STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

August 31, 2016

Sound Garden Care Home LLC
Sound Garden Care Home LLC
5917-B Soundview Dr
Gig Harbor, WA 98335

RE: Sound Garden Care Home LLC License #752390

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 30, 2016 for the deficiency or deficiencies cited in the report/s dated June 20, 2016 and found no deficiencies.

The Department staff who did the inspection:
Ibe Hatch, Licensor

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 98907, Lakewood, WA 98496

JUL 11 2016

DSHS RCS Region 3

Statement of Deficiencies	License #: 752390	Completion Date
Plan of Correction	Sound Garden Care Home LLC	June 20, 2016
Page 1 of 11	Licensee: Sound Garden Care Home	

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: 6/15/2016

Sound Garden Care Home LLC
5917-B Soundview Dr
Gig Harbor, WA 98335

The department staff that inspected the adult family home:
Ibe Hatch, RN, BSN, MAOM, Licensor

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit A
PO Box 98907
Lakewood, WA 98496
(253)983-3826

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: 6/29/16

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: 7/9/16

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:
(1) Staff information such as address and contact information.
(2) Staff orientation and training records pertinent to duties, including, but not limited to:
(a) Training required by chapter 388-112 WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
(b) Cardiopulmonary resuscitation;
(c) First aid; and
(d) HIV/AIDS training.
(3) Tuberculosis testing results.
(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:
Based on interview and record review the adult family home failed to ensure staff records for one of two staff (B) were readily accessible to Department staff. This failure prevented the Department from being able to determine if Staff B met qualification requirements and potentially placed five current residents at risk for unmet care needs. Findings include:

Interview and record review were on 6/15/16.

According to the Resident Manager (RM), Staff B started last month and worked on-call. The RM said Staff B worked in the adult home a number of years ago and recently on 6/4/16 and 6/11/16.

Review of employee files failed to include a file for Staff B. The RM said she had the file, but was not able to find it during the inspection.

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, Sound Garden Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) — Date: 7/9/16

WAC 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:
(6) Significant known behaviors or symptoms that may cause concern or require special care, including:
(a) The need for and use of medical devices;

WAC 388-76-10650 Medical devices. Before the adult family home uses medical devices for any resident, the home must:
(2) Ensure the resident negotiated care plan includes the resident use of a medical device or devices; and
(3) Provide the resident and family with enough information about the significance and level of the safety risk of use of the device to enable them to make an informed decision about whether or not to use the device.

This requirement was not met as evidenced by:
Based on observation, interview and record review, the adult family home failed to ensure assessments were completed, safety risks were explained, informed consent obtained and use of medical devices was documented on negotiated care plans for four of four residents (#s 1, 2, 3 and 4) with medical devices. This failure placed the residents at risk for injury. Findings include:

Observation, interview and record review was on 6/15/16.

RESIDENT #1
Resident #1 was admitted [redacted] 14 with diagnoses including [redacted] was observed lying in [redacted] bed with [redacted] in the [redacted] position on [redacted] bed. The [redacted] were of an older style with [redacted] Resient #1 said [redacted] used the [redacted]

Review of Resident #1's record failed to include an assessment for [redacted] evidence safety risks were explained and informed consent obtained. [redacted] negotiated care plan (NCP) included on only that [redacted] needed [redacted] but did not include information when [redacted] were to be used or what [redacted] used them for.

RESIDENT #2
Resident #2 was admitted [redacted] 16 with diagnoses including [redacted] was observed lying in [redacted] bed with [redacted] in the [redacted] position on [redacted] bed. The Resident Manager (RM) said [redacted] were used for positioning.

Review of Resident #2's undated NCP documented, [redacted] can [redacted] but did not specify when [redacted] were to be raised. Record review revealed an assessment for [redacted] had not been completed.

RESIDENT #3
Resident #3 was admitted [redacted] 13 with diagnoses including [redacted] Observation revealed [redacted] on the [redacted] of [redacted] bed, which was against the wall. A [redacted] was also next to his bed. The RM said they put [redacted] up when [redacted] was in bed.

Review of Resident #3's record failed to include evidence safety risks were explained and informed consent obtained. Resident #3's NCP, dated 9/10/15, included no information about the [redacted] Record review revealed assessments for [redacted] and [redacted] had not been completed.

