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

August 31, 2016

AMADOU DIBBA
AMOUR ADULT FAMILY HOME
5825 183rd Street SW
LYNNWOOD, WA 98037

RE: AMOUR ADULT FAMILY HOME License #750915

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 26, 2016 for the deficiency or deficiencies cited in the report/s dated June 7, 2016 and July 27, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jennifer Witman, Complaint Investigator

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

Sincerely,

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

Residential Care Services

Investigation Summary Report

Provider/Facility: AMOUR ADULT FAMILY HOME (688235)

Intake ID(s): 3202772

License/Cert. #: AF750915

Investigator: Randall, Katherine

Region/Unit: RCS Region 2/Unit B

Investigation Date(s): 07/27/2016 through 07/27/2016

Complainant Contact Date(s):

Allegations:

This AFH is late with annual fee.

Investigation Methods:

- [x] **Sample:** none
- [x] **Observations:** none
- [x] **Interviews:** none
- [x] **Record Reviews:** per licensing dept.

Allegation Summary:

The AFH has not paid the AFH annual licensing.

Unalleged Violation(s): ☐ **Yes** ☒ **No**

none

Conclusion / Action:

- [x] **Failed Provider Practice Identified / Citation(s) Written**
- [ ] **Failed Provider Practice Not Identified / No Citation Written**

388-76-10025

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

RECEIVED
AUG 05 2016
ALTSA/RCS ARLINGTON

Statement of Deficiencies	License #: 750915	Completion Date
Plan of Correction	AMOUR ADULT FAMILY HOME	July 27, 2016
Page 1 of 2	Licensee: AMADOU DIBBA	

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 complaint investigation of: 7/27/2016

AMOUR ADULT FAMILY HOME
5825 183RD ST SW
LYNNWOOD, WA 98037

This document references the following complaint number: 3202772

The department staff that inspected and investigated the adult family home:

Katherine Randall, BSN, Complaint Investigator

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 complaint investigation 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: 7/28/16

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: 8/2/16

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on and record review, the Adult Family Home, (AFH), failed to pay the required annual licensing fee. This failure placed all residents at risk of a discharge.

Findings include:

Review of the department licensing fee record indicated this home had not paid their annual 2015 licensing fee and was $1,350.00 overdue.

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, AMOUR ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8/2/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) | Date 8/2/16

Residential Care Services

Investigation Summary Report

Provider/Facility: AMOUR ADULT FAMILY HOME (688235)

Intake ID(s): 3201899

License/Cert. #: AF750915

Investigator: Witman, Jennifer

Region/Unit: RCS Region 2/Unit B

Investigation Date(s): 05/17/2016 through 06/07/2016

Complainant Contact Date(s):

Allegations:

The named resident was neglected at the adult family home (AFH).

Investigation Methods:

- [X] **Sample:** 3 residents and 1 closed record.
- [X] **Observations:** Environment, staff/staff interactions, staff/resident interactions, resident/resident interactions and care provision.
- [X] **Interviews:** Staff, residents and others not associated with the facility.
- [X] **Record Reviews:** Incident reports, resident records and facility records.

Allegation Summary:

The named resident was known to be resistant to care. The named resident had extensive behavioral issues. The named resident liked to sleep until 10-11 a.m. The named resident refused to get up to be toileted at night. The named resident went to bed late at night. The named resident stated she did not want to be bothered at night and wanted to sleep in till late in the morning. The named residents also took a [redacted] that increased urination. Observation of the resident's room at 10 a.m. revealed a strong odor of urine. The resident had just awoken and was getting up for the day. The named resident was assisted to the shower by the caregiver. When finished with her shower the named resident sat at the table and ate breakfast. The resident reported her skin was intact without any breakdown or redness. The named resident refused a skin assessment by the investigator. The caregiver cleaned the resident's room and changed the sheets. The odor of urine was less but still present and mixed with the odor of pine-sol. The room was explored with the provider. The floor was wooden and the odor seemed to linger in the floor. The named resident stated the room was fine and to leave it alone. The provider stated he would attempt to wash the floor and minimize the odor as much as possible. Failed practice was identified during the investigation. The provider failed to keep discharged resident records on the premises and accessible to department staff.

Residential Care Services

Investigation Summary Report

Unalleged Violation(s): ☐ **Yes** ☒ **No**

None.

Conclusion / Action: ☒ **Failed Provider Practice Identified / Citation(s) Written** ☐ **Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10315 (1)(g)(h).

