



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Smooth Living (688492)

Intake ID(s): 3118333

License/Cert. #: AF751544

Investigator: Vincent, Emily

Region/Unit: RCS Region 3/Unit A

Investigation Date(s): 11/25/2015 through
01/04/2016

Complainant Contact Date(s): 01/07/2016, 11/25/2015

Allegations:

1. Named resident was having violent behaviors which resulted in police investigation. There was concern that caregiver on duty did not handle the situation appropriately.

Investigation Methods:

Sample: Four residents, including
named resident

Observations: Staff/resident interactions

Interviews: Residents, caregiver,
case manager and
Provider

Record Reviews: Incident log, assessment,
care plan and legal
documentation

Allegation Summary:

1. Interview and record review revealed AFH did not retain training records for one caregiver who had been involved in a resident altercation. Investigation was unable to verify whether or not the caregiver had been qualified to work independently with AFH residents.

Unalleged Violation(s): Yes

No

Conclusion: **Failed Provider Practice Identified**

Failed Provider Practice Not Identified

The AFH demonstrated failed provider practice as documented in a Statement of Deficiencies dated 1/4/16.

Action: **Citation(s) Written**

No Citation Written

WAC 388-76-10198(2)(a)(b)(c)(d)(3)(4) Adult family home --Personnel records



**Residential Care Services
Investigation Summary Report**

RCPP Action: **Recommend Finding**

Recommend Close Investigation



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Smooth Living (688492)

Intake ID(s): 3117867

License/Cert. #: AF751544

Investigator: Vincent, Emily

Region/Unit: RCS Region 3/Unit A

Investigation Date(s): 11/25/2015 through 01/04/2016

Complainant Contact Date(s): 01/07/2016, 11/25/2015

Allegations:

1. Named resident who is [redacted] needed a special [redacted] to alert resident to [redacted] door when staff/visitors [redacted] and the AFH had not gotten [redacted] yet.

Investigation Methods:

- Sample:** Four residents, including named resident
- Interviews:** Residents, caregiver, case manager and Provider

- Observations:** AFH for availability of special device
- Record Reviews:** Assessment and care plan

Allegation Summary:

1. Observation revealed named resident had not received the special [redacted] Interview revealed named resident's case manager had just received approval for purchasing the special [redacted] and it had not arrived yet, but AFH intended to install it for named resident when it arrived.

Unalleged Violation(s): Yes No

See Statement of Deficiencies dated 1/4/16 - Adult family home --Personnel records

Conclusion: **Failed Provider Practice Identified**

Failed Provider Practice Not Identified

WAC 388-76-10198 Personnel Records

Action: **Citation(s) Written**

No Citation Written

See above



**Residential Care Services
Investigation Summary Report**

RCPP Action: **Recommend Finding**

Recommend Close Investigation



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

May 16, 2016

Michael C Lawrence
Smooth Living
1927 Snyder Ave
Bremerton, WA 98312

RE: Smooth Living License #751544

Dear Provider:

On May 16, 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 January 4, 2016 and March 28, 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:
Emily Vincent, AFH Licenser

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



APR 11 2016

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

DSHS RCS Region 3

Statement of Deficiencies	License #: 751544	Completion Date
Plan of Correction	Smooth Living	March 28, 2016
Page 1 of 2	Licensee: Michael C. Lawrence	

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: 3/24/2016

Smooth Living
1927 Snyder Ave
Bremerton, WA 98312

This document references the following SOD dated: January 4, 2016

The department staff that inspected the adult family home:
Emily Vincent, BSN, RN, AFH Licenser

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.

	3/29/16
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.

	7-7-2016
Provider (or Representative)	Date

03/29
~~03/29~~
5/200

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;
 - (b) Cardiopulmonary resuscitation;
 - (c) First aid; and
 - (d) HIV/AIDS training.
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure one of three caregivers (CG-A) personnel file had a valid CPR and first aid certificate. This failure placed all residents at risk of harm in the case of significant injury or life-threatening illness.

Findings include:

Information obtained on 3/25/16 and 3/28/16, unless otherwise noted.

Review of the personnel file for CG-A revealed he had no first aid certificate and his CPR certificate expired on 10/26/15.

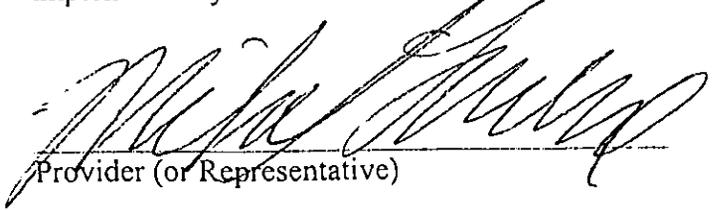
Observation revealed CG-A was working alone in the AFH without direct supervision of a qualified caregiver.

Interview with the AFH provider revealed he was not aware CG-A's training certificate was expired or that the certificate did not include first aid training.

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, Smooth Living is or will be in compliance with this law and / or regulation on (Date) 7-7-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*Per TC /
POC date
WAO 3/29/16
E. Vincent*


Provider (or Representative)

7-7-16
Date



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

Statement of Deficiencies	License #: 751544	Completion Date
Plan of Correction	Smooth Living	January 4, 2016
Page 1 of 2	Licensee: Michael C. Lawrence	

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 complaint investigation of: 11/25/2015

Smooth Living
 1927 Snyder Ave
 Bremerton, WA 98312

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JAN 21 2016

DSHS R3 Region 3

This document references the following complaint numbers: 3117867 , 3118333 , 3158538

The department staff that inspected and investigated the adult family home:

Emily Vincent, BSN, RN, Complaint Investigator

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 complaint investigation 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

1/5/16
 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)

1-18-16
 Date

02/02/16
 03/03/16

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:

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- (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;
 - (b) Cardiopulmonary resuscitation;
 - (c) First aid; and
 - (d) HIV/AIDS training.
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to keep personnel records for one of three sampled staff members (Staff A) on-site for review. This failure placed residents in the AFH at risk of harm from receiving care from potentially unqualified staff. Findings include:

Interview with Collateral Contact A (CCA) on 11/25/15 revealed she was concerned that Staff A did not have adequate training to care for a particular resident in the AFH.

Observations and record review during an on-site visit on 11/25/15 revealed the AFH did not have a personnel file on-site for former caregiver, Staff A.

Interview with the AFH provider on 11/25/15 revealed he believed the file had been misplaced and would provide personnel records as soon as possible. After multiple telephone calls, a fax was received from the AFH provider on 1/4/16 which included text messages between himself and Staff A in an attempt to locate Staff A's personnel records, but Staff A was unable to find the records.

In interview on 1/4/16, the AFH provider said he was aware of the requirements for personnel records, but Staff A had removed the records from the AFH without his knowledge.

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, Smooth Living is or will be in compliance with this law and / or regulation on (Date) FEB 11, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

JAN 18, 2016
Date