RESIDENT #4

Resident #4 was admitted [redacted] 15 with diagnoses including [redacted] Observation revealed [redacted] was lying in [redacted] bed, which was against the wall, with [redacted] in the [redacted] position. Resident #4 said she felt more secure with [redacted]

Review of Resident #4's record failed to include an assessment for [redacted] evidence safety risks were explained and informed consent obtained. Resident #4's undated NCP, included no information about [redacted]

When brought to her attention, the Resident Manager indicated she was not aware this information was not documented.

The RM said she did not know assessments were required.

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, Sound Garden Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/29/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) — Date: 7/9/16

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(b) Daily routine;

(10) A hospice care plan if the resident is receiving services for hospice care delivered by a licensed hospice agency.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure negotiated care plans were fully developed for two of three residents reviewed (#s 2 and 4). This failure placed the residents at risk for unmet care needs. Findings include:

Observation, interview and record review were on 6/15/16.

RESIDENT #2

Resident #2 was admitted [redacted] 16 with diagnoses including [redacted] was observed lying in [redacted] bed.

Review of [redacted] undated negotiated care plan (NCP) included no information about [redacted]

According to the Resident Manager, [redacted] medications were fed to him. This information was not on [redacted] NCP. He had physician orders for a topical cream to be applied. This information was not on [redacted] NCP.

RESIDENT #4
Resident #4 was admitted [redacted] 15 with diagnoses including [redacted] Observation revealed she was lying in [redacted] bed.

Review of [redacted] undated NCP revealed no information about [redacted] was included.

According to the RM, Resident #4 could stand and pivot when transferring. This information was not included on [redacted] NCP.

[redacted] NCP documented to assist [redacted] with oral medications. The RM said her pills were fed to [redacted] whole in food. This information was not on [redacted] NCP.

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, Sound Garden Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/18/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) 7/9/16 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.
(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
(c) Medication log is kept current as required in WAC 388-76-10475 ;
(d) Receives medications as required.
(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 observation, interview and record review the adult family home failed to ensure medication was given per physician order (#1), medication logs were kept up-to-date, and the services provided met all laws and rules relating to medications for five of five residents (#s 1, 2,

3, 4 and 5). This failure placed the residents at risk for receiving medications incorrectly and/or medical complications. Findings include:

Observation, interview and record review were on 6/15/16.

RESIDENT #1
Observation of Resident #1's medications included [redacted] used to treat [redacted] Record review revealed the physician's order for the cream was dated 6/3/16, and included instructions to apply the cream two times daily for seven days. Review of Resident #1's 6/2016 medication log revealed this medication was not documented.

Review of Resident #1's 6/2016 medication log documented [redacted] 1 mg, one tab for [redacted] may repeat in one hour, then every four hours as needed. The log was initialed the medication was given twice daily at breakfast and bedtime.

Observation of his medication supply included a bubble-packaged card of [redacted] used to treat [redacted] 1 mg with instructions to give one tablet twice daily, which was inconsistent with instructions on the medication log.

Resident #1 had physician orders, dated 6/13/16, for [redacted] for pain relief), every four hours as needed. [redacted] medication log documented to give [redacted] one routinely at 6 p.m. and one every eight hours as needed. The log had a notation written at the bottom for the change to every four hours as needed; however, the times as documented by the Resident Manager (RM) were so difficult to read that even the RM had difficulty trying to explain the documentation to the licensor. The times did not reflect the medication was given as ordered.

Observation of Resident #1's medication supply included [redacted] medication) with instructions to give at bedtime, and [redacted] with instructions to give one to two caps daily as needed. Neither of these medications were documented on the medication log. The RM said, "It slipped my mind," when asked why the medications were not documented on the medication log.

Observation of Resident #1's medication supply included a bubble-packaged card, dated 5/9/16, of [redacted] used to relieve the symptoms of [redacted] with instructions to give every twelve hours. This medication was not documented on the medication log. The RM was not aware of the instructions to give every twelve hours until brought to her attention by the licensor.

Record review revealed the adult home did not have a current physician list of all medications for Resident #1.

All Residents
Review of medication logs for all residents revealed the RM signed her initials for all medications given. Interview with Staff A revealed Staff A sometimes gave medications to residents and she gave medications the morning on 6/15/16. When asked why Staff A was not initialing the medication log when Staff A gave medications, the RM said because she (RM) poured the medications and handed them to Staff A to give to residents. The RM said she thought that was okay.

Review of Resident #5's record revealed [redacted] was given [redacted] fourteen days in 4/5/16 through 4/30/16; however, the times the medication was given were not documented.

