



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 3, 2019

ORATHAI NACKVISETH
ELDERS CARE HOME
1700 FERRY AVE SW
SEATTLE, WA 98116

RE: ELDERS CARE HOME License #751538

Dear Provider:

On March 29, 2019 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 February 5, 2019.

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:
Liza Masher, Licensor

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 751538	Completion Date
Plan of Correction	ELDERS CARE HOME	February 5, 2019
Page 1 of 2	Licensee: ORATHAI NACKVISETH	

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 off-site follow-up inspection of: 2/4/2019

ELDERS CARE HOME
 1700 FERRY AVE SW
 SEATTLE, WA 98116

This document references the following SOD dated: December 3, 2018

The department staff that inspected the adult family home:

Liza Masher, RN, BSN, Licensor

From:


DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

As a result of the off-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.


 Residential Care Services

02/13/2019
 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)

2/26/19
 Date

This document was prepared by Residential Care Services for the Locator website.

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure two of two Volunteer staff (Volunteers #1 and #2) had two-step tuberculosis (TB) skin testing. This failure placed five of five current residents (Residents #1, #2, #3, #4, and #5) at risk of exposure to TB a communicable disease.

Findings include:

Interview, and record review, occurred on 11-29-2018 and 02-04-2019 unless otherwise noted.

During a full inspection visit on 11-29-2018, the Provider said Volunteer #1 started to work in the AFH on 06-10-2009 and Volunteer #2 on 04-24-2018. Volunteers #1 and #2's duties included but not limited to interacting with the residents.

Review of Volunteer #1's personnel records revealed a negative TB skin test result dated 11-10-2014. There was no valid two-step TB skin testing results found in the records.


Review of Volunteer #2's personnel records revealed a negative TB skin test result dated 04-25-2018. There was no valid two-step TB skin testing results found in the records.

The Provider signed and submitted the statement of deficiencies (SOD) dated 12-03-2018 indicating that the AFH would comply with the TB testing requirements for Volunteers #1 and #2 by 02-01-2019.

During a follow-up telephone interview on 02-04-2019, the Provider said both Volunteers #1 and #2 were not able to have their PPD done due to scheduling conflict.

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, ELDERS CARE HOME is or will be in compliance with this law and / or regulation on (Date) 2/28/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

2/26/19

Date

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 751538	Completion Date
Plan of Correction	ELDERS CARE HOME	December 3, 2018
Page 1 of 9	Licensee: ORATHAI NACKVISETH	

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:
 11/29/2018

ELDERS CARE HOME
 1700 FERRY AVE SW
 SEATTLE, WA 98116

The department staff that inspected the adult family home:
 Liza Masher, RN, BSN, Licensor


From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

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

12/17/2018
 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)

12/27/18
 Date

WAC 388-76-10870 Resident evacuation capability levels Identification required. The adult family home must ensure that each resident's assessment identifies, and each resident's preliminary care plan and negotiated care plan describes the resident's ability to evacuate the home according to the following descriptions:

- (1) Independent: Resident is physically and mentally capable of safely getting out of the home without the assistance of another individual or the use of mobility aids. The department will consider a resident independent if capable of getting out of the home after one verbal cue;
- (2) Assistance required: Resident is not physically or mentally capable of getting out of the house without assistance from another individual or mobility aids.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to identify on the Negotiated Care Plan (NCP) for one of two sampled resident's (Resident #1) ability to evacuate the home according to the descriptions as independent or assistance. Failure to appropriately identify the resident's ability to evacuate placed Resident #1 at risk of not receiving the required needed assistance during evacuation in the event of a fire or emergency.

Findings include:

Observation, interview, and record review, occurred on 11-29-2018 unless otherwise noted.

During entrance interview, the Provider said Resident #1 was independent with evacuation.

At about 02:32 p.m. Resident #1 ambulated with a walker.

Resident #1's assessment, last updated on 05-01-2018, noted "She (Resident #1) has a walker ... she is unsteady ... walks with a shuffle ... becomes unbalanced"

Resident #1's NCP, last updated on 05-01-2018, noted: "Evacuation: The Client (Resident #1) is ... capable of safely getting out of the house without ... use of a mobility device."

In an interview, the Provider did not offer an explanation as to why Resident #1's evacuation level was not appropriately identified in her NCP.

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, ELDERS CARE HOME is or will be in compliance with this law and / or regulation on (Date) 12/1/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

12/1/18

Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure the fire extinguishers are:

(a) Installed according to manufacturer recommendations;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) did not install three of three fire extinguishers (Extinguishers #1, #2, and #3) in accordance with the manufacturer's recommendation. This failure placed five of five current residents (Residents #1, #2, #3, 4, and #5) at risk of harm in the event of fire.

