



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

September 5, 2018

Kind Hearts Adult Family Home LLC
Kind Hearts Adult Family Home LLC
9008 138th St E
Puyallup, WA 98373

RE: Kind Hearts Adult Family Home LLC License #751411

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on September 4, 2018 for the deficiency or deficiencies cited in the report/s dated May 16, 2018 and August 2, 2018 and found no deficiencies.

The Department staff who did the inspection:
Gary Fuentebella, Licensors

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 98967, Lakewood, WA 98496

RECEIVED
AUG 30 2018
DSHS RCS Region 3

Statement of Deficiencies	License #: 751411	Completion Date
Plan of Correction	Kind Hearts Adult Family Home LLC	August 2, 2018
Page 1 of 4	Licensee: Kind Hearts Adult Family Home LLC	

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 follow-up inspection of 7/25/2018
Kind Hearts Adult Family Home LLC
9801 120th St E
Puyallup, WA 98373

This document references the following SOD dated: May 16, 2018
The department staff that inspected the adult family home:
Gary Frontebella, 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 follow-up 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]
Residential Care Services

8/3/18
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.

[Signature]
Provider (or Representative)

8-30-18
Date

Statement of Deficiencies:	License #: 75141J	Completion Date
Plan of Correction	Kind Hearts Adult Family Home LLC	August 2, 2018
Page 2 of 4	Licensee: Kind Hearts Adult Family Home LLC	

WAC 388-76-10165 Background checker 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 observation, interview and record review the home failed to ensure the Entity Representative (ER) and Resident Manager (RM) had valid State name and date of birth (DOB) background check results. This failure placed all residents at risk for unsupervised access from the ER and RM with possible disqualifying criminal histories.

Findings included:

On 05/16/18, the home was cited for not having a valid State name and DOB background check results for the Entity Representative (ER) and Resident Manager (RM).

On 06/18/18, the Department received the home's Plan of Correction (POC) stating the above-mentioned citation will be corrected on 06/30/18.

On 07/25/18, during an unannounced follow-up visit, review of personnel files revealed both the ER and RM had no valid background check results. The ER showed a document stating he and the RM submitted background check authorization requests to the Background Check Central Unit (BCCU) on 06/27/18.

The ER said he had not telephoned the BCCU to inquire about the results. The ER said the BCCU website stated it would take 5-7 weeks to have their background checks processed.

On 08/02/18, during telephone interview, BCCU staff said the ER and RM had no pending background check requests in BCCU records.

This is a repeated and uncorrected Washington Administrative Code (WAC) violation previously cited on 05/16/18.

Statement of Deficiencies	License #: 751411	Completion Date
Plan of Correction	Kind Hearts Adult Family Home LLC	August 2, 2018
Page 3 of 4	Licensed Kind Hearts Adult Family Home LLC	

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, Kind Hearts Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8-30-18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

William Oth
Provider (or Representative)

8-30-18
Date

WAC 388-76-10095 Emergency evacuation drills Frequency and participation. The adult family home must ensure:

- (1) Emergency evacuation drills occur during random staffing shifts at least every two months; and

This requirement was not met as evidenced by:

Based on interview and record review the home failed to ensure emergency evacuation drills were conducted at least every two (2) months. This failure placed all residents at risk for delay in evacuation in case of an emergency.

Findings included:

On 05/16/18, the home was cited for not conducting emergency evacuation drills at least every 2 months.

On 06/18/18, the Department received the home's Plan of Correction (POC) stating the above-mentioned citation had been corrected on 06/01/18.

On 07/25/18, during an unannounced follow-up visit, review of the fire drill log revealed the last time the home conducted an emergency evacuation drill was on 04/20/18, three (3) months ago. During interview, the Entity Representative (ER) had no explanation why an emergency evacuation drill was not conducted during the month of June 2018 when it was due.

This is a repeated and uncorrected Washington Administrative Code (WAC) violation previously cited on 5/16/18.

No. 4832 P. 8

08/30/2018 14:38 FAX
Aug. 30. 2018 1:11PM

Statement of Deficiencies	License #: 751411	Completion Date
Plan of Correction	Kind Hearts Adult Family Home LLC	August 7, 2018
Page 4 of 4	Licensee: Kind Hearts Adult Family Home LLC	

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, Kind Hearts Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8-30-18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

William Oth
Provider (or Representative)

8-30-18
Date



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

RECEIVED
 JUN 18 2018
 DSHS RCS Region 3

Statement of Deficiencies	License #: 751411	Completion Date
Plan of Correction	Kind Hearts Adult Family Home LLC	May 16, 2018
Page 1 of 9	Licensee: Kind Hearts Adult Family Home LLC	

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: 5/16/2018

Kind Hearts Adult Family Home LLC
 9801 120th St E
 Puyallup, WA 98373

The department staff that inspected the adult family home:
 Gary Fuentebella, 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

5/22/18
 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)

5-28-18
 Date

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on observation, interview and record review the home failed to ensure nurse delegation was in place for 1 of 6 residents (Resident #6) who required administration of medication. This failure placed Resident #6 at risk for medical complications.

