



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

May 29, 2020

TWIN LAKES AFH1 LLC
TWIN LAKES AFH1
2701 SW 323RD ST
FEDERAL WAY, WA 98023

RE: TWIN LAKES AFH1 License #751964

Dear Provider:

On May 26, 2020 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated December 30, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Denetta Uzzell, NCI Complaint Investigator

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

Sincerely,

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: TWIN LAKES AFH1 (689154) **Intake ID(s):** 3680413
License/Cert. #: AF751964
Investigator: Uzzell, Denetta **Region/Unit:** RCS Region 2/Unit G **Investigation Date(s):** 12/09/2019 through 12/30/2019
Complainant Contact Date(s): 12/31/2019

Allegations:

- #1. The adult family home (AFH) has not addressed the issue of NR's multiple falls. & since 10/11/2019)
- #2. The AFH has not addressed NR's inability to maneuver the scooter in home creating open wounds of feet.
- #2. The AFH does not have call buttons that work consistently.
- #3. The AFH owner talks to NR in a berating manner, points finger. NR does not ask for help for fear of being berated
- #4. The AFH owner told residents he could not help them because he only has two caregivers.
- #5. The AFH does not have a system to track the days NR's nicotine patch is applied.
- #6. The AFH has a sliding glass door that increases NR fall risk.

Investigation Methods:

- | | | | |
|--|-------------------------|--|--|
| <input checked="" type="checkbox"/> Sample: | residents, including NR | <input checked="" type="checkbox"/> Observations: | environment, caregiver/resident interaction |
| <input checked="" type="checkbox"/> Interviews: | residents, including NR | <input checked="" type="checkbox"/> Record Reviews: | resident assessments and negotiated care plans (NCP), incident reports, NR care and outpatient care notes. |

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



**Residential Care Services
Investigation Summary Report**

Allegation Summary:

- #1. The AFH said they have not observed, nor had NR reported any falls, they report NR is a one person assist but would sometimes get him/herself up when wanting to go out. When asked NR said "they did nothing wrong." Observed the AFH is open to NR's room and free of clutter. NR was admitted with electric wheelchair that NR would have difficulty maneuvering when becoming confused. The AFH followed up with coordinating home health services. NR's wounds was addressed by home health. NR was ordered a new chair in October and received it in December.
- #2. The AFH call system was different for each residents. NR had call bell in working order. NR said he/she was able to call for staff when needed. Observed 2 caregivers on staff at the home. The provider said there are always two caregivers on staff during the day. Bedroom for night staff in close vicinity to residents rooms.
- #3. Observed AFH using pointed finger away from resident, in casual conversation. No berating behavior noted. Discussed with the Provider the importance of body language. Residents said they do not feel threatened or berated by staff.
- #4. The Provider said NR would become upset when calling for caregivers while they were working with other residents. Residents said cg would tell NR they would be there when finished with the resident they were helping.
- #5. Cg said NR would refuse nicotine patch on the days NR wanted to smoke and they may not have removed the old patch on that day. MAR showed the AFH had a system for documenting when patch was refused.
- #6. The sliding glass door was in working condition.

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

resident rights, waiver of liability

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

see SOD dated 01/02/2020.

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: TWIN LAKES AFH1 (689154) **Intake ID(s):** 3680958
License/Cert. #: AF751964
Investigator: Uzzell, Denetta **Region/Unit:** RCS Region 2/Unit G **Investigation Date(s):** 12/09/2019 through 12/30/2019
Complainant Contact Date(s):

Allegations:

#1. The adult family home (AFH) called 911 because named resident (NR) threatened to kill staff and staff family and has a guy to do it. NR calms down when the police arrives.

Investigation Methods:

Sample: residents, including NR

Observations: environment, resident/caregiver interaction

Interviews: residents, including NR, the Provider

Record Reviews: resident assessment and negotiated care plan (NCP). incident reports

Allegation Summary:

#1. Record review and interview show the AFH called 911 as per NR's NCP for verbal threats, no physical aggression. The provider said NR would recant and calm down when 911 arrived or was to be called. NR said he/she has no intent to do harm but would sometimes get angry. Residents said NR would get loud and threatening then calm down. Residents said NR did not get physically aggressive. Observed NR was bed bound and wearing O2 mask. NR would become short of breath when talking. Assessment and NCP were up to date.

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

Resident Rights for waiver of liability

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

see SOD dated 01/02/2020.

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: TWIN LAKES AFH1 (689154) **Intake ID(s):** 3681149
License/Cert. #: AF751964
Investigator: Uzzell, Denetta **Region/Unit:** RCS Region 2/Unit G **Investigation Date(s):** 12/09/2019 through 12/30/2019
Complainant Contact Date(s): 12/09/2019

Allegations:

#1. The adult family home (AFH) is withholding named resident (NR's) prescription medication.

Investigation Methods:

- Sample:** residents, including NR
- Interviews:** residents, including NR, caregiver, the Provider
- Observations:** environment, caregiver/resident interaction, resident care
- Record Reviews:** assessment and negotiated care plan (NCP), medication administration record (MAR)

Allegation Summary:

#1. The provider and caregiver said NR was requesting medication before the prescribed medication was due. NR said he/she is receiving his/her medications. MAR is up to date and shows requested medication given to client.

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

Resident rights for waiver of liability.

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

See SOD dated 1/2/2020.

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



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

RECEIVED
 JAN 22 2020
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 751964	Completion Date
Plan of Correction	TWIN LAKES AFH1	December 30, 2019
Page 1 of 2	Licensee: TWIN LAKES AFH1 LLC	

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 of: 12/9/2019 and 12/30/2019

TWIN LAKES AFH1
 2701 SW 323RD ST
 FEDERAL WAY, WA 98023

This document references the following complaint numbers: 3680413 , 3680958 , 3681149

The department staff that inspected and investigated the adult family home:
 Denetta Uzzell, NCI Complaint Investigator

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 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.

Elen Adams
 Residential Care Services

01/08/2020
 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.

Maryn R. Flow
 Provider (or Representative)

1/15/20
 Date

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

RECEIVED
JAN 22 2020
DSHS/AL TSA/RCS

WAC 388-76-10610 Resident rights Waiver of liability. The adult family home must not ask the resident for, or make the resident sign waivers of:

- (1) Potential liability for losses of personal property or injury; and

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to not ask one of two residents (R3) to sign a waiver of liability related to timing of medication. This failure may have left R3 not understanding their rights and the AFH potential liability.

Findings included...

On 12/02/19 at 2:30 PM, Staff A, Entity Rep (ER), stated that R3 often requested medication Tramadol (medication for pain) prior to the time it could be given. Staff A stated that R3 was insistent and would become angry. Staff A stated that he (Staff A) told R3 he would give it to him early if he signed a paper waving the AFH liability.

Review of document dated 11/20/19 with a signature by R3 and witness signature by Staff A stated:

"To whom it may concern, this is to verify that [R3] is taking the risk of taking oxycodone [Tramadol] even though it hasn't pass 6 hours as required 1 hour before."

On 12/30/19 at 4:00 PM, R3 said that he/she could not remember if a document for medication was signed.

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, TWIN LAKES AFH1 is or will be in compliance with this law and / or regulation on (Date) 12/30/19 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Maryn B. Glou
Provider (or Representative)

1/15/20
Date

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