Residential Care Services

Investigation Summary Report

Provider/Facility: AMOUR ADULT FAMILY HOME (688235)

Intake ID(s): 3176779

License/Cert. #: AF750915

Investigator: Witman, Jennifer

Region/Unit: RCS Region 2/Unit B

Investigation Date(s): 05/17/2016 through 06/07/2016

Complainant Contact Date(s):

Allegations:

The named resident was abused by another resident.

Investigation Methods:

- [x] **Sample:** 3 residents and 1 closed record.
- [x] **Observations:** Environment, staff/staff interactions, staff/resident interactions, resident/resident interactions and care provision.
- [x] **Interviews:** Staff, residents and others not associated with the facility.
- [x] **Record Reviews:** Incident reports, resident records and facility records.

Allegation Summary:

The alleged perpetrator (AP) was newly admitted to the adult family home. The AP was discriminatory towards the provider and caregivers and wanted to move. The AP went into the named resident's room and spit on her. The named resident stated it was an isolated incident and was unaffected by the incident. The AP moved to another adult family home (AFH) a couple weeks later. After the incident occurred, the caregivers and provider ensured the other residents were not harassed or harmed by the AP during the remainder of her stay at the AFH. The provider failed to maintain all of the AP's records on the AFH premises so they could be viewed by the department investigator. Failed practice was identified.

Unalleged Violation(s): [ ] **Yes** [x] **No**

None.

Conclusion / Action:

- [x] **Failed Provider Practice Identified / Citation(s) Written**
- [ ] **Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10315 (1)(f)(g)

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

RECEIVED
AUG 05 2016
ALTSA/RCS ARLINGTON

Statement of Deficiencies	License #: 750915	Completion Date
Plan of Correction	AMOUR ADULT FAMILY HOME	June 7, 2016
Page 1 of 3	Licensee: AMADOU DIBBA	

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 complaint investigation of: 5/17/2016 and 6/7/2016

AMOUR ADULT FAMILY HOME
5825 183RD ST SW
LYNNWOOD, WA 98037

This document references the following complaint numbers: 3176779 , 3201899

The department staff that inspected and investigated the adult family home:

Jennifer Witman, RN, BSN, Complaint Investigator

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 complaint investigation 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: 7/5/16

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: 7-29-16

WAC 388-76-10315 Resident record Required. The adult family home must:
(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:
(f) Be kept for three years after the resident leaves the home or death of the resident;
(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:
Based on interview and record review, the Provider failed to keep a discharged resident's record, (Resident 5's), in the adult family home and readily available for a department representative during an investigation. This failure led to a delay in the investigation regarding potential abuse of another resident (Resident 3).

Finding includes:

Resident 3 was admitted on [redacted]15 with diagnoses of [redacted] and [redacted]

Resident 5 was admitted on [redacted]15 with [redacted] and [redacted]
Resident 5 discharged from the home on [redacted]16.

All interviews occurred on 05/17/16 unless otherwise stated.

Resident 5 was unable to be reached for interview.

Review of the home's incident log revealed an incident in which Resident 5 walked into Resident 3's room during the night and spit on Resident 3's face.

Resident 3 stated she was asleep in her room when Resident 5 came in and spit on her face and then left without saying anything. Resident 3 stated she told the caregiver about the incident the next morning. Resident 3 stated it was an isolated incident and she was unharmed.

When asked to see Resident 5's records, the provider was unable to find the negotiated care plan, assessment, medication administration records, admission and discharge dates.

The provider stated he could not recall when Resident 5 was admitted or discharged. The provider also stated he did not have a preliminary or negotiated care plan for Resident 5 since she was there for such a short time.

The provider stated the incident occurred over 4 months ago and the resident had been discharged from the home shortly after the incident occurred. The provider stated he did not remember where he placed the information since so many months had passed.

The provider faxed all the requested documents to the department investigator on 05/22/16, 5 days after requested. Among the documents received was a negotiated care plan unsigned by Resident 5.

On 05/23/16, the provider stated he went through all the files and found the requested documents including the care plan that he originally stated he did not have. The provider stated he found

the care plan in the stored records. The provider stated Resident 5 refused to sign the care plan.

The provider stated he was unaware he had to maintain a discharged resident's records at the adult family home for 3 years.

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, AMOUR ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7-29-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X _____ X 7-29-16
Provider (or Representative) Date