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, Sound Garden Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/16/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) 7/9/16 Date

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 observation, interview and record review the adult family home failed to ensure nurse delegation was completed for one of two residents (#2). This failure placed the resident at risk for medical complications. Findings include:

Observation, interview and record review were on 6/15/16.

Resident #2 was admitted [redacted] 16 with diagnoses including [redacted] was observed lying in [redacted] bed sleeping.

According to the Resident Manager, [redacted] required [redacted] medications be fed to [redacted] Also, [redacted] had physician orders for [redacted] dated 6/3/16, to be applied to affected area twice daily for seven days. These tasks required nurse delegation.

Record review revealed no evidence nurse delegation had been completed. When asked, the RM said she had not notified the nurse delegator because she had been so busy.

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, Sound Garden Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/22/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) 7/9/16 Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:
(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed; and

This requirement was not met as evidenced by:
Based on observation, interview and record review the adult family failed to ensure [redacted] medications, symptoms for use of the medications and strategies to address the symptoms were included on the negotiated care plans for two of two residents with [redacted] medications (#s 2 and 5). This failure placed the residents at risk for unmet care needs. Findings include:

Observation, interview and record review were on 6/15/16.

RESIDENT #2
Resident #2 was admitted [redacted]16 with diagnoses including [redacted] Observation revealed [redacted] was lying in [redacted] bed sleeping.

Resident #2 had physician orders to receive [redacted] and [redacted]

Review of [redacted] undated negotiated care plan (NCP) revealed the medication was not included, nor were strategies and modifications to address the behaviors/symptoms.

RESIDENT #5
Resident #5 was admitted with diagnoses including [redacted] was observed to be hard of hearing and ambulating independently in the adult home. Her assessment, dated 1/28/16, noted [redacted] wandered at night.

Record review revealed [redacted] was prescribed [redacted] to be given every six hours as needed.

This medication was not noted on her NCP, nor were strategies or modifications to address the behaviors/symptoms.

The Resident Manager indicated she was not aware this information was to be included.

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, Sound Garden Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/19/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) _____ Date 7/9/16

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:

(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 failed to ensure the home's medicaid payment policy was written in at least 14 point font on a separate page that was signed and dated for two of three residents (#s 2 and 4). This failure placed the residents at risk for not being fully informed of the home's policy for accepting medicaid payments. Findings include:

Interview and record review were on 6/15/16.

Resident #2 was admitted [redacted] 16. Review of [redacted] record included a medicaid payment policy that was not written on a separate paper or in 14 point font, and not signed and dated.

Resident #5 was admitted [redacted] 16. Review of [redacted] record included a medicaid payment policy that was not written on a separate paper or in 14 point font, and not signed and dated.

The Resident Manager indicated she was unaware until brought to her attention by the licensor.

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, Sound Garden Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/16/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) 7/9/16 Date

WAC 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.

(1) The adult family home must complete the disclosure of charges forms as provided by the department and provide a copy of it to each resident who is admitted to the home.

(4) The home must ensure that the receipt of the disclosures required under subsection (1) of this section is in writing and signed and dated by the resident and the home. The home must retain a copy of the disclosure and acknowledgement.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home failed to ensure the Disclosure of Charges form was provided to two of two residents (#s 2 and 5) admitted after [redacted]15. This failure placed the residents at risk for not knowing charges for services in the adult home. Findings include:

Interview and record review were on 6/15/16.

Resident #2 was admitted [redacted]16. Review of [redacted] record did not include the Disclosure of Charges form.

Resident #5 was admitted [redacted]16. Review of [redacted] record did not include the Disclosure of Charges form.

When asked about the Disclosure of Charges form, the Resident Manager said she did not know about the regulation.

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, Sound Garden Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/16/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) _____ Date 7/9/16

WAC 388-112-0255 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure the Resident Manager and one of one staff (A) completed CPR/first-aid certification according to OSHA guidelines. This failure placed five current residents at risk for lack of appropriate treatment in the event of an emergency. Findings include:

Observation, interview and record review were on 6/15/16.

Observation revealed the Resident Manager (RM) and Staff A were providing care to residents. Review of the RM's file included documentation she completed an on-line CPR/first-aid course 3/24/15.

Review of Staff A's file included she completed an on-line CPR/first-aid course 1/23/16.

The RM said she thought on-line training was acceptable because they had done the class so many times previously.

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, Sound Garden Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/13/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) _____ Date 7/9/16