



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

July 18, 2016

BROWNVILLE MANOR INC
BROWN VILLA "B"
10317 61ST AVE S
SEATTLE, WA 98178

RE: BROWN VILLA "B" License #752006

Dear Provider:

On July 18, 2016 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 April 28, 2016.

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:
Dorothy Talbot, Licensors

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

Sincerely,

Delores Usea, 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 #: 752006	Completion Date
Plan of Correction	BROWN VILLA "B"	April 28, 2016
Page 1 of 7	Licensee: BROWNVILLE MANOR	

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:
4/12/2016

BROWN VILLA "B"
10033 "B" 61ST AVE S
SEATTLE, WA 98178

The department staff that inspected the adult family home:
Dorothy Talbot, MN, Licensors

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.

Dennis Udey

Residential Care Services

5-2-2016

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.

Katherine Brown

Provider (or Representative)

5-16-2016

Date

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MAY 20 2016
USHS/ADSA/RCS

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112 WAC, including but not limited to:

(a) Orientation and safety;

WAC 388-112-0035 What documentation is required for facility orientation training? The adult family home or assisted living facility must maintain documentation that facility orientation training has been completed as required by this chapter. The training and documentation must be issued by the home or service provider familiar with the facility, and must include:

(1) The name of the student;

(2) The title of the training;

(3) The number of hours of the training;

(4) The signature of the instructor providing facility orientation training;

(5) The student's date of hire;

(6) The date(s) of facility orientation;

(7) The documentation required under this section must be kept in a manner consistent with WAC 388-76-10198 (for adult family homes) and WAC 388-78A-2450 (for assisted living facilities).

Both caregivers had facility orientation pages in their folders

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to document orientation and safety training for two of two Caregivers in the home (Staff A and B). This failure placed all residents (Resident #1,#2,#3,#4,#5,and #6) at risk of receiving inappropriate care.

Findings include:

All observation, interview and record review occurred on 4/12/16 unless otherwise noted.

Staff A was observed in the home on the day of visit providing care to six residents. Staff A reported Staff B relieved her on her day off. Staff A said she was hired on 4/25/15. She reported she was the main caregiver.

Interview with the Provider said Staff B was hired on 4/1/16.

Staff training and personnel records were reviewed.

There was no document to verify the orientation to the home was performed. In addition Staff A was unsure where the emergency supplies were located.

On 4/26/16 the Provider was interviewed and said she thought she showed the Caregivers where things were kept in the home. According to the Provider there was emergency food and water stored inside the garage. Staff A said she wasn't aware that they were in the garage but instead she showed the wrong bin to Licensor.

RECEIVED
MAY 20 2016
DHH/AS/ARCS

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, BROWN VILLA "B" is or will be in compliance with this law and / or regulation on (Date) 5-16-2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Katherine Brown
Provider (or Representative)

5-16-2016
Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(2) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to have evidence of liability insurance in the home. This failure placed 6 of 6 residents (Resident #1,#2,#3,#4,#5 and #6) at risk of not being covered in the event of personal injury, or property damage or loss.

Findings include:

All observation, Interview and record review occurred on 04/12/16 unless otherwise noted.

On the day of visit, Staff A said a total of 6 residents lived in the home.

Staff A reported, the Provider was away on vacation, out of state. The Provider operated two adult family homes adjacent to each other. Staff A reported that she was to take care of residents in the home undergoing inspection. Staff A said the Provider was available on phone. Staff A called the Provider, in the Licensor's presence and there was no response from the Provider. There was no evidence of Liability insurance in the home. Staff A was asked if she would get the liability insurance for the other home to see the name of the insurance company so that the Caregiver and Department Staff could call and get verification of the insurance information. According to Staff A, both homes did not have a record of Liability Insurance. The Liability Insurance was not available for Department review.

Liability insurance was in force. The certificate was mailed to Ms. Lisa.

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MAY 20 2016
DSF/ADJ/MRCS

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, BROWN VILLA "B" is or will be in compliance with this law and / or regulation on (Date) 5-16-2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Katherine Brown

Provider (or Representative)

5-16-2016

Date

WAC 388-76-10200 Adult family home Staff Availability Contact information. In addition to other licensing requirements for staff availability, the adult family home must:

- (5) Ensure the provider, entity representative or resident manager is readily available to:
- (c) Caregivers; and
 - (d) Authorized state staff.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure the Provider was available for consultation to Caregivers and the Department. This failure placed all residents of receiving inappropriate care.

Findings include:

All observation, interview and record review occurred on 4/12/16 unless otherwise noted.

