



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave Ste 170, Spokane, WA 99201

January 29, 2020

FROM OUR HEART AFH LLC
FROM OUR HEART AFH
4414 W SHAWNEE AVE
SPOKANE, WA 99208

RE: FROM OUR HEART AFH License #752435

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on January 29, 2020 for the deficiency or deficiencies cited in the report/s dated November 19, 2019 and found no deficiencies.

The Department staff who did the inspection:
Brian Zbylski, NCI/Community Complaint Investigator

If you have any questions please, contact me at (509) 323-7321.

Sincerely,

Carmen Church, Field Manager
Region 1, Unit E
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: FROM OUR HEART AFH (761893) **Intake ID(s):** 3678656
License/Cert. #: AF752435
Investigator: Zbyski, Brian **Region/Unit:** RCS Region 1/Unit B **Investigation Date(s):** 11/14/2019 through 11/19/2019
Complainant Contact Date(s): 11/13/2019, 11/19/2019

Allegations:

1. Residents were not being provided with appropriate diets in the home.
 2. Residents were being verbally abused and neglected by staff at the home.
 3. Residents were only allowed one 5-minute phone call per day and never received any incoming calls.
 4. Residents were only allowed to shower twice a week.
 5. Residents were not allowed in the living room of the home and told to stay in their rooms.
-

Investigation Methods:

Sample: Five residents.
One former resident.

Observations: Staff presence, availability and accessibility to residents. Staff and resident interactions. Residents' movement in and around the home. Meal time. Resident and staff use of telephone.

Interviews: Provider.
Resident Manager.
One former resident.
Five residents.
Case Manager.

Record Reviews: Resident assessments.
Resident care plans.
Facility smoking policy.
Operational House Rules.
Service Agreement.



**Residential Care Services
Investigation Summary Report**

Allegation Summary:

1. During an unannounced visit to the home, residents were observed being served a balanced meal. Diet orders were reviewed. Residents were observed being offered a choice of food at meal time. Residents stated that the meals served were meeting their needs. No deficient practice identified.
2. Residents were observed in the home being treated with dignity and denied verbal abuse. A resident was only allowed to smoke cigarettes at certain times of the day. Deficient practice identified.
3. The residents were allowed to use personal cell phones as well as the house phone. The residents were not prohibited from using the phone but were asked by the provider to consider other residents' needs and desires pertaining to phone usage. The house phone was observed accessible to the residents. No deficient practice identified.
4. The home disclosed to residents that they provided showers twice a week and shower frequency and times were addressed in the individual care plans. Residents had scheduled shower times and were allowed flexibility around fellow residents' showering schedules. No deficient practice identified.
5. Residents were observed moving freely and independently about the home and stated the home did not have restrictions on their movement. No deficient practice identified.

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

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

The deficient practice was documented in the Statement of Deficiencies dated 11/22/2019.
Washington Administrative Code 388-76-10510(4) Resident rights - Basic rights.

This document was prepared by Residential Care Services for the Locator website.



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave., Suite 170, Spokane, WA 99201

Statement of Deficiencies	License #: 752435	Completion Date
Plan of Correction	FROM OUR HEART AFH	November 19, 2019
Page 1 of 2	Licensee: FROM OUR HEART AFH LLC	

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: 11/14/2019
FROM OUR HEART AFH
4414 W SHAWNEE AVE
SPOKANE, WA 99208

This document references the following complaint numbers: 3678507 , 3678656
The department staff that inspected and investigated the adult family home:
Brian Zbylski, RN, BSN, NCI/Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit B
316 W Boone Ave., Suite 170
Spokane, WA 99201
(509)323-7324

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DEC 10 2019
DSHS ADSA RCS
SPOKANE WA

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.

[Signature]
Residential Care Services.

11/25/2019
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)

12/7/19
Date

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Statement of Deficiencies	License #: 752435	Completion Date
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Page 2 of 2	Licensee: FROM OUR HEART AFH LLC	

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(4) Has the chance to exercise reasonable control over life decisions such as choice, participation, and privacy;

This requirement was not met as evidenced by:

Based on observation, interview and record review the home failed to ensure that one of five residents (#3), in a sample of five, was able to exercise reasonable control over life choices. The Resident #3 was not allowed to go outside and smoke cigarettes when she wanted too. Findings included...

During an unannounced visit to the home for a complaint investigation at 9:25 AM on 11/14/19, Staff A, Resident Manager, stated that she was the only caregiver working in the home that day and typically worked Monday through Friday from 7:00 AM to 6:00 PM.

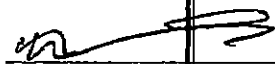
In an interview with Resident #3 on 11/14/19 at 10:05 AM, the resident stated that she was only allowed to go outside to smoke after breakfast, lunch, dinner and snack time, while other residents were allowed to go outside to smoke every two hours. The resident stated that she felt like she was being punished and that it made her feel "like a little kid." She stated that Staff A, Resident Manager, Staff B, Provider, and Staff C, Caregiver, all kept the same rules.

Review of Resident #3's Negotiated Care Plan dated 04/07/19, showed that the resident was a smoker and there were no safety concerns.

In an interview with Staff A, Resident Manager, on 11/14/19 at 11:48 AM, she stated that Resident #3 was allowed to go outside to smoke four times a day, after each meal. She stated that the resident's primary care provider (PCP) wanted her to decrease her smoking. Staff A stated that there was no documentation available stating the PCP's directions for the resident in regards to smoking.

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, FROM OUR HEART AFH is or will be in compliance with this law and / or regulation on (Date) 12/10/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

12/7/19

 Date

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