



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

December 18, 2018

Kurko Inc  
Companion Adult Family Home  
10605 SE 3rd St  
Vancouver, WA 98664

RE: Companion Adult Family Home License #752337

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on December 13, 2018 for the deficiency or deficiencies cited in the report/s dated September 26, 2018 and found no deficiencies.

The Department staff who did the inspection:  
Shawn Swanstrom, Licensor

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

Karyl Ramsey, Field Manager  
Region 3, Unit E  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** Companion Adult Family Home (719768)      **Intake ID(s):** 3567132  
**License/Cert. #:** AF752337  
**Investigator:** Swanstrom, Shawn      **Region/Unit:** RCS Region 3/Unit E      **Investigation Date(s):** 09/26/2018 through 09/26/2018  
**Complainant Contact Date(s):** 09/20/2018, 09/24/2018

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**Allegations:**

1. Quality of care and treatment
  2. Infection Control
  3. Resident Neglect
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**Investigation Methods:**

**Sample:** 3 residents

**Observations:** General environment, general appearance of residents, staff to resident interactions, resident medications, resident medical supply, and resident rooms.

**Interviews:** Named and sampled residents, staff, and others not associated with the home.

**Record Reviews:** Resident and staff records.

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**Allegation Summary:**

An onsite investigation was conducted for allegations identified in the intakes related to Quality of care and treatment / Infection Control /Resident Neglect. The home failed to follow medication administration instructions via nurse delegation. A staff members skin was pierced by a resident's contaminated lancet. Additional residents were interviewed for the allegations identified without concerns.

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**Unalleged Violation(s):**       **Yes**       **No**



**Residential Care Services  
Investigation Summary Report**

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**Conclusion / Action:**  **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10455 Medication administration was identified as failed practice. Please refer to the Statement of Deficiencies dated 9/26/2018.



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RECEIVED  
 NOV 5 - 2018  
 DSHS RCS  
 REGION 3

Statement of Deficiencies	License #: 752337	Completion Date
Plan of Correction	Companion Adult Family Home	September 26, 2018
Page 1 of 3	Licensee: Kurko 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 complaint investigation of: 9/26/2018

Companion Adult Family Home  
 10605 SE 3rd St  
 Vancouver, WA 98664

This document references the following complaint number: 3567132

The department staff that inspected and investigated the adult family home:  
 Shawn Swanstrom, RN, BSN, Licensor

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit E  
 800 NE 136th Avenue, Suite#220  
 Vancouver, WA 98684  
 (360)397-9549

As a result of the on-site complaint investigation 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.

*C. Burensky for Karyl Burensky*  
 Residential Care Services

10/18/2018  
 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.

*[Signature]*  
 Provider (or Representative)

10/23/18  
 Date

11/10/18

**WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:**

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

**This requirement was not met as evidenced by:**

Based on interview and record review the provider failed to ensure nurse delegation directions were followed for one of three sampled residents (Resident #1). This deficient practice resulted in a caregiver piercing her finger with a contaminated lancet.

**Findings include:**

All observation, interviews, and record review occurred on 9/26/2018 unless otherwise noted.

Resident # 1 stated he was a diabetic and had his blood sugars tested by the staff three times each day. He stated that he did not like the lancets (medical supply used to pierce the skin to obtain a blood sample) supplied to him by the pharmacy and he purchased his own lancets. Resident # 1 stated that he requested the staff only use only one lancet per day.

At 11:50 am a blood glucose meter was noted in Resident # 1's room. Medical equipment that held a lancet was noted (lancet gun). The lancet gun top was opened and revealed a used lancet.

The provider stated each day staff would place a new lancet into the lancet gun. To use the lancet gun staff would re-trigger before each testing. The provider stated at the end of the day staff would dispose the used lancet.

The provider stated Caregiver A reported she had pierced her own skin with Resident # 1's contaminated lancet (contaminated with Resident # 1's blood). The provider stated Caregiver A no longer worked at the home. The provider stated she was aware of the incident, though was unsure how Caregiver A had pierced her skin with the contaminated lancet.

Nurse delegation instructions for blood glucose monitoring were reviewed. The delegation task directions, dated 6/28/2018, for blood glucose monitoring stated " Ensure lancet needle is changed after each use. Daily setting of 3."

The Nurse Delegator (ND) was called from the adult family home at the time of the investigation. The ND confirmed lancets should be changed after each use.

**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, Companion Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 9/30/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]  
Provider (or Representative)

10/23/18  
Date

PLAN

Our plan of correction has been to immediately change our policy on how we check [redacted]'s glucose. The home is following all safety protocols described in the delegation paperwork/instructions and is now throwing out every needle after every single glucose check to keep in compliance with the safety and sanitation guidelines/procedures.

The home has discussed the new procedure with the resident and the resident is in agreement and understand and is willing to comply with this procedure.

This procedure was implemented immediately and the home/staff have had no issues/complications since including no complaints from the resident.

This was a grey area of understanding before since the resident requested staff to use the same needle throughout the day since he was spending his own →

money and buying the needles himself but after discussing all scenarios with the licensor, it was made more clear to the provider this was not the safest procedure and safety should always take priority above all else.

\* Please let me know if there is anything I have missed. This procedure has also been included in his Care Plan for proper records and clear instructions.

Thank you - Jeany Kurko  
503-998-1922  
Companion AFH