



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

June 23, 2016

GOLD AUTUMN AFH LLC
GOLD AUTUMN AFH
8327 186TH ST SW
EDMONDS, WA 98026

RE: GOLD AUTUMN AFH License #752017

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on June 20, 2016 for the deficiency or deficiencies cited in the report/s dated April 18, 2016 and found no deficiencies.

The Department staff who did the inspection:
Hang Lu, Licensor

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

Sincerely,

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



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 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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 3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 752017	Completion Date
Plan of Correction	GOLD AUTUMN AFH	April 18, 2016
Page 1 of 7	Licensee: GOLD AUTUMN AFH	

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:
 4/15/2016

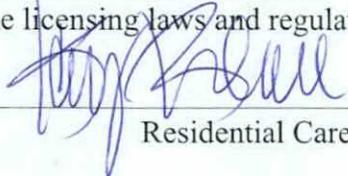
GOLD AUTUMN AFH
 8327 186TH ST SW
 EDMONDS, WA 98026

The department staff that inspected the adult family home:
 Hang Lu, BSN, 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

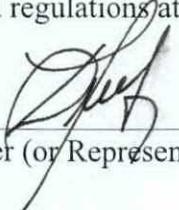
RECEIVED
 MAY 18 2016
 ADSA/RCS
 Smokey Point

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

5/11/16
 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)

5-15-2016
 Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to have a system in place to ensure the resident manager (RM) had a valid background check and 4 of 4 caregivers (Caregiver A, B, C, D) had the national fingerprint background check results in their records. This failure placed the residents at risk of being cared for by staff with a disqualifying criminal background.

Findings include:

All record review and interview occurred on 4/15/16 unless otherwise noted.

Record review revealed the RM's background check had expired on 2/24/16. Record review revealed all 4 caregivers were hired after 1/7/12 and there was no evidence they had had the national fingerprint background check. When interviewed, the provider said the caregivers had done the fingerprint already, but she did not have the results on record. The provider said she would submit a background check authorization for the RM and follow up with the background check central unit regarding the caregivers' national fingerprint background check results soon.

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, GOLD AUTUMN AFH is or will be in compliance with this law and / or regulation on (Date) 5-15-2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

Date

5-15-2016

WAC 388-76-10250 Medical emergencies Contacting emergency medical services Required.

(1) The adult family home must develop and implement policies and procedures which require immediate contact of the local emergency medical services when a resident has a medical emergency. This requirement applies:

(a) Unless the caregiver, present at the time of the emergency, is a licensed physician or registered nurse acting within his or her scope of practice;

(b) Whether or not:

(i) Any order exists directing medical care for the resident;

(ii) The resident has provided an advance directive for medical care; or

(iii) The resident has expressed any wishes involving medical care.

(2) If available, the home must immediately give arriving emergency medical services personnel a copy of:

(a) Any order that exists directing medical care for the resident; and

(b) The resident's advance directive for medical care.

(3) The home must inform the resident of the requirements in this section.

(4) The home is not required to contact emergency medical services when a resident is receiving hospice care by a licensed hospice agency and the:

(a) Emergency relates to the expected hospice death; and

(b) Situation is monitored by the hospice agency.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to have a system in place to ensure the home had developed and informed 6 of 6 residents (Resident 1-6) of the policy on contacting local emergency medical services (EMS). This failure placed the residents at risk of delayed treatment in the event of a medical emergency.

Findings include:

All record review and interview occurred on 4/15/16 unless otherwise noted.

Record review revealed the home had not developed and informed 6 of 6 residents (Resident 1-6) of the policy on contacting local EMS. There was currently one resident (Resident 2) on [REDACTED] in the home. During an interview, the provider led the licensor to a poster called "A Guide to calling 911" on the wall in the dining room. The provider said she would look to see if she had any written policy regarding contacting EMS that included all required information and fax a copy to the licensor. Record review revealed there was no evidence the provider had informed any of the residents regarding the EMS policy as required by regulation.

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Provider (or Representative)

5-15-2016

Date

WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to have a system in place to ensure 1 of 6 residents (Resident 3) received a notice of services (admission agreement) at least every 24 months after admission. This failure placed the resident at risk of not knowing the rules or understanding care and services provided by the home.

Findings include:

All record review and interview occurred on 4/15/16 unless otherwise noted.

Resident 3 was admitted to the home on [redacted] 10. [redacted] had a representative who signed for [redacted]. Record review revealed the admission agreement was last signed on [redacted] 10. There was no evidence the provider had given the resident/ representative a copy of the admission agreement at least every 24 months after admission. When interviewed, the provider said she would review/ provide the admission agreement and obtain the representative's signature soon.

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Provider (or Representative)

5-15-2016
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

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 most recent inspection report was available in a visible location where it could be examined by anyone interested without having to ask for it, as required.

Findings include:

All observation and interview occurred on 4/15/16 unless otherwise noted.

During a tour of the home, the licensor observed there was a posted notice indicating inspection and complaint investigation reports were available upon request. When asked, the provider said she kept the latest inspection report in the dining area. The licensor noted inspection reports from 2012 and 2013 were kept in a holder labeled "Drop Box". The latest (December 2014) inspection report was not found.

When asked, the provider said inspection reports and other resident mail or notes to the provider were normally kept in the Drop Box. During an interview, the provider said she would look for the 2014 inspection report and revise the notice to say, "The most recent inspection/ complaint investigation reports are kept in the red box in the dining area. Previous inspection and complaint investigation reports are available upon request."

On 4/18/16, the provider called the licensor to say she could not find the 2014 inspection report. The provider asked the licensor to fax her a copy for posting in the home.

Attestation Statement

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_____
Provider (or Representative)5-15-2016_____
Date**WAC 388-112-0200 What is continuing education?**

(1) (1) Continuing education is annual training designed to increase a caregiver's knowledge and skills. DSHS must approve continuing education curriculums and instructors. The same continuing education course may not be repeated for credit unless it is a new or more advanced training on the same topic. The exceptions to this are:

(d) Food handling training.

WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year?

(1) Adult family homes

(d) Continuing education must include one-half hour per year on safe food handling in adult family homes described in RCW 70.128.250 .

WAC 388-112-0320 Which trainings require department approval of the curriculum and instructor?

(1) Except for facility orientation training under WAC 388-112-0015 (1) the department must preapprove the curriculum and instructors for all training required under this chapter.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to have a system in place to ensure she, the resident manager (RM), and 4 of 4 caregivers (Caregiver A-D) obtained the yearly food safety training from the department approved program or instructor, as required.

Findings include:

All record review and interview occurred on 4/15/16 unless otherwise noted.

Record review revealed the provider had issued the food safety training on 1/1/16 to herself, the RM, and all 4 caregivers. When asked, the provider said she was not the department approved program/ instructor. The provider said she would make sure she and all staff obtained the food safety training from the approved instructor soon.

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, GOLD AUTUMN AFH is or will be in compliance with this law and / or regulation on (Date) 5-15-2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)



5-15-2016

Date