



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

August 5, 2016

Heart of Gold Adult Family Home LLC
Heart of Gold Adult Family Home LLC
11713 Mountbrook Lane SW
Lakewood, WA 98499

RE: Heart of Gold Adult Family Home LLC License #750859

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 3, 2016 for the deficiency or deficiencies cited in the report/s dated March 17, 2016 and June 16, 2016 and found no deficiencies.

The Department staff who did the inspection:
Ibe Hatch, Licensor

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Cramer".

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 98907, Lakewood, WA 98496

RECEIVED
 JUL 11 2016
 DSHS RCS Region 3

| | | |
|---------------------------|-------------------------------------|-----------------|
| Statement of Deficiencies | License #: 750859 | Completion Date |
| Plan of Correction | Heart of Gold Adult Family Home LLC | June 16, 2016 |
| Page 1 of 3 | Licensee: Heart of Gold 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 follow-up inspection of: 6/13/2016

Heart of Gold Adult Family Home LLC
 11713 Mountbrook Lane SW
 Lakewood, WA 98499

This document references the following SOD dated: March 17, 2016

The department staff that inspected the adult family home:

Ibe Hatch, RN, BSN, MAOM, Licensor

From:

DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit A
 PO Box 98907
 Lakewood, WA 98496
 (253)983-3826

As a result of the on-site follow-up 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

6/17/16
 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)

7/7/2016
 Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure appropriate care was provided to one of one resident (#1) with an [REDACTED] catheter. This failure placed the resident at risk for medical complications.

Findings include:

Observation, interview and record review were on 6/13/16, unless otherwise noted.

Resident #1 was admitted [REDACTED] 5, with diagnoses including [REDACTED]

and [REDACTED]

Observation revealed the resident had an [REDACTED] catheter. The catheter drainage bag was observed in a privacy bag with an attached strap handle when he sat in a recliner in the living room.

Proper catheter bag placement includes keeping the catheter bag below the level of the resident's [REDACTED] to prevent [REDACTED] which can cause [REDACTED] infections and [REDACTED]

Staff A was observed transferring the resident from [REDACTED] recliner in the TV room to [REDACTED] [REDACTED] Staff A placed the strap handle over her left arm which she then raised up near the level of her head while she was standing, far above the level of the resident's [REDACTED]

During a conversation, Resident #1 said staff placed the catheter bag on [REDACTED] lap (above the level of [REDACTED] when they transported [REDACTED] to dinner.

The Entity Representative (ER) said she had properly instructed Staff A on where to place the resident's catheter bag during transfers. Staff A said she knew the catheter bag needed to be kept below the [REDACTED] The ER said Staff A had not followed the instructions for "staff convenience."

This is a repeated, uncorrected WAC violation cited in report dated 3/17/16.

Statement of Deficiencies

License #: 750859

Completion Date

Plan of Correction

Heart of Gold Adult Family Home LLC

June 16, 2016

Page 3 of 3

Licensee: Heart of Gold Adult

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, Heart of Gold Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 07/07/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Mary Hodgson
Provider (or Representative)

07/07/16
Date



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 98907, Lakewood, WA 98496

RECEIVED

APR 17 2016

DSHS RCS Region 3

| | | |
|---------------------------|-------------------------------------|-----------------|
| Statement of Deficiencies | License #: 750859 | Completion Date |
| Plan of Correction | Heart of Gold Adult Family Home LLC | March 17, 2016 |
| Page 1 of 8 | Licensee: Heart of Gold 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: 3/10/2016

Heart of Gold Adult Family Home LLC
 11713 Mountbrook Lane SW
 Lakewood, WA 98499

The department staff that inspected the adult family home:
 Ibe Hatch, RN, BSN, MAOM, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit A
 PO Box 98907
 Lakewood, WA 98496
 (253)983-3826

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

3/29/16
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)

04/07/2016
Date

4/07
S/17

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

- (a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and
- (b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home failed to ensure a Character, Competence and Suitability Review (CCSR) was completed for one of one caregiver (Staff E) whose background check documented negative findings. This failure placed residents at risk of receiving care by an individual who may not have a suitable character for caregiving.

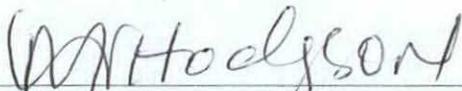
Findings include:

Interview and record review were on 3/10/16.

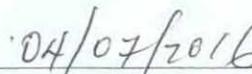
Record review documented Staff #E was hired 9/28/15. Review of her background check documented negative findings. When asked if a CCSR was done, the Entity Representative said she thought one had been done, but could not find it.

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, Heart of Gold Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 04/07/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date

WAC 388-76-10270 Tuberculosis Testing method Required. The adult family home must ensure that all tuberculosis testing is done through either:

- (1) Intradermal (Mantoux) administration with test results read:
 - (a) Within forty-eight to seventy-two hours of the test; and
 - (b) By a trained professional; or

This requirement was not met as evidenced by:

Based on interview and record review the adult family home failed to ensure one of six staff (F) completed TB testing as required. This failure placed five current residents at risk of exposure to an infectious organism.