Findings include:

Observation and interview occurred on 11-29-2018 unless otherwise noted.

The AFH was a three level home.

During the tour of the first level (main floor where residents lived) of the home at about 11:15 a.m., a portable fire extinguisher (extinguisher #1) was in a corner at the dining room area. The fire extinguisher was standing upright and unsecured.

During the tour of the second level of the home at about 11:53 a.m., a portable fire extinguisher (extinguisher #2) was in a corner near the kitchen area. The fire extinguisher was standing upright and unsecured.

During the tour of the third level of the home at about 11:59 a.m., a portable fire extinguisher (extinguisher #3) standing upright on the floor near the stairs and unsecured.


The portable fire extinguishers had the following label that says, "... to be installed, maintained, inspected, and tested in accordance with the standard of the National Fire Protection Association (NFPA) titled portable fire extinguisher."

According to the NFPA, standard for portable fire extinguishers weighing less than 40 pounds (like the extinguisher found in the AFH), should be installed so that the top is not more than five feet above the ground, but no lower than four inches above the floor.

When asked, the Provider stated; "I don't know how to put (install) it (fire extinguisher). I don't have the hook."

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, ELDERS CARE HOME is or will be in compliance with this law and / or regulation on (Date) 12/5/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

12/5/18

Date

WAC 388-76-10805 Automatic smoke detectors. The adult family home must ensure approved automatic smoke detectors are:

- (1) Installed, at a minimum, in the following locations:
- (c) On every level of a multilevel home.

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure that a smoke detector installed in the second level of the home was in working condition. This failure placed five of five current residents (Residents #1, #2, #3, #4, and #5) at risk of not being evacuated in a timely manner in the event of a fire.

Findings include:

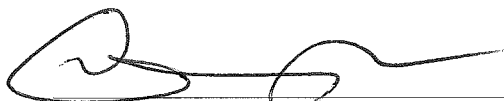
Observation and interview occurred on 11-29-2018 unless otherwise noted.

During the tour of the home at about 11:57 a.m., the smoke alarm/detector located in the second level of the home did not activate when tested.

In an interview, the Provider stated, "It (smoke detector) probably needs new battery."

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, ELDERS CARE HOME is or will be in compliance with this law and / or regulation on (Date) 11/29/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

12/27/18

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 Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for one of two sampled residents (Resident #3) at least every twelve months. This failure placed the resident at risk for unmet care needs.

Findings include:

Observation, interview, and record review, occurred on 11-29-18 unless otherwise noted.

Between about 10:10 a.m. to 04:53 p.m., the AFH staff provided care and services to Resident #3.

Review of Resident #3's records revealed the AFH admitted her in 2014.

Further review of Resident #3's records showed its Negotiated Care Plan (NCP) was last reviewed, updated, signed by the AFH representative and the resident's Power of Attorney (POA) on 10-26-2017.

When asked why Resident #3's NCP not updated at least every 12 months, the Provider stated; "It's my fault, I forgot."

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, ELDERS CARE HOME is or will be in compliance with this law and / or regulation on (Date) 12/5/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

12/27/18
Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the daily medication logs/medication administration record (MAR) for one of two sampled residents (Resident #1) was updated to reflect the right dosage of the medications the

resident was taking and as ordered by the doctor. This failure placed Resident #1 at risk for harm related to medication errors.

Findings include:

Observation, interview, and record review, occurred on 11-29-2018 unless otherwise noted.

According to the Provider, Resident #1 received medication assistance from staff.

Review of Resident #1's assessment, dated 05-01-2018, revealed medical diagnoses that included but not limited to [REDACTED], [REDACTED]

and [REDACTED]

Observation at about 03:04 p.m. revealed Resident #1's medications were prepackaged by the pharmacy in bubble packs.

1) The medication bubble pack labeled "Simvastatin [a medication used to treat Hyprlipidemia] 20 mg. (milligrams) tablet. Take 1 tablet by mouth daily at bedtime" was observed about 03:04 p.m. in Resident #1's medication supply.

- Record review revealed a doctor's order dated 10-18-2018 that says "Simvastatin 20 mg. tab. (tablet). Take 1 tablet by mouth daily at bedtime."

- Further record review revealed a type-written MAR that says "Simvastatin 25 mg (daily)."

2) The medication bubble pack labeled "Metformin [a medication use to control high blood sugar] HCL [hydrochloride] 500 mg. tab. Take 1 tab by mouth twice daily" was observed about 03:15 p.m. in Resident #1's medication supplies.

- Record review revealed a doctor's order dated 10-18-2018 that says "Metformin 500 mg. tab. Take 1 tab by mouth twice daily."

- Further record review revealed a type-written MAR that says "Metformin 100 mg. (2x daily)."