During the unannounced inspection visit, Staff A reported a total of 6 residents resided in the home. Staff A and B were identified as Caregivers in the home. During the inspection visit, Staff A was unable to find an adequate emergency food and water supply. In addition, Staff A was unable to find proof of Liability insurance and Staff orientation records. Staff A attempted to contact the Provider by phone while Department Staff was in the home, but there was no response from the Provider. Staff A said the Provider was on vacation from 4/11/16 to 4/15/16.

On entrance interview, Staff A was unable to identify the payment sources for the six residents. In addition, when asked resident specialty care needs, Staff A asked the Licensor to talk to the Provider, who was not available. Staff A identified all six residents with behavioral issues that affected themselves or other residents.

On 4/26/16, the Provider was interviewed and stated all 6 residents were State pay residents and Resident #1,#2, and #3 required special care related to a Developmental Disability. Per Provider, Resident #4,#5 and #6 required Mental Health specialty care.

After several phone calls during the on-site inspection (4/12/16) and following the visit, the Provider was interviewed on 4/26/16 and stated that she was the Provider as well as the Resident Manager. The Provider said that she had placed the phone on a "silent" setting without knowing it and did not get any phone calls while she was on vacation.

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MAY 20 2016
DSH/AS/ARCS

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, BROWN VILLA "B" is or will be in compliance with this law and / or regulation on (Date) 5-16-2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

I did not answer my cell phone when licensed. It was not in ring mode. I did however talk with my caregiver on inspection day, because I was Katherine Brown 5-16-2016

Provider (or Representative)

Date

in contact with her on a daily basis while out of town

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 failed to ensure a TB skin test was performed within three days of hire for one of two caregivers (Staff B). This failure placed all residents (Resident #1,#2,#3,#4,#5,#6) at risk of exposure to a communicable disease.

Findings include:

All interview and record review occurred on 4/12/16 unless otherwise noted.

Staff B was hired on 4/1/16. There was no record of a two step TB skin test in the home for Staff B, only a chest Xray record dated 3/17/16.

Interview with the Provider on 4/28/16 said she called Staff B and Staff B informed her there was an Xray result and was wondering if she still needed to do a two step TB test.

The two step TB test was not done prior to X ray. The X ray was done on 3/17/16, which was prior to Staff B's hire date. There was no skin test within 3 days of hire.

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, BROWN VILLA "B" is or will be in compliance with this law and / or regulation on (Date) 5-30-2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Katherine Brown

Provider (or Representative)

5-16-2016

Date

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MAY 20 2016
DSHS/ADS/ARCS

WAC 388-76-10840 Emergency food supply. The adult family home must have an on-site emergency food supply that can be stored with other food in the home and that:

- (1) Will last for a minimum of seventy-two hours for each resident and each household member;
- (3) Is sufficient, safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure there was sufficient emergency food for all residents and household members. This failure placed all six residents (Resident #1,#2,#3,#4,#5,and #6) and household members at risk of malnutrition in the event of a an emergency.

Findings include:

All observation, interview and record review occurred on 4/12/16 unless otherwise noted.

On entrance interview Staff A said a total of 6 residents resided in the home. It was reported that Staff A and her fiance' lived in the home . In addition, there was a Caregiver/family member and her daughter that lived in the basement. A total of 10 people lived in the home.

During environmental rounds, the emergency food supply was observed stored in the garage. Staff A brought out a bin with two canned goods, a can of Mackerel and a can of spam. The food was not enough for all residents and household members for at least 3 days.

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, BROWN VILLA "B" is or will be in compliance with this law and / or regulation on (Date) 5-17-2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Food was available, but caregiver did know the specific place that food could be found in garage.

Katherine Brown

5-16-2016

Provider (or Representative)

Date

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

- (1) Will last for a minimum of seventy-two hours for each resident and each household member;

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure there was enough emergency water in the home for all residents, staff and household members. This failure placed all residents and household members at risk of dehydration in the event of a disaster.

Findings include:

All observation, interview and record review occurred on 4/12/16 unless otherwise noted.

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DSHS/ADSAIRCS

The home was observed to be a two story home with a basement.

On entrance interview, Staff A said a total of 6 residents resided in the home. Staff A and her fiance' lived in the home . There was a Caregiver/family member and her daughter that lived in the basement. A total of 10 people lived in the home.

During environmental rounds the emergency water supply was found in the garage. A total of 4 bottles , 7 gallons each was kept in the home. A total of 28 gallons. The requirement was 3 gallons of water per person. There was not enough water in the home for all residents, staff and household members.

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, BROWN VILLA "B" is or will be in compliance with this law and / or regulation on (Date) 5 - 16 - 2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Kathleen Brown
Provider (or Representative)

5 - 16 - 2016
Date

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MAY 20 2016
DSHS/ADSARCS