



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 6, 2016

Imeeh B Ballan - Magsanoc  
ASPEN HOME CARE  
23015 100TH AVE SE  
KENT, WA 98031

RE: ASPEN HOME CARE License #751614

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 4, 2016 for the deficiency or deficiencies cited in the report/s dated February 9, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Brenna Botsford, Licensur

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

Sincerely,

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



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Statement of Deficiencies	License #: 751614	Completion Date
Plan of Correction	ASPEN HOME CARE	February 9, 2016
Page 1 of 3	Licensee: IMEEH BALLAN-	

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.

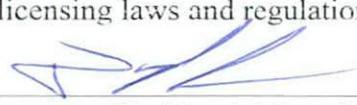
The department has completed data collection for the unannounced on-site full inspection of:  
 2/9/2016

ASPEN HOME CARE  
 23015 100TH AVE SE  
 KENT, WA 98031

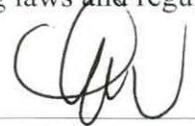
The department staff that inspected the adult family home:  
 Pamela Osterman, Complaint Investigator  
 Brenna Botsford, Licensor

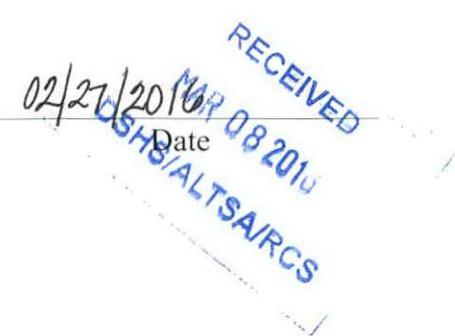
From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit G  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6007

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	2/16/16 _____ Date
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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)	02/27/2016 _____ Date
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**WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:**

(1) In locked storage;

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

Based on observation, interview and record review, the adult family home (AFH) failed to have a locked medicine cabinet placing five of six residents (Residents #1,#2,#3,#4, and #6) at risk for accidental ingestion or medication errors.

## Findings include:

All observation, interview and record review occurred on 02/09/2016 unless otherwise noted.

During the environmental tour, the medicine cabinet was observed unlocked. Furthermore, Resident #1 was in the kitchen where the medicine cabinet was located.

Department staff informed AFH staff B that the cabinet was unlocked. Staff B then proceeded to lock the cabinet.

Record Review of Resident's #1's CARE assessment dated 5/7/2015 documented a diagnosis of [REDACTED] and [REDACTED]

Further, the assessment documented Resident #1 had difficulty making decisions in new situations and had recent memory problems.

Record Review for Resident's #2 CARE assessment dated 6/5/2015 documented highly impaired [REDACTED] inappropriate unsafe behaviors and, decision making is difficult in new situations.

Record Review for Resident's #3 CARE assessment dated 1/20/2016 documented short and longterm memory deficits and, difficulty in new situations.

Record Review for Resident's #4 CARE assessment dated 4/24/2014 documented a [REDACTED] diagnosis and difficulty making decisions in new situations.

Record Review for Resident's #6 CARE assessment dated 1/27/2016 documented a diagnosis of [REDACTED] with inappropriate and unsafe behavior, poor decision making and, [REDACTED]

RECEIVED  
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DSHS/ALTSA/RCS

**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, ASPEN HOME CARE is or will be in compliance with this law and / or regulation on (Date) 02/09/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

\_\_\_\_\_  
Provider (or Representative)

02/27/2016  
Date

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(6) Provide storage for toxic substances, poisons, and other hazardous materials that is only accessible to residents under direct supervision, unless the resident is assessed for and the negotiated care plan indicates it is safe for the resident to use the materials unsupervised;

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

Based on observation and interview, the Adult Family Home (AFH) failed to ensure six oxygen tanks lying on the floor were secured. This failure placed six of six residents (Residents #1,#2,#3,#4,#5, and #6) at risk for harm in the event of an explosion.

**Findings include:**

All observation occurred on 02/09/2016 unless otherwise noted.

During the environmental tour, 6 oxygen cylinders were observed lying on the floor stacked together. The tanks were not secured or placed in a rack.

The Provider said the oxygen supplier was picking the oxygen tanks up on Wednesday.

**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, ASPEN HOME CARE is or will be in compliance with this law and / or regulation on (Date) 02/09/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

\_\_\_\_\_  
Provider (or Representative)

02-27-2016  
RECEIVED  
DHS/ALTSARCS  
FEB 08 2016  
Date