;
  - (b) Licensed practical nurse; or
  - (c) Licensed physician; and
  - (d) For the purposes of this subsection, immediate supervised means that the licensed person is in the home and quickly and easily available.

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

Based on observation, interview and record review, the provider failed to ensure the right to be free from physical restraints was observed for 1 of 2 sampled residents (Resident 3). This failure resulted in Resident 3 being physically restrained to [REDACTED] for several hours a day and contributed to a diminished quality of life.

Findings include:

All observations and record reviews were conducted on 3/29/16 unless otherwise noted.

Refer to WAC 388-76-10000 - Definitions: Physical Restraint: A manual method, obstacle, or physical or mechanical device, material or equipment attached or adjacent to the resident's body that restricts freedom of movement or access to his or her body, is used for discipline or

convenience and is not required to treat the resident's medical symptoms.\*\*

### Resident 3:

Resident 3 moved into the home on [REDACTED] 11 with multiple diagnosis' that have contributed to [REDACTED] overall decline in health. Resident 3, during the full inspection, was unable to [REDACTED] with staff or other residents, unable to [REDACTED] with or without assistance, no safety awareness and entirely dependent on the staff for all aspects of life. Resident 3 was able to communicate with [REDACTED] which were subtle indications as to what [REDACTED] wanted. Resident 3 was also diagnosed with [REDACTED] and a [REDACTED]

The resident's assessment and Negotiated Care Plan (NCP), last updated on 10/28/15 by the Nurse Delegator (ND), described the resident as not oriented to place and time, poor decision making abilities, combative, resistive to care, exit seeking, easily irritated/upset/agitated. The medication portion of the assessment/NCP was updated to include that the resident required [REDACTED] medications crushed and administered due to [REDACTED] inability to administer medications to [REDACTED] self. In addition to the physical aspect of the assessment, Resident 3's activity preferences and communication were documented. The ND identified the resident as having decreased ability to concentrate, and required cuing to participate in activities. It also stated that the resident required physical cuing for all activities of daily living (ADL).

Resident 3 was observed throughout the inspection. During morning care, Caregiver A dressed the resident and transferred [REDACTED]. The resident did not assist much but did not resist the transfer. Caregiver A then said they use a gait belt around the [REDACTED] to help keep her from sliding out. Caregiver A then placed the belt around the [REDACTED] and through the [REDACTED] and fastened the gait belt in front of the resident. The Caregiver then [REDACTED] resident to the table where breakfast was served. At that time the provider was informed that it was a physical restraint and immediately removed the gait belt. The remainder of the day the resident was observed to have minimal purposeful movement. [REDACTED] pulled a lamp down multiple times, sat in [REDACTED] without moving and was fed by Caregiver B during breakfast and lunch. The resident was fidgety but did not initiate or complete a purposeful task.

The residents record was reviewed. The resident's record included an e-mail from the resident's [REDACTED] dated 1/8/16, indicating that he agreed to the resident being physically restrained. The e-mail, written to [REDACTED] from Provider B, requested authorization for restraints due to the resident being an increased fall risk. The e-mail stated that the belt would be loosely placed and buckled in front so [REDACTED] could unbuckle it and [REDACTED] would never be left unattended. The outcome Provider B identified was increased mobility and strength. The resident's NCP included the gait belt as a tool to assist with transfers and walking, not for securing the resident to the [REDACTED]

During a interview with the provider the gait belt was described as a tool that assisted the provider and caregivers to ensure the resident did not fall out of [REDACTED] chair when not within direct supervision. The resident had a history of sliding out of the [REDACTED] or bending over too far. The providers felt that the gait belt was the best option to provide [REDACTED] a physical reminder to stay in [REDACTED]. Resident 3's [REDACTED] on 3/30/16, said he was aware of the gait belt being used to secure [REDACTED] into the [REDACTED] and he felt that it was the best option available. He said he did not feel that there was any other feasible option.

Resident 3 was being restrained when in [REDACTED] for the convenience of the staff to ensure the resident did not fall out of the [REDACTED] during the times when a caregiver was not immediately present. This placed the Resident 3 at risk for injury due to improper use of a gait belt and decreased [REDACTED] quality of life.

#### 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, ADAGIO ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/10/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*Harry Buih*

Provider (or Representative)

4/20/2016

Date

#### **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

(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 review of staff records and interview, the provider failed to have a system in place to ensure the provider, co provider and the resident manager had 0.5 hours per year on safe food handling, as required. This failure placed all residents at risk of contracting food-borne illness.

#### Findings include:

Review of staff records on 3/29/16, the provider's food safety card on file expired on 4/1/15. During the inspection the Provider asked the co-provider to get him a certificate. The co-provider signed a food safety certificate with 1 hour continuing education credit, in front of the licenser during the full inspection. The provider was unable to provide verification that he had finished the food safety course prior to having the certificate issued.

**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, ADAGIO ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/1/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*Nancy Bink*

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

*4/20/2016*

\_\_\_\_\_  
Date