3) The medication bubble pack labeled "Metoprolol [a medication used to treat high blood pressure] Succ [succinate] ER [extended release] 50 mg. (sub [substitute] for Toprol XL 50 mg tablet). Take 1 Tablet by mouth twice daily." was observed about 03:20 p.m. in Resident #1's medication supply.

- Record review revealed a doctor's order dated 10-18-2018 that says "Metoprolol XL 50 mg. Take 1 tab by mouth twice a day."

- Further record review revealed a type-written MAR that says "Metoprolol 25 mg (2 times daily)."

When asked about the discrepancies, the Provider stated, "That's my mistake. That's just the writing. I have to redo that (MAR) in my computer."

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, ELDERS CARE HOME is or will be in compliance with this law and / or regulation on (Date) 12/11/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
- (a) Training required by chapter 388-112 WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) did not keep the training records for two of two sampled staff (Provider and Resident Manager [RM]) and make it readily available for review by the Department staff. Failure to keep its food safety training certificate and/or continuing education resulted in uncertainty whether or not the residents were receiving care from a qualified staff.

Findings include:

Observation, interview, and record review, occurred on 11-29-2018 unless otherwise noted.

Between about 12:01 p.m. to 01:00 p.m., the Provider prepared, served and assisted with the residents' lunch.

At about 04:52 p.m., RM fed Resident #5 during dinner.


Review of the Provider and RM's personnel records revealed no certificate of completion for food handling and/or food safety continuing education.

In an interview, the Provider stated, "I thought I have that (food handling certificate). I didn't know it expired."

On 12-03-2018, the AFH sent a copy of the Provider and RM's food worker card/food handling certificate that was completed on 04-06-2018 with an expiration date of 04-06-2020.

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, ELDERS CARE HOME is or will be in compliance with this law and / or regulation on (Date) 12/3/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


 Provider (or Representative)

12/27/18
 Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure two of two Volunteer staff (Volunteers #1 and #2) had two-step tuberculosis (TB) skin testing. This failure placed five of five current residents (Residents #1, #2, #3, #4, and #5) at risk of exposure to TB a communicable disease.

Findings include:

Observation, interview, and record review, occurred on 11-29-2018 unless otherwise noted.

Between about 10:10 a.m. to 04:53 p.m., Volunteers #1 and #2 were observed in the AFH.

According to the Provider, Volunteer #1 started to work in the AFH on 06-10-2009 and Volunteer #2 on 04-24-2018. Volunteers #1 and #2's duties included but not limited to interacting with the residents.

Review of Volunteer #1's personnel records revealed a negative TB skin test result dated 11-10-2014. There was no valid two-step TB skin testing results found in the records.

Review of Volunteer #2's personnel records revealed a negative TB skin test result dated 04-25-2018. There was no valid two-step TB skin testing results found in the records.

In an interview, the Provider stated, "... I thought this (pointing to one-step TB test result) was good enough"

Statement of Deficiencies

License #: 751538

Completion Date

Plan of Correction

ELDERS CARE HOME

December 3, 2018

Page 9 of 9

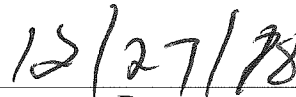
Licensee: ORATHAI NACKVISETH

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, ELDERS CARE HOME is or will be in compliance with this law and / or regulation on (Date) 2/1/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

December 17, 2018

CERTIFIED MAIL

9489 0090 0027 6021 1818 09

ORATHAI NACKVISETH
ELDERS CARE HOME
1700 FERRY AVE SW
SEATTLE, WA 98116

RE: ELDERS CARE HOME License #751538

Dear Provider:

The Department completed a full inspection of your Adult Family Home on December 3, 2018 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
 - Begin the process of correcting the deficiency or deficiencies immediately; and
 - Complete correction within 45 days, or sooner if directed by the Department; and
 - Sign and date the first page of the enclosed report; and
 - Return the first page with your plan; and
 - Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10575 Resident rights Privacy.

- (1) The adult family home must ensure the right of each resident to personal privacy that includes:
- (c) Clinical or resident records;

During the tour of the home, the residents' list (dated 07-31-2017) was observed

together with the statement of deficiencies (SOD's) that were placed/posted in a visible location. The Provider immediately removed the document when notified about the residents' violation of privacy.

WAC 388-76-10585 Resident rights Examination of inspection results.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department and anyone interested.

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

The Adult Family Home (AFH) did not post a notice that indicated copies of each inspection report and any complaint investigation reports and related cover letters received during the past three years were available for review if requested by the residents, resident representatives, the department, and anyone interested. According to the Provider, she would immediately address the issue.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

ORATHAI NACKVISETH
ELDERS CARE HOME License #751538
December 17, 2018
Page 3

If You Have Any Questions:

- Please contact me at (253) 234-6033.

Sincerely,



Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services

Enclosure