



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

June 3, 2016

CERTIFIED MAIL 7007 1490 0003 4196 2454

Licensee, Welcome Home on South Hill Inc.
Welcome Home at Heritage Glen
14012 110th Avenue East
Puyallup, WA 98374

Adult Family Home License #751593
Entity Representative: Michael Kasper

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On May 18, 2016, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **14012 110th Avenue East, Puyallup**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The conditions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **May 18, 2016**.

WAC 388-76-10390(1)(a)(b)(2)(a)(b) – Admission and continuation of services.

The licensee failed to ensure they admitted residents they could safely and appropriately meet the needs of for five residents.

WAC 388-76-10400(1)(2)(3)(a)(b) – Care and services.

The licensee failed to ensure four residents received the necessary care and services to help the residents reach their highest level of physical, mental and psychosocial well-being.

WAC 388-76-10430(1)(2)(c)(d) – Medication system.

The licensee failed to ensure a system was in place to meet the medication needs for five residents.

WAC 388-76-10455(2)(3) – Medication—Administration.

The licensee failed to ensure they received completed nurse delegation, signed consents, and required documentation was available for caregivers' review for three residents.

WAC 388-76-10485(3) – Medication storage.

The licensee failed to ensure insulin storage directions were followed for two residents who required insulin.

WAC 388-76-10620(1) – Resident rights—Quality of life—General.

The licensee failed to ensure two residents were treated in a manner that enhanced dignity.

WAC 388-76-10865(1)(2) – Emergency evacuation from adult family home.

The licensee failed to ensure six residents could be evacuated in five minutes or less.

NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

The department has determined that the following conditions shall be placed on your adult family home license:

The provider must ensure two staff at the adult family home 24 hours a day, 7 days a week to ensure residents' care needs are met.

The provider, at his own expense, will hire a Registered Nurse consultant familiar with adult family home licensing regulations to assist the provider to develop and implement a safe medication management system ensuring (but not limited to):

- *Residents receive all medication as prescribed;*
- *Medications are safely stored and labeled;*
- *All medication logs are current and accurate;*
- *Nurse delegation is obtained;*
- *Current physician orders are obtained and maintained for each resident;*
- *All caregivers receive training regarding the medication management system.*

The nurse consultant will provide training to staff regarding treating residents with dignity and respect.

The nurse consultant must be hired by June 10, 2016.

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The nurse consultant will be available to the Department to answer questions.

The Provider will give the nurse consultant a copy of the May 18, 2016 Statement of Deficiencies (SOD).

The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.

The effective date of the conditions on your license is **June 3, 2016** via **verbal** delivery. As provided in RCW 70.128.160(b), WAC 388-76-10990(6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Lisa Cramer, Field Manager
Region 3, Unit A
PO Box 98907
Lakewood, WA 98496
Phone: (253) 983-3826 / Fax: (253) 589-7240

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

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During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

Formal Administrative Hearing

You may contest the conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.
- If you are requesting an **expedited** hearing for a summary suspension, stop placement or conditions on your home within **60 days**, you must provide a statement stating that you wish to have an **expedited** review. **Note:** No other actions qualify for an expedited review hearing.

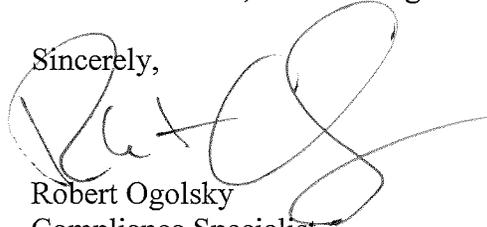
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If you have any questions, please contact Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

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Enclosure

cc: Field Manager, Region 3, Unit A
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
HQ Central Files
ndl