



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

October 6, 2016

ABUNDANT LIFE LYNNWOOD INC
ABUNDANT LIFE LYNNWOOD
2009 144TH PL SW
LYNNWOOD, WA 98087

RE: ABUNDANT LIFE LYNNWOOD License #752219

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on October 4, 2016 for the deficiency or deficiencies cited in the report/s dated September 1, 2016 and found no deficiencies.

The Department staff who did the inspection:
Kelly Howard, Complaint Investigator

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

Sincerely,

A handwritten signature in cursive script that reads "Kay Randall".

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



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

Statement of Deficiencies	License #: 752219	Completion Date
Plan of Correction	ABUNDANT LIFE LYNNWOOD	September 1, 2016
Page 1 of 6	Licensee: ABUNDANT LIFE	

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:
8/31/2016

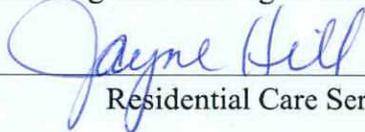
ABUNDANT LIFE LYNNWOOD
2009 144TH PL SW
LYNNWOOD, WA 98087

The department staff that inspected the adult family home:
Hang Lu, BSN, Licensor
Kelly Howard, RN, MSN, Complaint Investigator

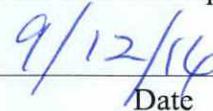
RECEIVED
SEP 17 2016
ADSA/RCS
Smokey Point

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

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.

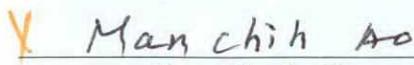


Residential Care Services

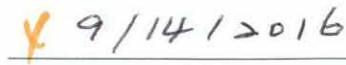


Date

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)



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.

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 4 caregivers (Caregiver D) had a national fingerprint (FP) background check (BGC) when she was hired. This failure placed the residents at risk of having a caregiver with an unknown criminal background.

Findings include:

Record review revealed Caregiver D (CG D) was hired on 3/3/16. When asked, Caregiver A (CG A) said CG D worked the weekend shifts. Record review revealed CG D had a Washington name and date of birth BGC results from her previous employment. There was no FP BGC results in CG D's record.

When interviewed, CG A said the provider had not submitted a FP BGC when CG D was hired to work in the home.

This is a REPEAT citation from the full inspection on 4/9/14.

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, ABUNDANT LIFE LYNNWOOD is or will be in compliance with this law and / or regulation on (Date) 9/14/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Man chih Ao
Provider (or Representative)

X 9/21/2016
Date

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
- (2) Adult family home.

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 negotiated care plans (NCPs) for 3 of 6 residents (Resident 1, 4, 5) were agreed to, signed and dated by the provider and residents' representatives. This failure placed the residents at risk of unmet/ unrecognized care needs.

Findings include:

All record review and interview occurred on 8/31/16 unless otherwise noted.

Record review revealed Resident 1 was admitted to the home on [REDACTED] 16 with medically disabling diagnoses. Record review revealed her negotiated care plan (NCP) was done by a nurse assessor at admission. Record review revealed the NCP had not been agreed to, signed and dated by the resident or her representative since admission.

Record review revealed Resident 4 was admitted to the home on [REDACTED] 14 with medically disabling diagnoses. Record review revealed her NCP was last signed by the provider on 4/13/15 and by the resident's representative on 6/4/15.

Record review revealed Resident 5 was admitted to the home on [REDACTED] 14 with medically disabling diagnoses. Record review revealed her NCP was last signed by the provider on 12/15/14 and by the resident's representative on 5/19/15.

When interviewed, Caregiver A said she would make sure all NCPs were agreed to, signed and dated as required.

This is a REPEAT citation from the full inspection on 4/9/14.

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, ABUNDANT LIFE LYNNWOOD is or will be in compliance with this law and / or regulation on (Date) X 9/14/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Man chih Ao
Provider (or Representative)

X 9/1/2016
Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

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 negotiated care plans (NCPs) for 2 of 6 residents (Resident 4, 5) was updated at least every 12 months to reflect the current level of care. This failure placed the residents at risk of unmet/unrecognized care needs.

