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

May 4, 2016

GENET K GEBRAI
SELVERMOON ADULT FAMILY HOME
11555 17TH AVE NE
SEATTLE, WA 98125-5111

RE: SELVERMOON ADULT FAMILY HOME License #750926

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 3, 2016 for the deficiency or deficiencies cited in the report/s dated March 7, 2016 and found no deficiencies.

The Department staff who did the inspection:
Liza Masher, Licensor

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

Sincerely,

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

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

Statement of Deficiencies	License #: 750926	Completion Date
Plan of Correction	SELVERMOON ADULT FAMILY HOME	March 7, 2016
Page 1 of 8	Licensee: GENET GEBRAI	

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: 2/23/2016

SELVERMOON ADULT FAMILY HOME
11555 17TH AVE NE
SEATTLE, WA 98125-5111

The department staff that inspected the adult family home:
Liza Masher, RN, BSN, 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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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: 3/15/16

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: 3-24-2016

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:
(2) Staff orientation and training records pertinent to duties, including, but not limited to:
(b) Cardiopulmonary resuscitation;

This requirement was not met as evidenced by:
Based on observation, interview, and record review, the Adult Family Home (AFH) did not ensure one of two sampled staff (Caregiver B) CPR (Cardio Pulmonary Resuscitation) and first aid records were readily accessible to Department staff. This failure resulted in confusion concerning whether Caregiver B completed the training as required.

Findings include:

Observation, interview, and record review occurred on 02-23-16 unless otherwise noted.

The AFH hired Caregiver B on 07-19-15. She interacted with and provided care to residents. Caregiver B stated, she provided hands-on personal care to all residents in the AFH and sometimes worked alone.

Review of Caregiver B's records revealed no documentation regarding completion of CPR/First aid training.

In an interview, the Provider said Caregiver B had CPR/first aid card but could not find it.

The Provider sent a faxed copy of Caregiver B's AFH CPR/First aid training to the department on 3-7-16.

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, SELVERMOON ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4-31-2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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Genet Gebri
Provider (or Representative)

3-24-2016
Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:
(1) An initial skin test within three days of employment; and
(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:
Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure one of two sampled staff (Caregiver B) had two-step tuberculosis (TB) skin testing. This failure placed four of four residents (Resident #1, #2, #3, and #4) at risk of exposure to a communicable disease.

Findings include:

Observation, interview and record review, occurred on 02-23-16, unless otherwise noted.

Caregiver B interacted with and provided care to residents.

According to the Provider, the AFH hired Caregiver B on 07-19-15 and provided direct care to residents.

Review of Caregiver B's personnel records revealed no two-step TB testing. There was a normal chest x-ray result in her file dated 8-26-15.

According to Caregiver B, she did not have a TB skin testing done and stated "... they didn't do injection. They told me that the chest x-ray is the best one if I will work as a caregiver."

In an interview, the Provider stated, "I thought everything is okay because ... (Caregiver B) said the doctor told her ... just x-ray is okay."

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3-24-2016
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 (AFH) failed to update the Negotiated Care Plan (NCP) for one of two sampled residents (Resident #4) when the NCP no longer addressed and/or reflect resident's current care needs. This failure placed the resident at risk for unmet care needs due to caregiver's lack of or incorrect information regarding

Findings include:

Observation, interview, and record review occurred on 02-23-16 unless otherwise noted.

Resident #4 ambulated independently around the house with the use of a front wheeled-walker.

Record review of Resident #4'S NCP, last updated on 01-27-16 revealed the AFH admitted the resident in 2015. The resident's NCP, read "... CAREGIVER WILL CHECK BLOOD GLUCOSE 2X/WEEK AND WILL REPORT TO MD IF BLOOD SUGAR IS BELOW 60 OR ABOVE 350."

When asked about the results of the blood sugar checks, the Provider said the AFH was not responsible of checking the resident's blood sugar. She said the resident went to the Providence Elder Place (PEP- program of health care and social services for older adults) regularly and PEP was responsible for checking the resident's blood sugar.

When asked why the resident's NCP included care directive that was not performed by the AFH, the Provider indicated that she hired a nurse to develop the NCP and stated, "I don't know why she (nurse) put it there."

