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DSHS RCS  
Region3

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 45819, Olympia, WA 98504-5819**

|                           |  |                 |
|---------------------------|--|-----------------|
| Statement of Deficiencies | License #: 751117                              | Completion Date |
| Plan of Correction        | Carlstrom Comfort Living LLC Adult Family Home | April 18, 2016  |
| Page 1 of 3               | Licensee: Carlstrom Comfort Living             |                 |

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.

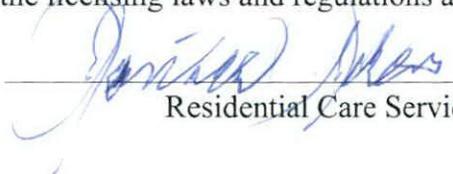
The department has completed data collection for the unannounced on-site full inspection of:  
4/15/2016

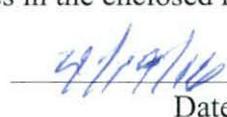
Carlstrom Comfort Living LLC Adult Family Home  
5012 E Brockdale Rd  
Shelton, WA 98584

The department staff that inspected the adult family home:  
Carol Smith, Licensor

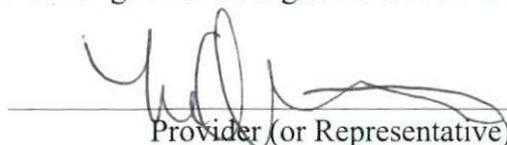
From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3, Unit D  
PO Box 45819  
Olympia, WA 98504-5819  
(360)664-8421

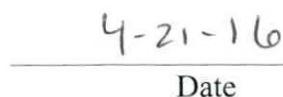
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
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 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:**

(1) When there is a significant change in the resident's physical or mental condition;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Provider failed to ensure 1 of 2 sampled Resident's (Resident # 2) assessment was updated when there was a significant change in this Resident's overall functional abilities. Failure to update the Resident's assessment with accurate information about current care needs and condition resulted in this Resident being at risk for not having her care needs met.

Findings include:

Interview and record review took place on 4/15/2016, unless otherwise noted.

Degrepancies to Resident # 2's assessment;

A [REDACTED] was listed in the medical devices but the Resident is [REDACTED] and can no longer use her [REDACTED]

[REDACTED] were also listed in the medical devices screen with the Resident's ability to put on them on independently, but the Resident no longer wears them and the Provider reported could no longer put on independently.

Ambulation was still listed as independent (unlimited distance) with no assistance required and the Resident requires full assistance and is [REDACTED] Stairs were also listed as performing independently and the Resident is not able to do any stairs.

The family and AFH reported the Resident is a significant fall risk but transfers are listed as, "Completes independently and safely."

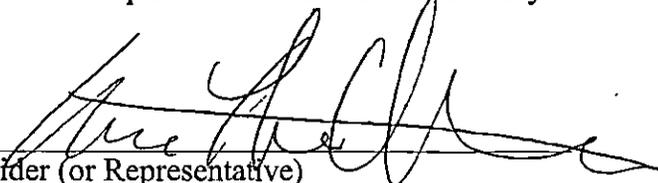
Toileting is listed as independent and the Provider reports the task is full caregiver support. The Resident also requires [REDACTED]

Full Caregiver support for dressing but the assessment states, "Stand by assist." Depression screen was not completed. Memory screen was not completed.

When the Provider was questioned about the assessment needing to be updated, she agreed. The Provider further stated she will have it updated as soon as possible.

**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, Carlstrom Comfort Living LLC Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4-21-16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

4-21-16  
\_\_\_\_\_  
Date

My plan of correction is to have a new assessment done for resident #2 and fax assessment to my licensor Carol Smith.



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 45819, Olympia, WA 98504-5819**

April 29, 2016

Carlstrom Comfort Living LLC Adult Family Home  
Carlstrom Comfort Living LLC Adult Family Home  
5012 E Brockdale Rd  
Shelton, WA 98584

RE: Carlstrom Comfort Living LLC Adult Family Home License #751117

Dear Provider:

On April 26, 2016 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated April 18, 2016.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:  
Carol Smith, Licensors

If you have any questions please, contact me at (360) 664-8421.

Sincerely,

Janice Jiles, Field Manager  
Region 3, Unit D  
Residential Care Services