



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

December 8, 2015

AMG HOME HEALTH CARE AFH LLC
AMG HOME HEALTH CARE AFH LLC
32112 32ND AVE SW
FEDERAL WAY, WA 98023

RE: AMG HOME HEALTH CARE AFH LLC License #752286

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on December 3, 2015 for the deficiency or deficiencies cited in the report/s dated September 1, 2015 and October 26, 2015 and found no deficiencies.

The Department staff who did the inspection:
Jocelyn Cruz, Licensors

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

Sincerely,

A handwritten signature in black ink, appearing to read "David Simm".

David Simm, 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 #: 752286	Completion Date
Plan of Correction	AMG HOME HEALTH CARE AFH LLC	October 26, 2015
Page 1 of 8	Licensee: AMG HOME HEALTH	

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:
 10/22/2015

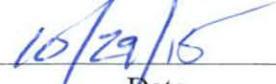
AMG HOME HEALTH CARE AFH LLC
 3921 S 337TH ST
 FEDERAL WAY, WA 98023

The department staff that inspected the adult family home:
 Jocelyn Cruz, RN, Licensors

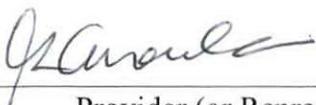
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit F
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6007

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.


 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

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 DSHS/ADSR/ROS

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 interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for one of four residents (Resident #1) was reviewed and updated at least every twelve months. This failure may prevent potential adjustments to care and services and preference changes.

All interview and record review occurred on 10/22/2015 unless otherwise noted.

Findings include:

Record review revealed Resident #1's NCP was last reviewed on 04/08/2014, 18 months ago.

In an interview with the Entity Representative (ER), when asked why the NCP was not reviewed at least every 12 months, she stated "we probably missed this one."

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, AMG HOME HEALTH CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11-23-2015
In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

11-23-2015
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

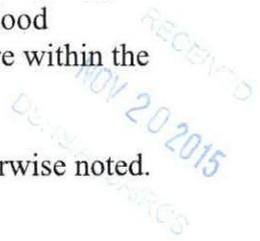
- (3) The care and services in a manner and in an environment that:
- (b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure one of four residents (Resident #3) received the care and services that actively support the resident's safety. This failure placed the resident at risk of harm from receiving blood pressure/heart medication when the blood pressure (BP) and/or heart rate (HR) are within the parameters the Physician set to hold the medication.

All observation, interview and record review occurred on 10/22/2015 unless otherwise noted.

Findings include:



Review of Resident #3's Medication Administration Record (MAR) generated by the Pharmacy revealed an order for [REDACTED] 25mg, take 1/2 tablet (12.5mg) by mouth 2 times a day (Hold for Systolic BP<90 or HR<55)." The October MAR was initiated 31 times by Caregiver A, indicating he gave the medication. No record of BP and HR monitoring was found in the resident's records.

Observation revealed Caregiver A gave medications including [REDACTED] to Resident #3 without checking her BP and HR.

When asked, Caregiver A said he checked all residents' HR and BP "once a week." When asked if she checked the BP and HR before she gave Resident #1 her medications, he said "no."

When Caregiver A was made aware of the BP and HR parameters in giving [REDACTED] he said Resident #3's "BP is always above 90, so does not check it."

In an interview with Resident #3, when asked if the caregivers in the home checked her BP and HR before giving her medications, she stated "they don't check it at all, it's checked by the nurse when she changed my bandage." When asked how often is that, she stated "twice a week but it doesn't get check when there's no problem."

Attestation Statement

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Parvinder

Provider (or Representative)

10/22/2015

Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a policy on accepting Medicaid payments. This failure may have violated four of four residents' (Residents #1- #4) rights.

All interview and record review occurred on 10/22/2015 unless otherwise noted.

Findings include:

During the entry interview, the Entity Representative (ER) identified Residents #1, #2 and #4 as Medicaid pay residents. She stated Resident #3 is a private-pay resident.

Record review revealed Resident #1 was admitted on [REDACTED] 2013, Resident #2 was admitted on [REDACTED] 2014, Resident #3 was admitted to the home on [REDACTED] 2014 and Resident #4 was admitted on [REDACTED] 2014.

