



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

October 1, 2019

LINAS ADULT FAMILY HOME INC
LINAS ADULT FAMILY HOME INC
1833 S 243RD ST
DES MOINES, WA 98198

RE: LINAS ADULT FAMILY HOME INC License #751760

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on September 23, 2019 for the deficiency or deficiencies cited in the report/s dated July 8, 2019 and found no deficiencies.

The Department staff who did the inspection:
Olga Petrov, Licensors

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Elena Atanasova".

Elena Atanasova, Field Manager
Region 2, Unit G
Residential Care Services



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 #: 751760	Completion Date
Plan of Correction	LINAS ADULT FAMILY HOME INC	July 8, 2019
Page 1 of 5	Licensee: LINAS ADULT FAMILY HOME INC	

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:
7/3/2019

LINAS ADULT FAMILY HOME INC
340 SW 178TH ST
NORMANDY PARK, WA 98166

The department staff that inspected the adult family home:
Olga Petrov, RN, 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.

[Signature]
Residential Care Services

7/24/19
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.

Lina P. Navarro
Provider (or Representative)

9-16-2019
Date

Statement of Deficiencies	License #: 751760	Completion Date
Plan of Correction	LINAS ADULT FAMILY HOME INC	July 8, 2019
Page 2 of 5	Licensee: LINAS ADULT FAMILY HOME INC	

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to implement one of one resident's (Resident #4) negotiated care plan (NCP) in applying compression stockings due to Resident #4's feet swelling. This failure placed Resident #4 at risk for worsening condition and physical decline.

Findings included...

On 07/03/19 at 08:05 AM, observation showed Resident #4 in hospital bed. Resident #4's legs were bended at ninety degrees angle at her knees and elevated. Resident #4 had cognitive impairment.

During an interview, on 07/03/19 at 07:40 AM, Staff A, Entity Representative stated that she, Staff B, Resident Manager were a live-in caregivers and worked for the AFH seven days a week, and twenty-four hours a day. Staff A stated that Staff C, Caregiver was a live-in caregiver and worked for the home Wednesday to Monday, twenty-four hours a day. Staff A stated that Resident #4 had advance dementia, and caregivers assisted her with activities of daily living. Staff A stated that the home kept Resident #4's leg elevated at night because of swelling of the legs.

On 07/03/19, at 08:36 AM, observation showed Staff D assisted Resident #4 with morning care and dressed her up.

Record review on 07/03/19 showed the home admitted Resident #4 on [REDACTED]/19. Resident 4's 05/02/19 assessment documented diagnoses of [REDACTED] and [REDACTED]. Resident #4's NCP dated 06/23/19 under bed mobility listed, "Both legs are swollen, foot of bed needs to be elevated. M.D (medical doctor) to put on Ted stockings in the Am/off @(at) night." Under dressing documented, "Ted stockings to decrease edema on her feet. Cannot put on shoes/socks."

Review of Resident #4's doctor order dated [REDACTED]/19 showed "Apply family acquired support stockings to legs in the morning before getting out of bed."

In an interview on 07/03/19, at 10:30 AM, Staff C stated that he did not apply stocking to Resident #4's feet. Staff C stated he did not know Resident #4 needed stockings.

Observation on 07/03/19, at 10:45 AM, did not show stockings on Resident #4's legs. The staff did not apply prescribed stockings to the Resident #4's feet.

On 07/03/19 at 12:15 PM, in an interview, Staff A stated that the home did not apply stocking to the resident's feet since the home admitted the resident. Staff A stated it was "caregiver's mistake" and apologized.

Statement of Deficiencies	License #: 751760	Completion Date
Plan of Correction	LINAS ADULT FAMILY HOME INC	July 8, 2019
Page 3 of 5	Licensee: LINAS ADULT FAMILY HOME INC	

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, LINAS ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 9-16-2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Sina P. Navapro
 Provider (or Representative)

9-16-2019
 Date

WAC 388-76-10430 Medication system.

- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
 - (c) Medication log is kept current as required in WAC 388-76-10475 ;
 - (d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to have a medication system in place to keep up-to-date daily medication administration records (MARs) for one of two sampled Residents (Resident #2). The home failed to give prescribed dosages of medications to one of one resident (Resident #2). These failures placed Resident#2 at risk for medication errors and medical complications.

