



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3611 River Road, Suite 200, Yakima, WA 98902

February 1, 2019

KINDRED CARE SERVICES PLLC  
VALLEY ROAD RESIDENTIAL CARE  
3072 Valley Road NE  
Moses Lake, WA 98837

RE: VALLEY ROAD RESIDENTIAL CARE License #751743

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on January 31, 2019 for the deficiency or deficiencies cited in the report/s dated December 3, 2018 and found no deficiencies.

The Department staff who did the inspection:  
Jo Whitney, AFH Licensor  
Lorrinda Peterson, Adult Family Home Licensor

If you have any questions please, contact me at (509) 225-2823.

Sincerely,

Chana White, Field Manager  
Region 1, Unit C  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 3611 River Road, Suite 200, Yakima, WA 98902

Statement of Deficiencies	License #: 751743	Completion Date
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	December 3, 2018
Page 1 of 4	Licensee: KINDRED CARE SERVICES PLLC	

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:  
 11/27/2018

VALLEY ROAD RESIDENTIAL CARE  
 3072 Valley Road NE  
 Moses Lake, WA 98837

The department staff that inspected the adult family home:  
 Jo Whitney, RN, BSN, AFH Licenser

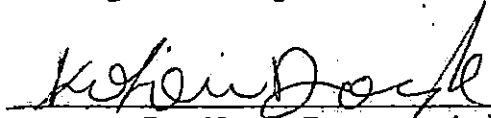
From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 1, Unit C  
 3611 River Road, Suite 200  
 Yakima, WA 98902  
 (509)225-2823

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

12/10/18  
 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

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

**WAC 388-76-10146 Qualifications Training and home care aide certification.**

(6) The adult family home must ensure that all staff receive the orientation and training necessary to perform their job duties.

**WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document in writing the emergency evacuation drills which must include:**

- (1) Names of each resident and staff involved in the drill;
- (4) The length of time it took to evacuate all residents.

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

Based on observation, interview and record review, the home did not ensure staff and residents living in the home participated in an evacuation drill every two months. This deficient practice placed six of six residents (Resident #1, #2, #3, #4, #5, #6) at risk of injury or harm in the event of a fire from unprepared staff. Findings included:

On 11/27/18, Staff A was alone in the home working with six residents; she called Staff D. Staff D arrived in approximately five minutes. Staff D reported all of the six residents in the home required assistance with evacuation. Resident #1, #2, #3, #5 were transferred in/out of bed to a wheelchair by one caregiver using a [REDACTED] Resident #4 and #6 required physical assistance of staff to stand/turn and sit in a wheelchair. When up in her [REDACTED] Resident #2 could move around the home and to the door without staff assistance. The other residents required the caregiver to push their wheelchairs to the desired location.

The home's evacuation drill log forms recorded an evacuation drill occurred every two months in 2018. A full evacuation drill occurred in July; all the residents living in the home at that time were taken to the designated safe meeting location. The log recorded two staff members completed the evacuation drill.

The provider stated that one caregiver worked in the home providing the care and services required. The provider and/or Staff D would also be in this home or their second adult family home, located 0.8 miles away, during day/evening hours to respond to either home; they just had to call. At night when only one caregiver worked, they were to call the provider who lived approximately 15 minutes away.

The provider reported evacuation/fire drills were unannounced. The smoke detector alarm function was checked. They would talk about what the staff response would be; during the drill they did not move or simulate the evacuation of residents from the home. The provider stated that if the smoke alarm sounded they were to call the other house for the float caregiver to respond. For the drill they "checked the residents" when it was started and stopped the drill after they were all checked.

The drill logs recorded every resident in the home "participated" in each drill. The log documentation showed residents and staff participated in an evacuation drill and completed the drill in less than the required five minutes. The logs recorded more than one staff person participated in each of the drills that was directed by the provider.

Resident #1 recalled the evacuation drill in July; the drill in the evening was requested by the

local fire department to verify resident safety at the home when there was a fire nearby. Resident #1 stated that the caregiver "calls for help who then calls for others; they got the people out, the easiest first, then the rest. They met and waited across the way outside the neighbors until cleared to return." The resident remembered the wind blowing and staff brought out blankets. Assessed without memory loss, the resident stated she had not participated in any other drill.

