



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

Statement of Deficiencies	License #: 752266	Completion Date
Plan of Correction	LOVE AND HOPE INC	January 29, 2016
Page 1 of 7	Licensee: LOVE AND HOPE INC	

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:
 1/28/2016

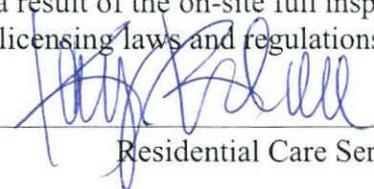
LOVE AND HOPE INC
 21301 95TH AVE W
 EDMONDS, WA 98020

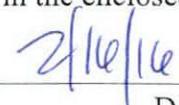
The department staff that inspected the adult family home:
 Jolene Smith, RN/BSN, Adult Family Home Licensors

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

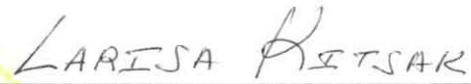
RECEIVED
 FEB 26 2016
 ADULT HOME
 SHIRLEY FULT

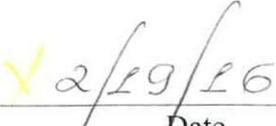
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 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:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview the Provider failed to develop and implement a system to ensure all staff required (Caregiver C) had completed a national fingerprint check. This failure placed residents at risk for receiving care from or having access to a person with a criminal history.

Findings include:

On 01/27/16, during the Adult Family Home's (Home's) annual inspection, administrative records were reviewed and revealed no documented evidence a national fingerprint check had been completed for Caregiver C.

During an interview on 01/27/16, records were reviewed with Caregiver A, the Provider's designated representative and again during a telephone conversation on 02/09/16. Caregiver A acknowledged a national fingerprint check had not been completed for Caregiver C due to he was not aware of this requirement but he would see that it was completed.

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, LOVE AND HOPE INC is or will be in compliance with this law and / or regulation on (Date) 02/11/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

LARISA KETSAR

Provider (or Representative)

02/19/16

Date

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 ;

This requirement was not met as evidenced by:

Based on record review and interview the Provider failed to develop and implement a system to ensure all staff (Provider and Caregiver A) had completed a Washington state name and date of

birth background check every two years. This failure placed residents at risk for receiving care from or having access to a person with a criminal history.

Findings include:

On 01/27/16, during the Adult Family Home's (Home's) annual inspection, administrative records were reviewed and revealed the Washington state name and date of birth background check (CBI) for the Provider had both expired 11/12/15.

During an interview on 01/27/16 records were reviewed with the Provider whom acknowledged the CBI had not been renewed. A Department of Social and Health Services background authorizations were completed and submitted as necessary to the Background Check Central Unit during the inspection 01/27/16.

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, LOVE AND HOPE INC is or will be in compliance with this law and / or regulation on (Date) 02/08/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

LARISA KITSAR
Provider (or Representative)

2/19/16
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review and interview the provider failed to meet all laws and rules relating to medications, and failed to develop and implement a system to ensure that services provided met the medication needs of 1 of 2 sampled residents (Resident 5) to include a current list of all prescribed and over the counter medications. This failure put resident(s) at risk for medication errors and/or omissions.

Findings include:

On 01/27/16 during the Adult Family Home's (Home's) annual inspection, resident records were reviewed and revealed Resident 5 was admitted to the Home [REDACTED] 5. A review of Resident 5's current medication list (doctors orders) dated 10/05/15, medication log and supply of medication

revealed the following discrepancy:

██████████ The doctor's order read, ██████████ mg (milligram) oral capsule. Take 1 - 2 pills by mouth QID (4 times a day) as needed." The Medication log and supply of medication indicated Resident 5 had received the medication QID (four times a day) routinely at 5:00 AM, 11:00 AM, 5:00 PM and 11:00 PM.

In an interview, on 01/27/16 the Provider recognized the discrepancy and contacted the Pharmacy. The pharmacy confirmed the ██████████ order read, "...Take 1 - 2 pills by mouth QID (4 times a day), as needed."