Findings included:

All observation, interview and record review occurred on 05/16/18 unless otherwise noted.

Resident #6 was admitted with diagnoses to include [REDACTED]. Her assessment dated 04/07/18 revealed she needed administration of medications.

Resident #6 was observed reading the newspaper in her bedroom. During interview, Resident #6 did not have any concerns regarding the care and services she received in the home.

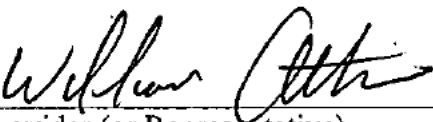
During interview the Resident Manager (RM) said she administered Resident #6's Latanoprost eye drops (for glaucoma) at night. When asked if nurse delegation was in place, the RM said no. The RM added they had telephoned the Registered Nurse Delegator (RND) to schedule a visit to delegate the task, but the RND had not returned their call.

Record review revealed the RND had not delegated the administration of eye drops to Resident #6. The Provider telephoned the RND and said the RND was scheduled to visit the home on 05/23/18 to delegate the task to the caregivers.

This is a recurring Washington Administrative Code (WAC) violation previously cited on 08/17/15.

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, Kind Hearts Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6-1-18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

5-28-18

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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review the home failed to ensure an assessment was done at least every twelve (12) months for 1 of 6 residents (Resident #1). This failure placed Resident #1 at risk for not having a thorough evaluation of her current care and service needs.

Findings included:

All observation, interview and record review occurred on 05/16/18 unless otherwise noted.

Resident #1 was admitted with diagnoses to include [REDACTED]. Her assessment dated 02/22/17 revealed he had memory problems, made poor decisions, and needed assistance with personal hygiene, body care, bathing, dressing and medication management.

Resident #1 was observed watching TV in her bedroom. During interview, Resident #1 did not express any concerns about the care and services she received in the home.

Record review revealed the last assessment Resident #1 had was on 02/22/17, fifteen (15) months ago. During interview, the Entity Representative (ER) said he forgot that Resident #1 was due for her annual assessment.

This is recurring Washington Administrative Code (WAC) violation previously cited on 08/17/15.

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, Kind Hearts Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6-1-18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

5-28-18

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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review the home failed to ensure 1 of 6 residents' (Resident #1) Negotiated Care Plan (NCP) was revised and reviewed at least every twelve (12) months. This failure placed Resident #1 at risk for unmet care and service needs.

Findings included:

All observation, interview and record review occurred on 05/16/18 unless otherwise noted.

Resident #1 was admitted with diagnoses to include [REDACTED]. Her assessment dated 02/22/17 revealed he had memory problems, made poor decisions, and needed assistance with personal hygiene, body care, bathing, dressing and medication management.

Resident #1 was observed watching TV in her bedroom. During interview, Resident #1 did not express any concerns about the care and services she received in the home.

Record review revealed the last time Resident #2's NCP was reviewed and revised was on 03/27/17, fourteen (14) months ago. During interview, the Entity Representative (ER) said he forgot that Resident #1's NCP was due for review.

This is recurring Washington Administrative Code (WAC) violation previously cited on 08/17/15.

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, Kind Hearts Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6-1-18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

5-28-18

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;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review the home failed to ensure the home's Medicaid policy was fully disclosed to 2 of 6 residents (Resident #2 and Resident #3). This failure placed both residents at risk for not knowing the home's policy on Medicaid.

Findings included:


All interview and record review occurred on 05/16/18 unless otherwise noted.

Record review revealed Resident #2 and Resident #3 (both private-pay) were not provided with the home's policy on accepting Medicaid. During interview, the Entity Representative (ER) said he already had the policy document in his computer, but did not have a chance to provide it to the residents.

This is recurring Washington Administrative Code (WAC) violation previously cited on 08/17/15.

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, Kind Hearts Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6-1-18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

5-28-18

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 observation, interview and record review the home failed to ensure the Entity Representative (ER) and Resident Manager (RM) had valid State name and date of birth (DOB) background check results. This failure placed all residents at risk for unsupervised access from the Provider and RM with possible disqualifying criminal history.

