



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 #: 751564	Completion Date
Plan of Correction	HERITAGE ADULT CARE SERVICES LLC	April 1, 2016
Page 1 of 7	Licensee: HERITAGE ADULT	

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.

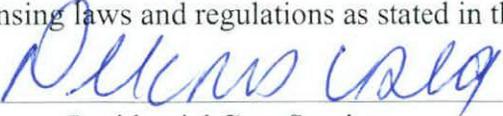
The department has completed data collection for the unannounced on-site full inspection of:  
3/15/2016

HERITAGE ADULT CARE SERVICES LLC  
13606 6TH AVE SW  
BURIEN, WA 98166

The department staff that inspected the adult family home:  
Dorothy Talbot, MN, Licensor

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit G  
20425 72nd Avenue S, Suite 400  
Kent, WA 98032-2388  
(253)234-6007

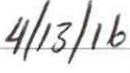
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
Residential Care Services

  
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)

  
Date

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**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 interview and record review the Adult Family Home( AFH) failed to ensure the character and suitability was determined and/or reviewed for the Resident Manager who had a finding or conviction on the criminal background inquiry( CBI) . This failure placed all four residents( Resident #1,#2,#3 and #4) at risk of receiving care from a disqualified person.

Findings include:

Interview, and record review occurred on 03/15/16 unless otherwise noted.

During inspection, Staff training and personnel records were reviewed.

On the day of inspection, the Resident Manager was interviewed and stated she lived in the home and provided care. She had been a Resident Manager since the day the AFH was open on 1/21/10.

Record review revealed, the Criminal Background check Inquiry was performed on 6/16/15 and had a negative action result.

There was no suitability review document found on record.

**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, HERITAGE ADULT CARE SERVICES LLC is or will be in compliance with this law and / or regulation on

(Date) 04/14/2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*[Signature]*  
Provider (or Representative)

04/13/2016  
Date

**WAC 388-76-10265 Tuberculosis Testing Required.**

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

- (d) Caregiver;

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



Based on interview and record review the adult family home failed to ensure there was a system in place for TB testing to be performed within 3 days of hire. This failure placed all residents ( Resident #1,#2,#3 and #4) at risk of exposure to communicable disease.

Findings include:

All interview and record review occurred on 3/15/16 unless otherwise noted.

Staff training and personnel records were reviewed on the day of visit.

STAFF A:

There was no evidence in the home that a TB skin test was done. Staff A was hired on 9/2/14. There was no two step TB test. The X ray was performed on 8/1/12 , two years prior to his hire date.

Interview with Staff A said he had two step done in past and had provided the document to Resident Manager.

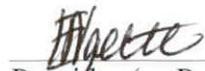
The Resident Manager was unable to find the document.

STAFF B:

Staff B was hired on 1/29/16. His TB one step TB test was on 1/22/16. A one step TB test was performed 7 days prior to his hire date . There was no evidence of a second step being performed. See citation on WAC 388-76-10285)

**Attestation Statement**

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Provider (or Representative)

04/13/2016

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
- (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 have a two step TB skin test for one of two resident ( Staff B). This failure placed the residents at risk of communicable disease.

Findings include:

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All interview and record review occurred on 3/15/16 unless otherwise noted.

Record review revealed Staff B was hired on 1/29/16. His one step TB skin test was documented on 1/22/16. There was no other document for a second step of TB skin test.

Staff B was not working on the day of visit. When asked about the document for second step TB skin test, the Resident Manager said, "you have to do that?". There was no document to confirm that a second step TB test.

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Alpette

Provider (or Representative)

04/13/2016

Date

#### WAC 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

- (1) The resident's specific problems and needs identified in the assessment;
- (2) The needs for which the resident chooses not to accept or refuses care or services;
- (3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;
- (4) Resident defined goals and preferences; and
- (5) How the home will meet the resident's needs.

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

Based on observation, interview and record review, the adult family home (AFH) failed to ensure there was a preliminary service plan for one of four resident ( Resident #4). This failure placed the resident at risk of receiving inappropriate care.

#### Findings include:

All observation, interview and record review occurred on 3/15/16 unless otherwise noted.

Resident #4 was identified by the Resident Manger as recent admit from the hospital. The Resident Manager said Resident #4 was [REDACTED] and required [REDACTED] Resident #4 was also on thickened liquids and pureed diet and required assistance for evacuation and transfer.

