STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

Statement of Deficiencies	License #: 751263	Completion Date
Plan of Correction	GARDEN PATH	March 1, 2016
Page 1 of 4	Licensee: G Path Inc	

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:
3/1/2016

GARDEN PATH
4917 HENLEY ST
BLAINE, WA 98230

The department staff that inspected the adult family home:
Megan Wylie, BSN, Licensor

RECEIVED
MAR 22 2016
ADSA/RCS
Smokey Point

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 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.

[signature] 3/3/16

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.

X T. Dewilde X 3-20-16

Provider (or Representative) — Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.
(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:
(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;
(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:
Based on record review and interview, the provider failed to ensure a Washington State Name and Date of Birth Background Check was current for a live in family member. This placed 6 of 6 residents at risk for abuse and exploitation.

Findings include:

A full licensing inspection was conducted on 3/2/16 , the Resident Manager and licensor reviewed the facility's background checks together. The Resident Manager stated that the live in staff's husband, that lived upstairs and helped around the house, did not have a new background check completed every 2 years as required. Household Member 1's Background Check expired 4/2/15.

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, GARDEN PATH is or will be in compliance with this law and / or regulation on (Date) X 3|9|16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X T. Dewitt
Provider (or Representative)

X 3-20-16
Date

WAC 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.
(2) If the background check results show that an individual specified in WAC 388-76-10161 has a criminal conviction or pending charge for a crime that is not automatically disqualifying under chapter 388-113 WAC, then the adult family home must:
(a) Determine whether or not the person has the character, competence and suitability to have unsupervised access to residents; and
(b) Document in writing the basis for making the decision.

This requirement was not met as evidenced by:
Based on record review and interview the provider failed to ensure the Character and Competence was reviewed on 1 household member who had non disqualifying actions return on

the Washington State Name and Date of Birth background check. This placed all 6 residents at risk for abuse or exploitation.

Findings include:

The Resident Manager and licensor reviewed staff records together on 3/1/16. The background checks were reviewed for all household members. Household Member 1, who lived upstairs with Caregiver A, most recent background check, dated 3/2/13, returned with non disqualifying negative actions. A review of his character and competence was not completed as required.

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, GARDEN PATH is or will be in compliance with this law and / or regulation on (Date) 3-9-16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

T. Dunkle
Provider (or Representative)

3-20-16
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:

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the provider did not have a plan in the Negotiated Care Plan (NCP) for communicating with Resident 3's medical doctor to report frequent care refusals or behavior management. This failure resulted in Resident 3 having unmet care needs related edema.

Findings include:

Resident 3 moved into the home on [redacted]14 with multiple diagnosis' including [redacted] The resident's assessment was completed by Home And Community Services, dated 9/11/15, identified the resident's decision making skills as poor/unaware of consequences and refused medications when in a mood. The Assessment also identified behaviors that included [redacted] RE: health and body functions and unrealistic fears and suspicions.

On 3/1/16 a review of Resident 3's NCP, signed 8/11/15, was completed. The NCP did not

contain information regarding refusing care or treatment or when to notify the provider. The NCP also did not include any information regarding assessed behaviors and a plan to reduce them.

An interview with the resident, on 3/1/16, was difficult due to the same behaviors assessed by Home and Community Services, but the resident did state that she sees her doctor a lot. It was also evident that the resident was non compliant with treatments. The resident's [redacted] were very swollen and the resident stated that was just how they were.

The resident's record was reviewed and an order, dated 11/17/15, that directed the facility to weigh the resident daily and to report to the provider a weight gain of 3 or more pounds in 2 days. A review of the resident's weights from 1/1/16 to 2/29/16 showed 18 of 60 weights obtained. The resident had refused the rest and the facility did not notify the provider. Of those 18 weights the following dates/weights were outside the physicians directed parameters:

1/25/16-1/28/16: +6 pounds
1/28/16-1/29/16: +3 pounds
2/2/16-2/3/16: +6 pounds
2/7/16-2/9/16: +4 pounds
2/23/16-2/25/16: +5 pounds

The resident's provider was not notified of any of these weights placing the resident at risk for additional wounds and worsening [redacted] symptoms to include [redacted]

The Resident Manager stated, during an interview on 3/1/16, that she was unaware of the behaviors identified in the assessment as well as the order to contact the physician regarding weight gains greater than 3 pounds.

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, GARDEN PATH is or will be in compliance with this law and / or regulation on (Date) 3-23-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

T. Denlde
Provider (or Representative)

3-20-16
Date

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

April 14, 2016

G Path Inc
GARDEN PATH
4408 RURAL AVE
BELLINGHAM, WA 98226

RE: GARDEN PATH License #751263

Dear Provider:

On April 11, 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 March 1, 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:
Megan Wylie, Licensor

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

Sincerely,

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