Resident #4 stated that she remembered they had done one (evacuation) drill.

Staff A stated that she had not participated in a drill since the previous year (2017). If the smoke alarm sounded she would get the people out as soon as possible. Staff A stated it was a good idea to practice moving the residents in a drill to know how to actually handle it (home evacuation) if it really happened.

Residents and scheduled staff did not participate in evacuation drills. At least bimonthly participation in drills (involvement) by staff and willing residents verified the staff's ability to move the residents out of the home in the event of a fire.

This is a repeat deficiency from 08/21/17.

#### 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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 12/27/2018. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Katherine Drake  
Provider (or Representative)

12/27/18  
Date

#### WAC 388-76-10650 Medical devices.

- (2) Before a medical device with a known safety risk is used by a resident, the home must:
- (a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;
  - (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;
  - (c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

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

Based on observation, interview and record review, the home did not ensure a medical device assessment was completed before [redacted] were used by one of one resident (Resident #2) and the use of [redacted] was included on the negotiated care plan. This deficient practice placed the resident at potential risk of harm from an unsafe/unnecessary device. Findings included:

On 11/27/18, Resident #2's bed was positioned with one side against the wall. On either side of the bed was a half-length [redacted]; the [redacted] was pulled up on the wall side. The provider and Staff D stated the [redacted] were not used.

At approximately 1:30 PM, Staff A assisted Resident #2 with a change of position moving the resident from a wheelchair onto the bed. Lying on the bed, the resident reached for the raised [redacted] to turn to one side. After the resident was situated on the bed, lying on her right side facing the wall and positioned for comfort with wedges supporting the positioning, Staff A pulled up the [redacted] on the outside edge of the bed.

Resident #2 stated that she had not had [redacted] on the bed before moving to the adult family home. The resident liked the [redacted] using them to pull on when staff helped with turning. Resident #2 was unable to get out of bed without assistance and stated she did not have a history of falling out of bed.

Resident #2 moved into the home on [redacted] 18. Review of transfer records from a previous residential setting dated [redacted] 18, showed the resident had a [redacted] for assistance with mobility in bed. The combined assessment and negotiated care plan dated 08/09/18 showed the resident had loss of muscle control/movement and needed one or two persons to help with positioning. The assessment did not include the need for or safe use of [redacted] as a medical device. The care plan did not include the intervention of [redacted] as a medical device or when they would be used.

The bed was delivered to the home when the resident moved in with the [redacted] attached. The provider stated they did not think to get an assessment for the [redacted] at that time.

On 12/03/18, the provider sent an assessment for safe use of the medical device and an updated care plan.

#### 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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 12/27/2018. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Karen D. [redacted]  
Provider (or Representative)

12/27/2018  
Date





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3611 River Road, Suite 200, Yakima, WA 98902

**AMENDED**

December 19, 2018

**CERTIFIED MAIL**

7017 2400 0000 3921 1094

KINDRED CARE SERVICES PLLC  
VALLEY ROAD RESIDENTIAL CARE  
3072 Valley Road NE  
Moses Lake, WA 98837

RE: VALLEY ROAD RESIDENTIAL CARE License #751743

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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

- (a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;
- (b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

On 11/27/18, the provider and Staff D were unaware Staff D's background check was dated 08/17/16, over two years old. An authorization for a new background check was submitted with a result received 11/27/18. The provider had failed to add Staff D into the tracking system used for other staff to ensure timely renewals.

**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;

**WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.**

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

On 11/27/18, the provider did not have completed documentation of a facility orientation for Staff E and F when they started working in the home as caregivers.

**WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:**

- (3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

On 11/26/18, medications requiring cold storage were kept unsecured in a refrigerator in the garage.

You Are Not:

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

KINDRED CARE SERVICES PLLC  
VALLEY ROAD RESIDENTIAL CARE License #751743  
December 19, 2018  
Page 3

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.

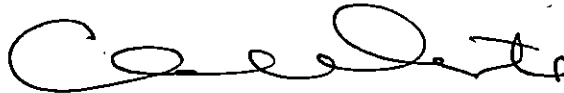
You May:

- 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.

**If You Have Any Questions:**

- Please contact me at (509) 225-2823.

Sincerely,



Chana White, Field Manager  
Region 1, Unit C  
Residential Care Services

Enclosure