



**Residential Care Services
Investigation Summary Report**

Provider/Facility: FIRST CHOICE CARE LLC (689195) **Intake ID(s):** 3189626
License/Cert. #: AF751963
Investigator: CRUZ, JOCELYN **Region/Unit:** RCS Region 2/Unit C **Investigation Date(s):** 03/08/2016 through 03/09/2016
Complainant Contact Date(s): 03/07/2016

Allegations:

- (1) The named resident is not receiving the appropriate level of care.
- (2) Was left in unhygienic state for an hour
- (3) Concern about sharing bathroom with female resident and female resident will lock the door and the Named Resident can't get into the bathroom until staff come and unlock the door.

Investigation Methods:

<input checked="" type="checkbox"/> Sample:	Named resident, two other residents.	<input checked="" type="checkbox"/> Observations:	Staff to resident interactions, staff care of residents, home appearance, staffing and staffing availability, residents' appearance.
<input checked="" type="checkbox"/> Interviews:	Named Resident, two other residents, others not affiliated with the AFH.	<input checked="" type="checkbox"/> Record Reviews:	Named Resident's records, staff records, staff schedules

Allegation Summary:

- (1) and (2) The same concerns were investigated and no deficiencies were found (Please refer to Intake Summary Report #3137610 and 3183820.
- (3) Named Resident stated he does not use the bathroom unless he is taking a shower/bath. The AFH placed sign in the bathroom that says to unlock the door after each use. Interview of the Named resident and AFH personnel revealed no further incident of the other resident leaving the bathroom door locked after the first incident.

Unalleged Violation(s): **Yes** **No**



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Conclusion: **Failed Provider Practice Identified** **Failed Provider Practice Not Identified**

Action: **Citation(s) Written** **No Citation Written**

RCPP Action: **Recommend Finding** **Recommend Close Investigation**



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 #: 751963	Completion Date
Plan of Correction	FIRST CHOICE CARE LLC	March 14, 2016
Page 1 of 4	Licensee: FIRST CHOICE 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 complaint investigation and full inspection of: 3/8/2016

FIRST CHOICE CARE LLC
 22028 108TH AVE SE
 KENT, WA 98031

This document references the following complaint number: 3189626

The department staff that inspected the adult family home:
 Jocelyn Cruz, 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 complaint investigation and 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.

[Handwritten Signature]

Residential Care Services

3-23-2016

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.

[Handwritten Signature]

Provider (or Representative)

RECEIVED
 4-4-2016
 APR 11 2016
 DSHS/ADSA/RCS

Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure tuberculosis testing (TB) was initiated within three days of employment when required for two of nine (Caregivers A and B) AFH Personnel. This failure placed the residents at risk for infection if the staff had undiagnosed TB.

All observation, interview and record review occurred on 03/08/2016 unless otherwise noted.

Findings include:

Caregiver A:

Observation revealed Caregiver A provided care to the residents in the AFH.

Record review revealed Caregiver A was hired to work in the home on 05/25/2011. Further review of his records revealed, he had negative results from a two-step TB tests completed on 08/20/2010 and 08/30/2010.

No TB test was completed three days after hire date as required.

Caregiver B:

Observation revealed Caregiver B provided care to the residents in the AFH.

Record review revealed Caregiver B was hired to work in the home on 01/23/2015. Further review of his records revealed he had a positive result from a TB skin test completed on 02/16/2015 and a normal chest x-ray on 02/20/2015.

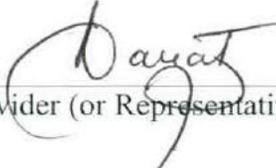
No TB test was completed three days after hire date as required.

In an interview with the Provider, she did not offer any explanation but acknowledged the deficiency.

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APR 11 2016
DSHS/ADSA/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, FIRST CHOICE CARE LLC is or will be in compliance with this law and / or regulation on (Date) 4-25-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


 Provider (or Representative)

4-4-2016

Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the home's written medication disposal policy was implemented when expired medications belonging to one of six residents (Residents #5) was not disposed of according to medication disposal policy. This failure placed Resident #5 at risk of adverse side effect from ingesting an expired medication.

All observation, interview and record review occurred on 03/08/2016 unless otherwise noted.

Findings include:

Observation during an audit of Resident #5's medications found a medication bottle labeled "mg," with an expiration date of 07/2015.

Record review of Resident #5's Medication Administration Record (MAR) generated by the Pharmacy revealed an order for mg take one tablet by mouth daily."

Caregiver A stated she gave Resident #5  this morning. When asked where she got the medication from, she grabbed the medication bottle marked mg, and stated "from here."

Review of home's medication written disposal policy revealed "when medication has been discontinued, expired, or unused for a current resident living in the home," then continues "medication may no longer be returned to the pharmacy for destruction but will be disposed by the facility thru chemical destruction container in compliance with the Drug Enforcement Administration (DEA).

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 APR 11 2016
 DSHS/ADSARCS

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, FIRST CHOICE CARE LLC is or will be in compliance with this law and / or regulation on (Date) 4-25-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4-4-16

Date

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APR 11 2016
DSHS/ADSAR/c



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 25, 2016

FIRST CHOICE CARE LLC
FIRST CHOICE CARE LLC
22028 108TH AVE SE
KENT, WA 98031

RE: FIRST CHOICE CARE LLC License #751963

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 21, 2016 for the deficiency or deficiencies cited in the report/s dated March 14, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jocelyn Cruz, Licensor

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

Sincerely,

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