Findings included:

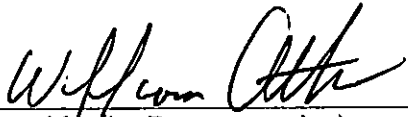
All observation, interview and record review occurred on 05/16/18 unless otherwise noted.

The ER and RM were observed working in the home. Review of personnel files revealed both the ER and RM's State name and DOB background check results had expired on 09/15/17. During interview, the ER said he forgot that their background check results were only good for two (2) years.

This is recurring Washington Administrative Code (WAC) violation previously cited on 08/17/15.

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, Kind Hearts Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6-30-18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

5-28-18

Date

WAC 388-112A-0240 What documentation is required for facility orientation training?

(1) The adult family home, enhanced services facility, and assisted living facility must maintain documentation that facility orientation training has been completed as required by this chapter. The training and documentation must be issued by the home or service provider familiar with the facility and must include:

- (a) The name of the student;
- (b) The title of the training;
- (c) The number of hours of the training;
- (d) The signature of the instructor providing facility orientation training;
- (e) The student's date of hire; and
- (f) The date(s) of facility orientation.

This requirement was not met as evidenced by:

Based on observation, interview and record review the home failed to document 1 of 1 caregiver (Caregiver A) facility orientation training. This failure placed all residents at risk for receiving care and services from an inadequately trained caregiver.

Findings included:

All observation, interview and record review occurred on 05/16/18 unless otherwise noted.

Caregiver A was observed working in the home with the Entity Representative (ER) and the Resident Manager (RM). During interview, the RM said Caregiver A started as a volunteer and was hired and received facility orientation training around September 2017 after she passed her Home Care Aide (HCA) certification.

Review of personnel file revealed no documentation to show when Caregiver A was given the home orientation training to include her name, title of the training, number of hours of the training, signature of the instructor, date of hire, date of facility orientation. During interview, the ER verified the findings and said he will address the issue.

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, Kind Hearts Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6-30-18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

William Oth
Provider (or Representative)

5-28-18
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:

(1) Emergency evacuation drills occur during random staffing shifts at least every two months; and

This requirement was not met as evidenced by:

Based on interview and record review the home failed to ensure emergency evacuation drills were conducted at least every two (2) months. This failure placed all residents at risk for delay in evacuation in case of an emergency.

Findings included:

All interview and record review occurred on 05/16/18 unless otherwise noted.

Review of the fire drill log revealed the following evacuation drills done in 2017 were three (3) months apart: 03/20/17, 06/20/17, 09/20/17, and 12/20/17. The evacuation drills done in 2018 were two (2) months apart.

During interview, the Entity Representative (ER) said he did not why he did the evacuation drills every 3 months in 2017.

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, Kind Hearts Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6-7-18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

William Oth
Provider (or Representative)

5-28-18
Date

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(a) Adult family home applicants, providers, entity representatives, and resident managers must have and maintain a valid CPR and first-aid card or certificate before they obtain a license.

This requirement was not met as evidenced by:

Based on observation, interview and record review the home failed to ensure the Entity Representative (ER) had a valid cardiopulmonary resuscitation (CPR)/first-aid card. This failure placed all residents at risk for receiving inappropriate CPR/first-aid from an inadequately trained ER.

Findings included:


All observation, interview and record review occurred on 05/16/18 unless otherwise noted.

The ER was observed working in the home with the Resident Manager (RM) and Caregiver A. review of personnel files revealed the ER's CPR/first-aid card had expired on 08/19/17. During interview, the ER verified the findings and said he will take care of the issue.

This is recurring Washington Administrative Code (WAC) violation previously cited on 02/02/17.

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, Kind Hearts Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6-25-18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

5-28-18

Date

WAC 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.

(1) The adult family home must complete the department's disclosure of charges form and provide a copy to each resident admitted to the home.

This requirement was not met as evidenced by:

Based on interview and record review the home failed to provide the Department's standardized Disclosure of Charges form to 6 of 6 residents (Residents #1, #2, #3, #4, #5, & #6). This failure placed all residents at risk of not knowing services and charges for the services in the home.

Findings include:

All interview and record review occurred on 05/16/18 unless otherwise noted.

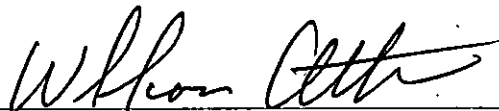
Record review revealed Residents #1, #2, #3, #4, #5, and #6 (all admitted either in 2017 or

2018) were not provided with the Department's standardized Disclosure of Charges form.

During interview, the Entity Representative (ER) said he was not aware of the requirement and would provide each resident the document.

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, Kind Hearts Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6-30-18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

5-28-18

Date