



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

July 29, 2016

Angela M Semerjants
ABUNDANCE LOVE
12819 NE 94TH ST
KIRKLAND, WA 98033

RE: ABUNDANCE LOVE License #750852

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on July 25, 2016 for the deficiency or deficiencies cited in the report/s dated April 22, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jamie Singer, Community Complaint Investigator

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services



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Statement of Deficiencies	License #: 750852	Completion Date
Plan of Correction	ABUNDANCE LOVE	April 22, 2016
Page 1 of 4	Licensee: ANGELA	

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:
4/20/2016

ABUNDANCE LOVE
12819 NE 94TH ST
KIRKLAND, WA 98033

The department staff that inspected the adult family home:
Sonia Coleman, RN, MN, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032-2388
(253)234-6033

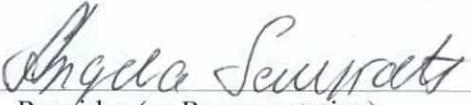
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DSHS/ALTSA/RCS

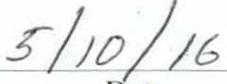
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


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 ;

This requirement was not met as evidenced by:

Based on observation, interview and record reviews, the Adult Family Home (AFH) failed to ensure a new DSHS background authorization form was submitted to the department's background check central unit every two years for 1 of 4 caregivers (Staff D). This failure placed 5 of 5 residents (#1, #2, #3, #4, #5 and #6) at risk for receiving care from staff with unknown criminal or negative background histories. Findings included:

Observation, interview and record reviews occurred on 04/20/2016 unless otherwise noted.

In interview, the Provider said Staff D worked as needed. Record review revealed the home hired Staff D 03/03/2008. Staff D visited the home during the inspection. He was off duty.

Review of Staff D's records found his background check expired on 02/10/2016. The Provider said Staff D started the process of requesting a new background check since December 2015. She said the background was returned with an incomplete notice. She said Staff D submitted the background request several times but it was returned because of missing information.

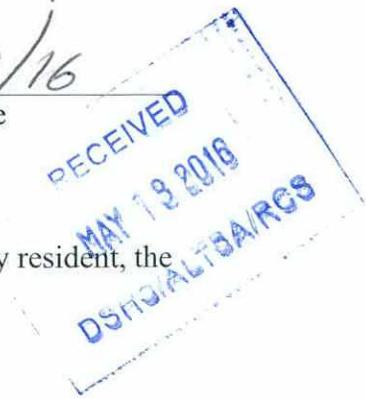
The Department staff reviewed the regulation with the Provider and reminded her the home was responsible for completing and submitting Staff D's background renewal request.

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, ABUNDANCE LOVE is or will be in compliance with this law and / or regulation on (Date) 4/26/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency. *Background and fingerprint already completed. on 5/26 4/26/16.*

Angela Sempratt
Provider (or Representative)

5/10/16
Date



WAC 388-76-10430 Medication system.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record reviews and interview, the Adult family Home (AFH) failed to

ensure 1 of 2 sampled residents (#4) had all of her PRN (as needed) medications available, the resident's medication was kept up-to-date and there were records showing the medications were discontinued. These failures placed the resident at risk for not receiving medications when needed: Findings included:

Observation, record reviews and interview occurred on 04/20/2016 unless otherwise noted.

The resident was a pleasantly confused [redacted] sitting at the dining table throughout the inspection thumbing through a magazine. [redacted] was alert and responsive.

Record review found the home admitted Resident #4 on [redacted] 16 with [redacted] and other illnesses. The resident had two PRN medications that were not available for review during the medication review. They were [redacted] and [redacted] for treatment of [redacted]

When interviewed, the Provider called the pharmacy and asked about the [redacted]. She said she was told the medication was expired and the physician would not refill it if the resident did not go for an office visit. The Provider called and asked the resident's representative what she should do about the medication. She said the representative said she wanted the home doctor to take over the care of the resident since it was a hardship getting the resident to the doctor's office.

The Provider called the home doctor's office and requested to begin the process of transferring the resident's care to him.

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, ABUNDANCE LOVE is or will be in compliance with this law and / or regulation on (Date) 4/25/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Medications been discontinued for the [redacted] not using for over 6 months.

Angela Sempratt
Provider (or Representative)

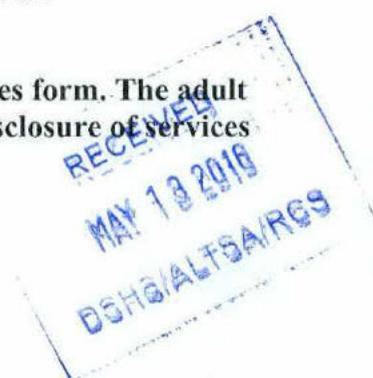
5/10/16
Date

WAC 388-76-10532 Resident rights Standardized disclosure of services form. The adult family home is required to complete the department's standardized disclosure of services form.

- (1) The home must:
 - (a) List on the form the scope of care and services available in the home;
 - (b) Send the completed form to the department; and

This requirement was not met as evidenced by:

Based on record review and interview, the home failed to ensure a Disclosure of Services form listing the scope of care and services available in the home was completed and mailed to the department. This failure placed prospective residents at risk for not knowing what services the



home provided. Findings included:

Record reviews and interview were conducted on 04/20/2016 unless otherwise noted.

A search on the Department web site on 04/19/2016 found the home did not submit a Disclosure of Services form. During the inspection, the Provider was asked if the home submitted the form. She said the form was not completed and mailed.

The Department staff gave the Provider a copy of the form and asked her to complete and mail it to the address listed. The Provider said she was not aware of the form.

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, ABUNDANCE LOVE is or will be in compliance with this law and / or regulation on (Date) 5/25/16. . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

As soon I complete I will fax all the docs. to you for review.

Angie Semrath

Provider (or Representative)

5/10/16

Date