Findings included...

During an interview, on 07/03/19 at 07:40 AM, Staff A, Entity Representative stated that she and Staff B, Resident Manager were a live-in caregivers and worked for the AFH seven days a week, and twenty-four hours a day. Staff A stated that caregivers assisted Resident #2 with her medications.

Observation on 07/03/19 at 7:50 AM showed Resident #2 at the dining room table. Staff B assisted Resident #2 with morning medications.

On 07/03/19, review of Resident #2's assessment and negotiated care plan showed she needed assistance with her medications.

- MEDICATION NOT GIVEN AS PRESCRIBED:

On 07/03/19, review of Resident #2's July 2019 MAR showed Vit C (supplement) 50 mg (milligram) tab (tablet) take 1 tab by mouth daily (family supply). Staff B initialed Vit C as given daily from 07/01/19 until 07/03/19. (date of the inspection) The MAR had listed Vit D (supplement) 125 mg tablet. Take 1 tab by mouth every day and Staff B initialed the Vit D as given daily from 07/01/19 until 07/03/19.

Observation on 07/03/19 at 10:40 AM during Resident #2's medication reconciliation with July 7

Statement of Deficiencies	License #: 751760	Completion Date
Plan of Correction	LINAS ADULT FAMILY HOME INC	July 8, 2019
Page 4 of 5	Licensee: LINAS ADULT FAMILY HOME INC	

2019 MAR showed a prescription bottle of Vit C 250 mg with the direction to take 1 tab daily and an over the counter bottle of Vit C 500 mg. The prescription bottle had a filled date of 06/21/19. Observation on 07/03/19 at 10:40 AM showed a prescription bottle of Vit D3 1000 U (unit) with the direction to take 1 tab daily and an over the counter bottle of Vit D 125 mcg (5000U). The prescription bottle had a filled date of 06/21/19.

On 07/03/19, in an interview at 10:50 AM, Staff B stated that he gave Resident #2 Vit C and Vit D from the OTC bottles. Staff B stated that the home received Vit C and Vit D bottles with new dosages. Staff B stated he needed to contact Resident #2's doctor to verify the dosages. Staff B stated that he did not verify medication dosages and did not give the resident the new dosages of the medications.

--MEDICATION NOT LISTED ON THE MAR AND NOT INITIALED AS GIVEN:

Observation on 07/03/19 at 10:40 AM, showed a bottle of Terazosin (medication used to improve urination) 5 mg, with the direction, 1 tab at bedtime. The bottle of medication filled on 06/17/19.

On 07/03/19, review of Resident #2's July and June 2019 MARs did not show Terazosin listed with dosages, frequencies and/or initialed as given.

On 07/03/19, in an interview, Staff B stated that he did not write medication on the MARs. He stated that it was a mistake.

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, LINAS ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 9-16-2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Jina P. Navarro
 Provider (or Representative)

9-16-2019
 Date

WAC 388-76-10805 Automatic smoke detectors. The adult family home must ensure approved automatic smoke detectors are:
 (3) Kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure the smoke detector in one of five bedrooms (Bedroom A) was in working condition. This placed all five current residents (Resident #1, #2, #3, #4 and #5) at risk of harm from a delayed evacuation should there be a fire in Resident #1 and #3's bedroom.

Findings included...

Statement of Deficiencies	License #: 751760	Completion Date
Plan of Correction	LINAS ADULT FAMILY HOME INC	July 8, 2019
Page 5 of 5	Licensee: LINAS ADULT FAMILY HOME INC	

On 07/03/19, at 8:10 AM, observation of the AFH's smoke detectors showed bedroom A was a shared bedroom occupied by Resident #1 and #3. Staff C, Caregiver tested the smoke detector and no alarm was heard.

On 07/03/19, at 9:21 AM, Staff B, Resident Manager stated that he changed the battery in the Resident #1 and #3's bedroom smoke detector and retested the smoke detector and alarm was heard.

In an interview on 07/03/19, at 9:30AM, Staff C stated that the home checked smoke detectors every two months. He stated that he needed to replace the smoke detector.

Attestation Statement

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Lina P. Navarro
 Provider (or Representative)

9-16-2019
 Date