Record review revealed no Medicaid policy was signed by Residents #1, #2, #3 and #4 or their representatives placed in their records.

The ER stated she was not aware of the Medicaid Policy.

In a telephone interview with Resident #3's daughter she stated she was informed of the home's policy on accepting Medicaid payment verbally but she was not sure if she was provided with the policy in writing.

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[Signature]
Provider (or Representative)

11-23-2015
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 observation, interview and record review, the Adult Family Home (AFH) failed to

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provide one of four residents (Resident #1), written notice of the house rules, resident rights, services and activities provided, and the charges for them, at least every twenty-four months after admission. This failure may have resulted in the residents being unaware of house rules, rights, services, and costs.

All observation, interview and record review occurred on 10/22/2015 unless otherwise noted.

Findings include:

There were four residents observed in the home.

Review of records revealed Resident #1 was admitted to the home on [redacted] 2013. The initial admission agreement (which includes house rules, resident rights, services and activities provided, and charges for them) was signed by Resident #1's representative, 32 months ago.

In an interview, the Entity Representative (ER) said the admission agreement of each resident should be reviewed every two years but she had not done so since Resident #1's admission.

There was no other admission agreement found in Resident #1's record.

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, AMG HOME HEALTH CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11-27-2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Handwritten Signature]

Provider (or Representative)

11-27-2015

Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;

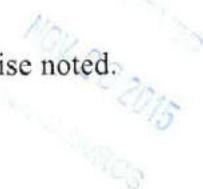
This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a secure raised toilet seat for one of two bathrooms, placing one of four residents (Resident #3) at risk of falling.

All observation, interview and record review occurred on 10/22/2015 unless otherwise noted.

Findings include:

Observation during the environmental tour of the home revealed a raised toilet seat with arms, over the toilet seat. When the Department employee held onto the raised toilet seat arms, the seat



shifted to one side, the clamping mechanism lock was not safely and securely onto the toilet.

Record review of Resident #3's assessment dated 10/30/2014 revealed she was able to ambulate independently with walker.

In an interview with Caregiver A, he stated Resident #3 was able to go to the bathroom and sat on the toilet independently.

In an interview with Resident #3, she stated the raised toilet was "good but sometimes it moves."

This was a repeat citation on Statement of Deficiencies dated 05/23/2014.

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, AMG HOME HEALTH CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10-23-2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

J. Garwood
Provider (or Representative)

10-23-2015
Date

WAC 388-76-10810 Fire extinguishers.

- (2) The home must ensure the fire extinguishers are:
 - (b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure one of one fire extinguisher in the home was serviced annually. This failure placed four of four residents (Residents #1- #4) in the home at risk of harm in the event there was a fire and the fire extinguisher did not function.

All observation and interview occurred on 10/22/2015 unless otherwise noted.

Observation during the tour of the home revealed a fire extinguisher in the dining room had a service date of 06/2014.

The Entity Representative (ER) stated she thought it was serviced this year.

This was a repeat citation from Statement of Deficiencies dated 05/13/2014.

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Attestation Statement

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[Handwritten Signature]

10-22-2015

Provider (or Representative)

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

(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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure continuing education (CE) included yearly food safety training as required for one of five AFH personnel (Caregiver A). This failure placed four of four residents (Resident #1,2,3,4) at risk for food borne illness if staff did not remember and implement current food safety practices.

All observation, interview and record review occurred on 10/22/2015.

Findings include:

Observation included Caregiver A prepared lunch for all the residents in the home.

Review of the AFH personnel records revealed documented food safety training on file for Caregiver A occurred in 2013. None had documented food safety training on file for calendar year 2012.

Caregiver A stated he completed the food worker's training and will provide the Entity Representative (ER) with copy of his card.

The ER agreed to fax the Food Worker's card to the Department by 10/26/2015.

In a telephone interview with the ER on 10/26/2015, she stated Caregiver A realized he had not completed the food worker's training or any food safety training for this year.

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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, AMG HOME HEALTH CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10-26-2015
In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Dawooda

Provider (or Representative)

10-26-2015

Date

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