Findings include:

All record review and interview occurred on 8/31/16 unless otherwise noted.

Record review revealed Resident 4 was admitted to the home on [REDACTED] 4 with medically disabling diagnoses. Record review revealed her negotiated care plan (NCP) was last updated on 3/10/15.

Record review revealed Resident 5 was admitted to the home on [REDACTED] 4 with medically disabling diagnoses. Record review revealed her NCP was last updated on 12/15/14.

When interviewed, CG A said she would call the nurse assessor to come to the home to update the NCPs for both residents.

Attestation Statement

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Man chih Ao
Provider (or Representative)

9/11/2016
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the provider failed to have a system in place to ensure all topical medications were kept in locked storage, as required.

Findings include:

All observation and interview occurred on 8/31/16 unless otherwise noted.

During a tour of the home, topical medications were observed unlocked, in Resident 3's bedroom and Resident 6's bathroom. In addition, there were topical creams [REDACTED] and [REDACTED] [REDACTED] which were not labeled for any specific resident, on the counter in a resident bathroom near the kitchen. During an interview, Caregiver A said Resident 6 preferred to have the topical medications stored in her room. Caregiver A said she would make sure all topical medications were kept in locked storage.

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, ABUNDANT LIFE LYNNWOOD is or will be in compliance with this law and / or regulation on (Date) 9/14/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Man chih Ao
Provider (or Representative)

X 9/15/2016
Date

WAC 388-76-10650 Medical devices. Before the adult family home uses medical devices for any resident, the home must:

- (1) Review the resident assessment to determine the resident's need for and use of a medical device;
- (2) Ensure the resident negotiated care plan includes the resident use of a medical device or devices; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the provider failed to have a system in place to ensure all the required documentation was completed for 2 of 4 residents (Resident 1, 2) who used the [REDACTED]. This failure placed the residents' safety at risk.

Findings include:

All observation, record review, and interview occurred on 8/31/16 unless otherwise noted.

During a tour of the home, the following items were noted:

--- [REDACTED] in raised position on Resident's 1 bed. When asked, the resident said she used the [REDACTED] everyday for repositioning.

--- a [REDACTED] (in lowered position) on the right side of Resident 2's bed. When interviewed, Caregiver A said the resident used the [REDACTED] to help with transfer in and out of bed.

Record review revealed both residents' representatives had signed the informed consent for using the [REDACTED]. Record review revealed there was no evidence a safety assessment had been done and there were no care directives in the residents' negotiated care plans (NCPs) regarding [REDACTED].

During an interview, Caregiver A said she would contact the nurse assessor to perform the safety assessment and update the residents' NCPs to include care directives for the use of [REDACTED].

Attestation Statement

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X Man chih Ao
Provider (or Representative)

X 9/11/2016
Date

WAC 388-76-10805 Automatic smoke detectors. The adult family home must ensure approved automatic smoke detectors are:

- (1) Installed, at a minimum, in the following locations:
- (b) In proximity to the area where the resident or adult family home staff sleeps; 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 there was a smoke detector in the adjacent area outside of a resident bedroom (Bedroom F) and the caregiver's room. This failure placed the residents at risk of a delayed warning in the event of a fire emergency.

Findings include:

All observation and interview occurred on 8/31/16 unless otherwise noted.

During a tour of the home, observation revealed, Resident 3's bedroom (Bedroom F) and Caregiver A's bedroom were next to each other. There was no smoke detector in the adjacent area outside their bedrooms. When interviewed, Caregiver A said she would install a smoke detector outside the bedrooms.

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, ABUNDANT LIFE LYNNWOOD is or will be in compliance with this law and / or regulation on (Date) 9/14/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Man chih Ao
Provider (or Representative)

X 9/21/2016
Date