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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

DSHS RCS Region 3

| | | |
|---------------------------|---------------------------|-----------------|
| Statement of Deficiencies | License #: 751868 | Completion Date |
| Plan of Correction | PG Adult Family Home | March 28, 2016 |
| Page 1 of 5 | Licensee: Pholly Loy Chin | |

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:
3/22/2016

PG Adult Family Home
1406 Hansberry Ave NE
Orting, WA 98360

The department staff that inspected the adult family home:
Kathleen Edder, Adult Family Home Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit A
PO Box 98907
Lakewood, WA 98496
(253)983-3826

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

3/29/16
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.

Mark Gemar
Provider (or Representative)

4-5-16
Date

4/15
5/20

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observations, interview, and record reviews, the adult family home (AFH) failed to ensure the negotiated care plans (NCP) for 2 of 3 residents (#1 and #3) were reviewed and updated every twelve months. This failure placed the residents at risk for unmet or inappropriate care and services.

Findings include:

All observations, interview, and record reviews took place on 3/22/16 unless otherwise noted.

Resident #1 (R1):

R1 was admitted to the home on [REDACTED] 12 with diagnoses including [REDACTED] among others. R1 was observed standing in the driveway of the AFH at about 9:00 am, waiting for the local transit bus to take him to work. R1 was alert and oriented and able to answer questions appropriately.

Record review noted R1's most recent NCP had no date noted on the front of the document. It was signed by the Provider on 7/21/14. It was not signed by the resident or his representative. The review and update for the NCP was 20 months overdue.

Resident #3 (R3):

R3 was admitted to the home on [REDACTED] 08 with diagnoses including [REDACTED] disability and [REDACTED] among others. R3 was observed ambulating in the home independently, spending time in his bedroom, and leaving for an outing with one of the other residents. R3 was alert and oriented and able to answer questions appropriately.

Record review noted R3's most recent NCP was signed by both the Provider and R3 on 1/5/13. It was signed again by the Provider on 12/9/14 or 12/9/15; the year was difficult to read. It was not signed again by the resident. The review and update for the NCP was 38 months overdue.

When interviewed, the Provider said she had reviewed the NCP's, and as there were no changes, she thought she did not have to have the residents sign.

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, PG Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4-5-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Mark Gemma
Provider (or Representative)

4-5-16
Date

WAC 388-76-10430 Medication system.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the adult family home (AFH) failed to ensure a current list of prescribed and over-the-counter medications for 1 of 3 residents (#1) was kept in the resident's records. This failure placed the resident at risk for medical complications from not receiving his medications as prescribed by his physician.

Findings include:

All observations, interviews, and record reviews took place on 3/22/16 unless otherwise noted.

Resident #1 (R1):

R1 was admitted to the home on [REDACTED] 2 with diagnoses including [REDACTED] among others. R1 was observed standing in the driveway of the AFH at about 9:00 am, waiting for the local transit bus to take him to work. R1 was alert and oriented and able to answer questions appropriately.

Record review noted no current list of prescribed and over-the-counter medications in R1's records.

When interviewed, the Provider said R1's representative preferred to take R1 to his doctor's appointments, and filled all his prescriptions at a private pharmacy before returning R1 to the AFH. The Provider said R1's representative did not want to use the pharmacy system currently serving the AFH and did not want to provide the AFH with copies of R1's medications or office visit reports.

When interviewed by phone on 3/25/16, R1's caseworker said R1's representative had managed R1's medical appointments and medications for many years, and was reluctant to turn this responsibility over to the AFH.

When interviewed by phone on 3/25/16, R1's representative said she found this requirement frustrating as she had managed R1's medications for many years. She said she was sure she had provided a list of R1's medications to the AFH.

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, PG Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4-5-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Mark Geman
Provider (or Representative)

4-5-16
Date

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

- (5) Ensure water temperature does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:
- (c) Sinks.

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the adult family home (AFH) failed to ensure the water temperature in the bathroom sink used by the residents was 120 degrees Fahrenheit or less. This failure placed 1 of 3 residents (#1) at risk for harm from the hot water.

Findings include:

All observations, interviews, and record reviews took place on 3/22/16 unless otherwise noted.

Resident #1 (R1):

R1 was admitted to the home on [REDACTED] 12 with diagnoses including [REDACTED] among others. R1 was observed standing in the driveway of the AFH at about 9:00 am, waiting for the local transit bus to take him to work. R1 was alert and oriented and able to answer questions appropriately.

When interviewed, the Provider said R1 prepared for work independently in the morning and was able to bathe himself and get dressed independently.

R1's most recent negotiated care plan of 7/22/14 noted he was "safe unattended in bath."

R1's most recent assessment dated 5/27/15 noted his limitations included "cannot judge water temperature."

When interviewed, the Provider said the resident never had problems adjusting the water temperature in the sinks and she was surprised to learn this was on his assessment.

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, PG Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4-5-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Mark Gehan
Provider (or Representative)

4-5-16
Date

03-31-2016

Received letter on 03/30/16

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

In response to the deficiencies listed was the NCP was not reviewed and signed by residents 1 and 3.

There was no current list of prescribed and over-the-counter medications on record for resident 1.

Failed to ensure water temperature to be under 120 degrees

Our plan of action will review the NCP with residents 1 and 3 and have it signed by the resident and provider. And in addition, note that every 2 years this must be done. To obtain records of R1 list of prescribed and over-the-counter medications. And to maintain proper water temperature of 120 degrees

In response to the deficiency listed. Both residents have understood and signed the NCP.

In response to the deficiency listed. Received a list of medications by Dr. Alexander Lee for Resident 1 on 03/25/2016.

In response to the deficiency listed. We will have a temp log in place which will be conducted every 2 months. Clients bathroom and lower bathroom will be tested by digital thermometer to comply for proper temp of 120 degrees or lower.

Thank You, PG AFH



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

May 10, 2016

Pholly L Chin
PG Adult Family Home
1406 Hansberry Ave NE
Orting, WA 98360

RE: PG Adult Family Home License #751868

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 5, 2016 for the deficiency or deficiencies cited in the report/s dated March 28, 2016 and found no deficiencies.

The Department staff who did the inspection:
Kathleen Edder, Adult Family Home Licensors

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services