Findings include:

Interview and record review were on 3/10/16.

Review of Staff F's employee file included documentation that her second step TB test was placed 2/19/15 and read 2/20/15; the test was read 24 hours later and not read 48 to 72 hours after placed.

The Entity Representative indicated she was unaware the test was not completed according to the regulation.

Attestation Statement

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[Signature]
Provider (or Representative)

04/07/2016
Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure negotiated care plans (NCP) for three of three residents (#s 1, 3 and 5) were revised to reflect their current care needs. This failure placed the residents at risk for unmet care needs. Findings include:

Observation, interview and record review were on 3/10/16.

RESIDENT #1

Resident #1 was admitted [REDACTED] 5 with diagnoses including [REDACTED]

and [REDACTED]

Observation revealed [REDACTED] walked with [REDACTED] and standby assistance.

[REDACTED] comprehensive assessment, dated 1/16/15, documented [REDACTED] was on a special diet of mechanical soft food. Speech therapy instructions included: caregivers were to ensure [REDACTED] sat upright when eating meals, had small bites, took a sip of fluid between bites and to report cough, choking or difficulty swallowing to the physician. [REDACTED] NCP noted to cut food to bite-size and keep liquid available, but did not include the other information. [REDACTED] NCP noted [REDACTED] was to receive

one can of Ensure three times daily. The Entity Representative (ER) said [REDACTED] only drank one can of Ensure a day.

Resident #1 said [REDACTED] did not like rice and did not like to eat corn because of [REDACTED] swallowing problem. No food preferences were noted on [REDACTED] NCP.

[REDACTED] NCP documented [REDACTED] was drinking two glasses of scotch with water every day. The ER said [REDACTED] had not been drinking this for five to six months.

Record review revealed Resident #1 had Speech, Occupational and Physical Therapy in July 2015; however, there was no information on [REDACTED] NCP about this.

Record review revealed [REDACTED] had a pressure sore and home health was in 7/10/15. [REDACTED] NCP included no information about pressure sores.

Observation revealed the resident had an [REDACTED] catheter. Written instructions given to the adult home by the nurse delegator included proper cleaning technique for the catheter, spigot and proper placement of the catheter bag. The Entity Representative (ER) retrieved the instructions from a storage area in another room. The instructions were not documented on the resident's NCP and not accessible to staff. Refer to 388-76-10400 for additional details.

[REDACTED] NCP documented [REDACTED] had [REDACTED] and [REDACTED] and noted staff should "address symptoms;" however, no interventions were documented on how staff were to address these symptoms.

RESIDENT #3

Resident #3 was admitted [REDACTED] 14 with diagnoses including [REDACTED] and [REDACTED]

The Entity Representative (ER) stated the resident was combative with care. [REDACTED] NCP included no interventions on how staff were to deal with this behavior.

Resident #3's NCP dated 8/26/15, included behaviors of depression, hallucination and delusions. The ER said the resident had [REDACTED] children and frequently yelled out and thought [REDACTED]. The ER said the resident had frequent [REDACTED] which exacerbated the resident's hallucinations. The ER said the resident currently had a [REDACTED]. The resident's NCP documented "address the symptoms," but did not include interventions on how to address the symptoms.

Staff A said she took Resident #3 to the bathroom before and/or after meals and bedtime. This information was not noted on the resident's NCP. [REDACTED] NCP did not reflect the resident had frequent [REDACTED]. The resident's NCP did not include food preferences.

The transportation section documented the resident's [REDACTED] would transport [REDACTED] and caregiver and family would schedule and coordinate the resident's doctor appointments. The ER said the [REDACTED] was not involved in the resident's care anymore, said the resident did not leave the adult home, and a home doctor came in to see the resident.

RESIDENT #5

Resident #5 was admitted [REDACTED] 5, with diagnoses including [REDACTED] was observed sitting in [REDACTED] wheelchair and feeding [REDACTED] self a sandwich for lunch.

[REDACTED] admission assessment, dated 10/5/15, documented the resident was currently unresponsive and required total assistance with locomotion, bed mobility, transfer and required assistance of two persons with transferring. Staff A said Resident #5 would stand and pivot to help transfer and could do so with one person assistance. [REDACTED] NCP had not been updated to reflect this.

According to the ER, Resident #5 was total assistance with all care and services when [REDACTED] was admitted. The ER said [REDACTED] was much better now.

[REDACTED] NCP dated 11/20/15, documented he was resistive to care, yelling, screaming, hitting and using foul language. This section had not been updated to reflect [REDACTED] had improved.

[REDACTED] NCP documented an alarm was used in [REDACTED] bed. The ER said [REDACTED] now had a pad on the floor to alert staff if [REDACTED] tried to get out of bed without assistance.

The ER said the resident would tell staff when [REDACTED] wanted to use the bathroom. This information was not documented on the NCP.

[REDACTED] NCP documented "drive client to appointment." The ER said the POA was driving [REDACTED] before, but [REDACTED] now went by shuttle and a caregiver accompanied [REDACTED] NCP had not been revised to reflect this.

