



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

September 9, 2016

Caring Arms Adult Family Home Inc
Caring Arms Adult Family Home Inc
16912 118th Ave Ct E
Puyallup, WA 98374

RE: Caring Arms Adult Family Home Inc License #751047

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on September 8, 2016 for the deficiency or deficiencies cited in the report/s dated July 25, 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 black ink, appearing to read "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

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DSHS RCS Region 3

Statement of Deficiencies	License #: 751047	Completion Date
Plan of Correction	Caring Arms Adult Family Home Inc	July 25, 2016
Page 1 of 5	Licensee: Caring Arms Adult Family	

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:
 7/19/2016

Caring Arms Adult Family Home Inc
 16912 118th Ave Ct E
 Puyallup, WA 98374

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

7/26/16

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)

8/1/16

Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure a negotiated care plan (NCP) was completed in thirty days for one of one resident (#4). This failure placed the resident at risk for unmet care needs.

Findings include:

Observation, interview and record review were on 7/19/16.

Resident #4 was admitted [REDACTED] 6 with diagnoses including [REDACTED]

Observation revealed she required one person assistance to be transferred and wheeled to the dining room table for lunch. She fed herself.

Record review revealed no NCP. When asked, Staff A said she had not written the NCP because she had been busy and said she had not realized more than thirty days had passed since Resident #4's admission.

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, Caring Arms Adult Family Home Inc is or will be in compliance with this law and / or regulation on (Date) 7/26/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Lisa Nelson
Provider (or Representative)

8/1/16
Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed; and

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure psychopharmacologic medications were addressed on negotiated care plans (NCPs) for three of three residents (#s 1, 3 and 4) who take these medications. This failure placed the residents at risk for unmet care needs. Findings include:

Observation, interview and record review were on 7/19/16.

RESIDENT #1

Resident #1 had diagnoses including [REDACTED]. Observation revealed she was able to walk using her walker with one-person assistance.

Record review revealed she was prescribed [REDACTED]

[REDACTED] Staff A said Resident #1 could become [REDACTED]

[REDACTED] She said Resident #1 was fairly well controlled with her medications and this behavior was not exhibited regularly.

Review of her NCP revealed these medications were not documented nor were symptoms for use of the medications.

RESIDENT #3

Resident #3 had diagnoses including [REDACTED]. Observation revealed she transferred and walked independently using her walker.

Record review revealed she was prescribed [REDACTED]

Review of her NCP revealed these medications were not documented nor were symptoms for use of the medications.

RESIDENT #4

Resident #4 had diagnoses including [REDACTED]. Record review revealed she was prescribed [REDACTED]. Record review revealed these medications were not documented on her NCP nor were symptoms for use of the medication.

When brought to her attention, Staff A (who said she wrote care plans) said she was not aware this information was to be documented on negotiated care plans.

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, Caring Arms Adult Family Home Inc is or will be in compliance with this law and / or regulation on (Date) 8.5.16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Lisa Nelson
Provider (or Representative)

8/1/16
Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

This requirement was not met as evidenced by:

Based on interview and record review the adult family home failed to ensure the home's medicaid payment policy clearly stated the circumstances under which the adult home would provide care for residents who became medicaid eligible for [REDACTED] of six residents [REDACTED]

[REDACTED] This failure placed the residents at risk for not knowing if they could remain in the adult home if they became medicaid eligible. Findings include:

Interview and record review were on 7/19/16.

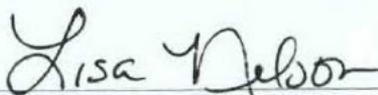
Record review revealed Resident [REDACTED] were private pay.

Record review revealed the adult home's "Medicaid Transition Policy" documented the adult home would "work with the resident/representative to determine the best course of action should the situation arise when Medicaid payment becomes necessary." The policy did not clearly state if the home would continue to provide care and services or if the residents would have to move.

Staff A (who said she was the operations manager) said residents would not have to move; however, agreed the policy was unclear.

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, Caring Arms Adult Family Home Inc is or will be in compliance with this law and / or regulation on (Date) 8-5-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

8/1/16
Date

WAC 388-76-10685 Bedrooms. The adult family home must:

(10) Unless the resident chooses to provide their own furniture and bedding, the home must provide each resident a bed thirty-six inches or more wide with:

- (a) A clean, comfortable mattress;
- (b) A waterproof cover for use when needed or requested by the resident;
- (c) Clean sheets and pillow cases;
- (d) Adequate clean blankets to meet the needs of each resident; and
- (e) Clean pillows.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure the bed for one of six residents [REDACTED] was at least thirty-six inches wide. This placed the resident at risk for falls and decreased quality of life.

Findings include:

Observation, interview and record review were on 7/19/16.

Resident [redacted] was admitted [redacted] 6 with diagnoses including [redacted] [redacted] admission assessment, dated [redacted] 16, documented [redacted] was at high risk to fall.

Observation revealed Resident [redacted] lying in [redacted] bed. [redacted] bed was against the wall, appeared narrow, and when measured, the mattress was thirty two inches wide. A mattress was placed on the floor beside [redacted] bed in the event [redacted] fell or rolled out of bed.

When brought to her attention, Staff A said she had not noticed Resident [redacted] bed was narrow.

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, Caring Arms Adult Family Home Inc is or will be in compliance with this law and / or regulation on (Date) 7/31/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Lisa Nelson
Provider (or Representative)

8/1/16
Date