During the inspection on 01/27/16 a telephone call was placed to the prescribing physician and a new order was received to administer the ██████████ routinely four times a day.

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, LOVE AND HOPE INC is or will be in compliance with this law and / or regulation on (Date) 01/28/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

LARISA KITSAR
Provider (or Representative)

2/19/16
Date

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

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Provider failed to develop and implement a system to ensure all prescribed and over-the-counter medications were kept in locked storage. This failure put residents at risk for non-authorized persons having access to their medications.

Findings include:

On 01/27/16 during the Adult Family Home's (Home's) annual inspection a tour of the home was completed with the Provider. When asked regarding refrigerated medications, the Provider directed the Licensor to a refrigerator maintained in a common area located in the lower level of the Home. The refrigerator was unsecured. Within the refrigerator was a lidded plastic container, also unsecured, which contained acetaminophen and prochlorperazine suppositories.

In an interview on 01/27/16, the Provider indicated she was not aware refrigerated medications were required to be secured as long as the medications were maintained in an enclosed container. The Provider indicated she would obtain a lock box for refrigerated medications.

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, LOVE AND HOPE INC is or will be in compliance with this law and / or regulation on (Date) 02/02/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

LARISA KETSACK

Provider (or Representative)

2/29/16

Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:

(2) All residents take part in at least one emergency evacuation drill each calendar year involving full evacuation from the home to a safe location.

This requirement was not met as evidenced by:

Based on record review and interview the Provider failed to develop and implement a plan to ensure all residents participated in a full evacuation drill from the home annually. This failure put residents at risk for not being able to safely evacuate and in a timely manner in an emergent situation.

Findings include:

On 01/27/16, during the Adult Family Home's (Home's) annual inspection and administrative record review was completed. A review of the Emergency Evacuation records indicated the Home had not completed a full evacuation of all residents since the last full inspection 05/08/14.

In an interview on 01/27/16, the Provider reviewed the Emergency Evacuation records and acknowledged that a full evacuation had not been completed in the past year. The Provider indicated the Home had practiced "emergency drills" every two months, during which residents would gather at a side door on the Home's lower level and a back door off a screened-in porch on the Home's upper level. The Provider further indicated a full evacuation drill would be completed as soon as possible.

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, LOVE AND HOPE INC is or will be in compliance with this law and / or regulation on (Date) 02/02/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

LARISA KITSACK
Provider (or Representative)

2/19/16
Date

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
- (b) Effective July 1, 2012, certified home care aides must complete twelve hours of continuing education each year after obtaining certification as described in RCW 74.39A.341 .
- (c) If exempt from certification as described in RCW 18.88B.041 , all long-term care workers must complete twelve hours of continuing education per year.
- (d) Continuing education must include one-half hour per year on safe food handling in adult family homes described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on record review and interview the provider failed to develop and implement a system to ensure 1 of 4 caregiving staff (Caregiver C) had completed 12 hours of continuing education for 2015, approved by the Department of Social Services (DSHS). This failure placed residents at risk for unmet care needs.

Findings include:

On 01/27/16 during the home's annual inspection, administrative records were reviewed and revealed Caregiver C lacked documented evidence of completing 12 hours of continuing education in courses with a curriculum approval code from DSHS.

In an interview on 01/27/16, the Provider indicated Caregiver C had completed the continuing education at her "other job" as a Certified Nursing Assistant in a local hospital and believed that it would satisfy the requirement.

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, LOVE AND HOPE INC is or will be in compliance with this law and / or regulation on (Date) 02/04/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

LARISA KITSAR
Provider (or Representative)

2/19/16
Date



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

April 4, 2016

LOVE AND HOPE INC
LOVE AND HOPE INC
21301 95TH AVE W
EDMONDS, WA 98020

RE: LOVE AND HOPE INC License #752266

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on March 21, 2016 for the deficiency or deficiencies cited in the report/s dated January 29, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jolene Smith, Adult Family Home Licensors

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kay Randall".

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