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WAC 388-76-10795 Windows.
(6) The home must ensure that each basement and each resident bedroom window, that meets the requirements of subsection (1), (2) and (3) of this section, are kept free from obstructions that might block or interfere with access for emergency escape or rescue.

This requirement was not met as evidenced by:
Based on observation and interview, the Adult Family Home (AFH) failed to ensure one of three bedroom windows (Bedroom C) was unobstructed. This failure placed two of four residents (Resident #'s 1and 2) at risk of harm or injury had they been unable to evacuate the home from the bedroom window in an emergency and/or emergency personnel's services were delayed due to blocked access.

Observation and interview occurred on 02-23-16 unless otherwise noted.

Resident #'s 1 and 2 lived in Bedroom C. A heavy table and a television on top of it blocked the resident's window. There were plastic bins filled with the resident's personal items on the table next to the television. Resident's personal items were also observed under the table. There was no space in front of the opening of the window for emergency evacuation and/or access.

In an interview, the Provider stated, "That's the resident's stuff and she wants it there."

Attestation Statement

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Genet Gebri — Provider (or Representative)

3-24-2016 — Date

WAC 388-76-10840 Emergency food supply. The adult family home must have an on-site emergency food supply that can be stored with other food in the home and that:
(1) Will last for a minimum of seventy-two hours for each resident and each household member;
(2) Meets the dietary needs of each resident, including any specific dietary restrictions any resident may have; and
(3) Is sufficient, safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:
Based on observation and interview, the Adult Family Home (AFH) failed to ensure there was sufficient emergency food supply in the home for four current residents, two staff and three others (total of nine) living in the home to last seventy-two hours. This failure placed all residents at risk of not receiving food and nutrition in an event of disaster/emergency.

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Findings include:

Observation and interview occurred on 02-23-16 unless otherwise noted.

During the tour of the home, the Department staff requested the Provider to show the AFH's emergency food supply. The Provider responded, "No, I don't have any emergency food now. I'm still working on it. I have thrown a lot of food last week because they all expired, nothing left. I have nothing to show you for emergency food. The foods that we have now are the food that we use every day."

Observation revealed the following foods were in the refrigerator: Partial loaf of bread, three oranges, one head of lettuce, one dozen eggs, potatoes (approximately 5 pounds) and condiments. The freezer had three packs of raw chicken (approximately one pound each pack) and two loaves of bread. There were few bananas on top of the refrigerator.

The food observed in the home was not enough to last for 72 hours for nine people.

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Genet Gebrai — 3-24-2016

Provider (or Representative) — Date

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for each resident and each household member;

(2) Is at least three gallons for each resident and each household member;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure there was adequate on-site emergency drinking water supply for four current residents, two staff and three persons living in the home. This failure placed the residents at risk of harm from dehydration in an event of an emergency.

Findings include:

All observation and interview occurred on 02-23-16 unless otherwise noted.

During the environmental tour of the home, the Provider showed the emergency drinking water stored in the AFH. Three cases contained twenty-four 500 milliliters (ml) bottled water per case. The total amount of water observed was nine gallons.

The required amount for the home was twenty-seven gallons (4 residents, 2 staff and 3 other persons).

When interviewed, the Provider confirmed she did not have enough emergency water as required. She stated, "They expire so we keep drinking it every day ..."

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Genet Gebrai — 3-24-2016
Provider (or Representative) — 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 observation, interview, and record review, the adult family home (AFH) failed to ensure one of two sampled staff (Provider) included a current 0.5 hours of proper food handling in the required 12 hours of annual continuing education (CE). Failure to ensure staff providing care to four of four residents (Residents #1, #2, #3, and #4) completed and reviewed the required food handling training placed the residents at risk for contracting food borne illness.

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Findings include:

Observation, interview and record review, occurred on 02-23-16, unless otherwise noted.

The Provider assisted Caregiver B to prepare food for the residents. She served and assisted residents with their meals.

According to the Provider, she provided direct care and services to all residents including meal preparation and assistance.

Record review revealed the Provider did not have a current food training certificate of completion.

In an interview, the Provider asked and stated, "Do I have to have a new one? (referring to food training) ... I didn't know I have to renew it."

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