



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

July 19, 2016

CARE WITH DIGNITY INC  
Care with Dignity, Inc  
6308 234th Street SW  
Mountlake Terrace, WA 98043

RE: Care with Dignity, Inc License #751186

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on July 11, 2016 for the deficiency or deficiencies cited in the report/s dated May 17, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Patty Johnson, Licensors

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

Sincerely,

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



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

Statement of Deficiencies	License #: 751186	Completion Date
Plan of Correction	Care with Dignity, Inc	May 17, 2016
Page 1 of 4	Licensee: CARE WITH DIGNITY	

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:  
5/17/2016

Care with Dignity, Inc  
6308 234th Street SW  
Mountlake Terrace, WA 98043

The department staff that inspected the adult family home:  
Patty Johnson, RN, Licensor

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

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Smokey Point

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

6/7/16  
\_\_\_\_\_  
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)

6/9/16  
\_\_\_\_\_  
Date

**WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:**

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

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

Based on interview, and record review, the provider failed to ensure the negotiated care plans for all residents, who required medication assistance, included how each resident would receive their medications when out of the home. This failure place the residents at risk for having unmet needs.

Findings include:

All interviews record reviews occurred on 5/17/16.

In an interview, the resident manager reported all residents require nurse delegation. She stated she did not realize the care plans did not include how each resident would receive their medications when out of the home.

Record review for Resident 1 revealed an assessment dated 1/29/16 that stated the resident required medication assistance. The negotiated care plan dated 6/2/15 did not include how the resident was to receive her medications when she was out of the home.

Record review for Resident 2 revealed an assessment dated 1/2/16 that stated the resident required medication assistance. The negotiated care plan dated 1/2/16 did not include how the resident was to receive her medications when she was out of the home.

Record review for Resident 3 revealed an assessment dated 5/28/15 that stated the resident required medication assistance. The negotiated care plan dated 5/28/15 did not include how the resident was to receive her medications when she was out of the home.

Record review for Resident 4 revealed an assessment dated 2/28/16 that stated the resident required medication assistance. The negotiated care plan dated 2/28/16 did not include how the resident was to receive her medications when she was out of the home.

Record review for Resident 5 revealed an assessment dated 5/1/16 that stated the resident required medication assistance. The negotiated care plan dated 4/28/16 did not include how the resident was to receive her medications when she was out of the home.

**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, Care with Dignity, Inc is or will be in compliance with this law and / or regulation on (Date) 6/9/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

J. Albers \_\_\_\_\_ 6/9/16 \_\_\_\_\_  
Provider (or Representative) Date

**WAC 388-76-10650 Medical devices. Before the adult family home uses medical devices for any resident, the home must:**

- (1) Review the resident assessment to determine the resident's need for and use of a medical device;
- (2) Ensure the resident negotiated care plan includes the resident use of a medical device or devices; and
- (3) Provide the resident and family with enough information about the significance and level of the safety risk of use of the device to enable them to make an informed decision about whether or not to use the device.

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

Based on observation, interview and record review, the provider failed to have a system in place to ensure there was an assessment, care plan and risks and benefits were reviewed with the resident and/ or representative for 1 of 5 residents (Resident 1) completed before a resident used a bed that had [redacted] on it. This failure placed the resident at risk of harm for entrapment and/ or related injuries.

**Findings include:**

All interviews, observations and record reviews occurred on 5/17/16.

Resident 1 moved into the AFH on [redacted] 5 with diagnoses that included [redacted] and [redacted]

During a tour of the home, resident 1's bed was observed with one side against the wall and the other side with 1 [redacted] in the [redacted] position.

In an interview, the resident manager reported resident 1 does not use the [redacted] that the bed had come with two on it, but they had removed the one against the wall but not the other. The provider reported a [redacted] assessment, negotiated care plan or risks and benefits for the [redacted] use were not done. In an interview with Resident 4, [redacted] could not state if [redacted] used the [redacted] or not.

Record review for resident 1 revealed no documentation of a completed assessment, care plan or of an explanation of the risks and benefits for the [redacted] being on the bed.

**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, Care with Dignity, Inc is or will be in compliance with this law and / or regulation on (Date) 6/9/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

J. Albert  
Provider (or Representative)

6/9/16  
Date