



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

GENRIETTA KATSMAN
OLGINO 2 ADULT FAMILY HOME
23228 49TH AVE SE
BOTHELL, WA 98021

RE: OLGINO 2 ADULT FAMILY HOME License # 752048

Dear Provider:

This letter addresses Compliance Determination(s) 52540 (Completion Date 01/03/2025) and 49544 (Completion Date 11/13/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/03/2025 and found that you have corrected the violations listed in the Complaint report dated 11/13/2024. Your home is back in compliance as of 11/15/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10225-2-a, WAC 388-76-10225-2-f, WAC 388-76-10225-2-b, WAC 388-76-10375-1

The Department staff who did the on-site verification:
Theresa Karundeng, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services



STATE OF WASHINGTON
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 20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies License #: 752048 Compliance Determination # 49544
 Plan of Correction OLGINO 2 ADULT FAMILY HOME Completion Date
 Page 1 of 4 Licensee: GENRIETTA KATSMAN 11/13/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 10/30/2024 and 11/12/2024 of:

OLGINO 2 ADULT FAMILY HOME
 23228 49TH AVE SE
 BOTHELL, WA 98021

This document references the following complaint number(s): 151742

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2 , Unit I
 20311 52nd Ave W, Suite 100
 Lynnwood, WA 98036

As a result of the on-site visit(s), 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.

Rense Bourque
 Residential Care Services

11/15/2024
 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.

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

Statement of Deficiencies	License #: 752048	Compliance Determination # 49544
Plan of Correction	OLGINO 2 ADULT FAMILY HOME	Completion Date
Page 2 of 4	Licensee: GENRIETTA KATSMAN	11/13/2024



Provider (or Representative)

11/18/24
Date**WAC 388-76-10225 Reporting requirement.**

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

- (a) The resident's family;
- (b) The resident's representative, if one exists;
- (f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure the family and case manager were notified when 1 of 3 resident (Resident 1) had multiple skin injuries. This failure placed Resident 1 at risk for delayed management, and unmet care needs.

Findings included...

Review of Resident 1's Negotiated Care Plan (NCP), dated 09/13/2024, showed Resident 1 was admitted to the AFH on [REDACTED]/2024 with dementia (group of symptoms affecting memory, thinking and social abilities). Review of Resident 1's NCP showed caregivers would monitor Resident 1's skin and apply lotion regularly. Further review of Resident 1's NCP showed to apply barrier cream after every episode of incontinence, dated 10/04/2024.

Review of Resident 1's progress notes showed the following:

- On 10/03/2024 Resident 1 was bed bound and had an opened wound to their buttocks.
- On 10/04/2024 Doctor visited Resident 1 and completed a skin assessment.
- On 10/09/2024 Nurse performed wound care on Resident 1.

Review of Resident 1's progress notes showed no documentation that Resident 1's family or case manager were notified of Resident 1's skin condition.

Review of Resident 1's Medical Provider's Notes, dated 10/04/2024, showed Resident 1 had a crack in their skin at the coccyx (tailbone), shearing and friability (fragile or thin skin), and three pressure/abrasion spots to Resident 1's bottom. Further review showed

Resident 1 would require home health services to manage Resident 1's wound treatment.

Review of Evergreen Home Health Visit Note, dated 10/09/2024, showed the following:

- Pressure injury stage three (pressure injuries that affect the top two layers of the skin, as well as fatty tissue), right side of coccyx, measuring 2-centimeter (cm- a unit of length) x 2.5 cm (width) x 0.2 cm (depth).
- Pressure injury, left side of coccyx, unstageable (an ulcer that's covered with dead tissue and cannot be staged properly) – black, measuring 2.8 cm x 2.2 cm.
- Deep tissue injury (pressure related injury that affects the underlying layers of skin, muscle, and other soft tissues) to right heel measuring 2.5 cm x 2 cm, purple.
- Skin tear to left knee measuring 1 cm x 0.2 cm.
- Deep tissue injury to left heel measuring 0.3 cm x 0.3 cm, purple.

In an interview, on 11/05/2024 at 1:58 PM, Collateral Contact 1 (CC1), Resident 1's Family Member, stated that they were not aware Resident 1 had wounds to their lower back and to their heels.

In an interview, on 11/05/2024 at 2:27 PM, Collateral Contact 3 (CC3), Resident 1's Case Manager, stated that they were not aware that Resident 1 had any skin issues. CC3 stated that they would expect the AFH Provider to notify the case manager if Resident 1 had pressure injuries.

In an interview, on 11/12/2024 at 12:20 PM, Collateral contact 2 (CC2), Resident 1's Family Member, stated that they were not aware of Resident 1's wounds. CC2 stated that Resident 1 came to the AFH without any skin issues. CC2 stated that they were aware of Resident 1's wounds after Resident 1 were hospitalized.

In an interview on 11/13/2024 at 10:50 AM, Staff A, Provider, stated that they did not send any email updates to Resident 1's case manager regarding their skin injuries. Staff A stated that they should have notified Resident 1's case manager. Staff A reported that they updated Resident 1's daughter in law via phone on the skin issues.

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

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, OLGINO 2 ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Statement of Deficiencies	License #: 752048	Compliance Determination # 49544
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 Provider (or Representative)	Date 11/18/24
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WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and


This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the Negotiated Care Plan (NCP) was agreed to and signed by the resident or their representative for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk of unrecognized and/or unmet care needs.

Findings included...

Review of Resident 1's NCP, dated 09/13/2024, showed Resident 1 was admitted to the AFH on [redacted] /2024 with multiple diagnoses. Review of Resident 1's NCP, showed there were no signatures and dates noting that the NCP was reviewed with either Resident 1 or their representative

In an interview, on 10/30/2024 at 3:14 PM, Staff A, Provider, acknowledged that Resident 1's NCP was not signed. Staff A stated that Resident 1's representative had not visited often.

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, OLGINO 2 ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) <u>11/15/24</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Provider (or Representative)	Date 11/18/24

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