During environmental rounds Resident #4 was observed in his bed without pillows under his heels( to raise the heels) or the pillows in between to keep the resident from directly touching knees and ankles. Resident #4 was positioned on his back with a frog-like position .

Record review revealed Resident #4 moved into the home on [REDACTED] 16. The assessment dated

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03/04/16 documented,

"Resident was mostly dependent on staff for ADLs ( Activities of daily living) due to his impairment and self limiting.

Has difficulty falling a sleep and prefers to nap throughout the day. [REDACTED] all/most of time.

Refuses to reposition as its painful. Caregiver instructions : Monitor pressure points daily and reposition resident every two hours.

Specific instructions on skin and oither concerns including but not limited to:

Repetitive complaints/questions rehab psychiatry offered following:

(a) nursing care to hourly visits and keep visits brief

(b) consider consulting spiritual care to provide companionship and distraction from pain

(c)use nurturing interventions ( warm blankets, relaxing music) and use reassurance liberally when providing care

(d) When resident is stating he's in pain and moaning loudly, jump in and start counting slowly 5 seconds inhale and 5 seconds exhale for minimum 1 minute to promote relax."

Without having a documented Preliminary Service Plan, Staff did not have any information to follow.

Interview with the Resident Manager said she was not aware of creating a preliminary service plan.

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(Date) 04/14/2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Abette  
Provider (or Representative)

04/13/2016  
Date

#### WAC 388-76-10795 Windows.

(6) The home must ensure that each basement and each resident bedroom window, that meets the requirements of subsection (1), (2) and (3) of this section, are kept free from obstructions that might block or interfere with access for emergency escape or rescue.

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

Based on observation, interview and record review the adult family home failed to ensure the window was not blocked in one of four resident's ( Resident #3) bedroom. This failure placed the resident at risk of not being able to evacuate in the event of a fire.

Findings include:

All observation, interview and record review occurred on 3/15/16 unless otherwise noted.

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During environmental rounds, Resident #3 was observed in Bedroom C sitting in his [REDACTED] [REDACTED] Resident #3's bed was observed next to the window. The space between the end of the bed and closet was observed to be blocked. At the end of the bed was a manual wheel chair and a couple of cardboard boxes with catheter irrigation supplies. In addition there was a sit to stand equipment.

Record review revealed the assessment dated 9/14/15 documented Resident weighed [REDACTED] lbs."has [REDACTED] and he chose to [REDACTED] Caregiver to assist Resident with all transfers using sit to stand. Resident is non weight bearing."

In the event of a fire or evacuation Staff would not be able to help the resident as there was no room to get to the resident. The blockage of the window with equipments would hinder the process.

#### Attestation Statement

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Provider (or Representative)

04/13/2016  
Date

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

(2) All residents take part in at least one emergency evacuation drill each calendar year involving full evacuation from the home to a safe location.

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

Based on observation, interview and record review the adult family home ( AFH) failed to ensure an annual fire drill was performed and documented in the year 2015. This failure placed all four residents ( Resident #1,#2,#3 and #4) at risk of harm and injury in the event of a fire.

#### Findings include:

All observation, interview and record review occurred on 3/15/16 unless otherwise noted.

A total of 4 residents were observed in the home. Resident #1 was observed to ambulate independently. Resident #2 was observed in a wheelchair and Resident #3 in a [REDACTED] [REDACTED] and Resident #4 was in bed. The Provider said Resident #4 was a recent admit and he was [REDACTED]

The fire drill records were reviewed and found the annual fire drill records for the year 2015 was not in the home. The last annual fire drill document in the home was in Oct 2014.

Interview with Resident Manager said she had performed the annual fire drill in 2015 and the document was in her computer. The Resident Manager resided in the home and the document was not presented to the Licensors up till 3/20/16.

**Attestation Statement**

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*M. Hettle*  
Provider (or Representative)

04/13/2016  
Date

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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 25, 2016

HERITAGE ADULT CARE SERVICES LLC  
HERITAGE ADULT CARE SERVICES LLC  
13606 6TH AVE SW  
BURIEN, WA 98166

RE: HERITAGE ADULT CARE SERVICES LLC License #751564

Dear Provider:

On April 25, 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 April 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:  
Dorothy Talbot, Licensor

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Delores Usea, Field Manager  
Region 2, Unit G  
Residential Care Services