When asked, the ER said she revised [REDACTED] NCP to note the resident could feed [REDACTED] self and the caregiver would accompany [REDACTED] to [REDACTED]. She said she was unable to locate [REDACTED] revised care plan on her computer.

When asked why the above care plans had not been revised, the ER replied that maybe she did not update the NCPs the way they needed to be updated and said she did not have enough space to write what needed to be written.

Attestation Statement

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[Signature]
Provider (or Representative)

04/07/2016
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure appropriate care was provided to one of one resident (#1) with an [REDACTED] catheter. This failure placed the resident at risk for medical complications.

Findings include:

Observation, interview and record review were on 3/10/16, unless otherwise noted.

Resident #1 was admitted [REDACTED] 5, with diagnoses including [REDACTED]

and [REDACTED]

Observation revealed the resident had an [REDACTED] catheter. The catheter drainage bag was observed on the floor when [REDACTED] sat in a recliner in the living room. Staff A was asked about proper catheter bag placement and said it should be placed below the level of the [REDACTED]. Staff A then placed the bag, which was observed to have [REDACTED] in the resident's lap, wheeled [REDACTED] to [REDACTED] bedroom and placed the bag on the floor.

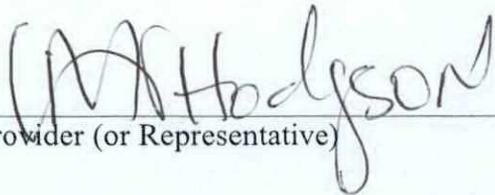
When the Entity Representative was asked about proper catheter bag placement, she said the bag should be hung on the wheelchair.

Proper placement includes keeping the catheter bag below the level of the resident's [REDACTED] to prevent [REDACTED] which can cause [REDACTED]. Staff A was asked if she cleaned the spigot when emptying the catheter bag and said she used a washcloth. When the ER was asked, she said she sometimes used a washcloth and sometimes used an alcohol wipe to clean the spigot. Instructions for proper cleaning of the spigot include using an alcohol wipe and taking care to prevent the spigot from touching any surface of the receptacle into which the [REDACTED] is emptied.

During a phone conversation on 3/17/16, the adult home's nurse delegator said the ER asked her for catheter care instructions when Resident #1 moved into the adult home. Written instructions given to the adult home by the nurse delegator included the proper cleaning technique for the catheter and proper placement. The Entity Representative retrieved the instructions from a storage area in another room. The instructions were not accessible to staff.

Attestation Statement

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 Provider (or Representative)

04/07/2016

 Date

WAC 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.

- (1) The adult family home must complete the disclosure of charges forms as provided by the department and provide a copy of it to each resident who is admitted to the home.
- (2) If the adult family home chooses to provide its own disclosure of fees and charges to residents in addition to the form required by the department, the home:
 - (a) Must give full disclosure in writing;
 - (b) In a language the resident understands;
 - (c) Prior to the receipt of any funds.
- (3) The disclosure must include:
 - (a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, or is transferred or discharged from the home;
 - (b) The home's advance notice or transfer requirements; and
 - (c) The amount of the security deposits, admission fees, prepaid charges, minimum stay fees or any other fees or charges that will be refunded to the resident if the resident leaves the home.
- (4) The home must ensure that the receipt of the disclosures required under subsection (1) of this section is in writing and signed and dated by the resident and the home. The home must retain a copy of the disclosure and acknowledgement.
- (5) If the home does not provide these disclosures, the home must not keep the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges.
- (6) If a resident dies, is hospitalized or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:
 - (a) Must refund any deposit or charges already paid less the home's per diem rate for the days the resident actually resided, reserved or retained a bed in the home in spite of any minimum stay policy or discharge notice requirements; except that
 - (b) May keep an additional amount to cover its reasonable and actual expenses incurred as a result of a private-pay resident's move, not to exceed five days per diem charges; unless the resident has given advance notice in compliance with the admission agreement;
 - (c) May not require the resident to obtain a refund from a placement agency or person.
- (7) The adult family home may not retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW 70.129.150 .
- (8) All adult family homes covered under this section are required to refund any and all refunds due the resident within thirty days from the resident's date of discharge from the home.

(9) Nothing in this section applies to provisions in contracts negotiated between a home and a certified health plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

(10) If the home requires an admission agreement by or on behalf of an individual seeking admission the home must ensure the terms of the agreement are consistent with the requirements of this section, chapters 70.128 , 70.129 and 74.34 RCW, and other applicable state and federal laws.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home failed to ensure one resident (#5) admitted after [REDACTED] 5, was given a completed Disclosure of Charges form. This failure potentially prevented the resident from knowing about all charges for services in the adult home.

Findings include:

Resident #5 was admitted [REDACTED] 5. Review of [REDACTED] record included a Disclosure of Charges form that was not filled out, signed or dated.

On 3/10/16, when asked why the form was blank, the Entity Representative said because the resident was medicaid.

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, Heart of Gold Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 04/07/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

W. Hodgson
Provider (or Representative)

04/07/2016
Date