



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 3906-172nd St NE, Suite #100, Arlington, WA 98223

RECEIVED  
 APR 14 2016  
 AL TSA/RCS ARLINGTON

Statement of Deficiencies	License #: 751913	Completion Date
Plan of Correction	ANGELINA CARE HOME INC	March 31, 2016
Page 1 of 4	Licensee: ANGELINA CARE	

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.

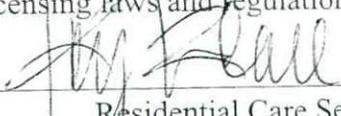
The department has completed data collection for the unannounced on-site full inspection of:  
 3/31/2016

ANGELINA CARE HOME INC  
 8510 VERNON RD  
 LAKE STEVENS, WA 98258

The department staff that inspected the adult family home:  
 Patty Johnson, RN, Licensor

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit B  
 3906-172nd St NE, Suite #100  
 Arlington, WA 98223  
 (360)651-6872

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

4/14/16  
 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.

  
 Provider (or Representative)

4-12-16  
 Date

**WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:**

- (1) A list of the care and services to be provided;
- (2) Identification of who will provide the care and services;
- (3) When and how the care and services will be provided;
- (4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;
- (5) The resident's activities preferences and how the preferences will be met;
- (6) Other preferences and choices about issues important to the resident, including, but not limited to:
  - (a) Food;
  - (b) Daily routine;
  - (c) Grooming; and
  - (d) How the home will accommodate the preferences and choices.
- (7) If needed, a plan to:
  - (a) Follow in case of a foreseeable crisis due to a resident's assessed needs;
  - (b) Reduce tension, agitation and problem behaviors;
  - (c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;
  - (d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;
- (8) Identification of any communication barriers the resident may have and how the home will use behaviors and nonverbal gestures to communicate with the resident;
- (9) A statement of the ability for resident to be left unattended for a specific length of time; and
- (10) A hospice care plan if the resident is receiving services for hospice care delivered by a licensed hospice agency.

**WAC 388-76-10650 Medical devices. Before the adult family home uses medical devices for any resident, the home must:**

- (2) Ensure the resident negotiated care plan includes the resident use of a medical device or devices; and

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

Based on observation, interview and record review, the provider failed to care plan the use of transfer poles, for 3 of 3 residents, (Residents 1, 2 and 3), that were in two shared bathrooms. This failure placed the residents at risk for unmet/ unrecognized care needs and potential injury related to the risk for entrapment.

Findings include:

All interviews and record reviews occurred on March 31, 2016.

Resident 1, 2, and 3 were all assessed to be independent with toileting.

During a tour of the home, there were two shared bathrooms with white poles fastened to the floor and ceiling, positioned ~1/2 foot away from each toilet.

In an interview, the resident manager, (RM), reported all the residents used both bathrooms independently. She reported that she didn't realize she needed to careplan the residents use of the poles. During the inspection, she wrote a transfer pole care plan for each resident.

In an interview with Resident 1, 2 and 3, they all stated they have used the transfer poles in the bathrooms to help them get up and down from the toilet.

Record review for resident 1, 2 and 3 revealed no documentation in their care plans for the use of the transfer poles. All resident transfer pole assessments were in a separate file. There was evidence that each resident was given an explanation of the risks and benefits for the use of the transfer poles, and agreed to their use. The RM placed the resident assessments in their resident records during the inspection.

#### 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, ANGELINA CARE HOME INC is or will be in compliance with this law and / or regulation on (Date) 3-31-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

J. Rea  
Provider (or Representative)

4-12-16  
Date

#### WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place the following documents in a visible location in a common use area where they can be examined by residents, resident representatives, the department and anyone interested without having to ask for them.

(a) A copy of the most recent inspection report and related cover letter; and

(b) A copy of all complaint investigation reports, and any related cover letters received since the most recent inspection or not less than the last twelve months.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department and anyone interested.

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

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

Based on observation and interview, the provider failed to have a system in place to ensure the last full state inspection, including the correlating cover letter, were available in a place that residents, resident representative's, or anyone interested, could read them without having to ask. This failure placed the residents at risk of not knowing they could privately and freely review the reports.

Findings include:

All interviews and record reviews occurred on March 31, 2016.

During a tour of the home, the current inspection reports were not observed in any visible location. There was no notification posted to alert anyone that older inspection reports were available.

In an interview, the resident manager, (RM), took a white 3 ring binder out of an upper kitchen cupboard, opened it up to show white papers secured by the 3 rings and stated it was the inspection reports. She reported the inspection mistakenly had not been "put back" after another care giver cleaned up. The provider made a copy of the report, stapled it together and placed the inspection papers on a hook that was on the wall next to the breakfast bar and sliding doors, ~ 4 feet up from the floor.

**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, ANGELINA CARE HOME INC is or will be in compliance with this law and / or regulation on (Date) 3-31-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

J. Reston  
Provider (or Representative)

4-12-16  
Date



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3906-172nd St NE, Suite #100, Arlington, WA 98223

April 26, 2016

ANGELINA CARE HOME INC  
ANGELINA CARE HOME INC  
11217 1ST AVE W  
EVERETT, WA 98204

RE: ANGELINA CARE HOME INC License #751913

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 19, 2016 for the deficiency or deficiencies cited in the report/s dated March 31, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Patty Johnson, Licensur

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Kay Randall, Field Manager  
Region 2, Unit B  
Residential Care Services