



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

January 7, 2016

ACACIA CARE SERVICES INC
ACACIA SENIOR HOME 2
21818 93RD PL W
EDMONDS, WA 98020

RE: ACACIA SENIOR HOME 2 License #752463

Dear Provider:

On December 28, 2015 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated August 13, 2015 and September 18, 2015.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Megan Wylie, Licensor

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: ACACIA SENIOR HOME 2 (770948) **Intake ID(s):** 3129706
License/Cert. #: AF752463
Investigator: Glover, Monika **Region/Unit:** RCS Region 2/Unit A **Investigation Date(s):** 09/04/2015 through 09/18/2015
Complainant Contact Date(s):

Allegations:

The Adult family Home (AFH) self-reported a resident fall, which resulted in a "████████ fracture".

Investigation Methods:

Sample: Named resident, sample resident.

Observations: Exterior and interior environment, tour of facility, staff/provider and provider/staff interactions; staff to resident interactions; meal service; activities of resident population.

Interviews: Sample resident, facility staff, provider, and those not affiliated with the facility.

Record Reviews: Named residents' records including temporary care plan, sample resident records, incident report, chart notes, hospital records, 911 records.

Allegation Summary:

The named resident had a fall and was found "laying on the floor" in her room not complaining of pain as the on-duty caregiver assessed the resident. The next morning, The AFH re-assessed the named resident who complained of "groin pain". The daughter of the named resident was notified and transferred her mother to the ED where she was diagnosed with a █████████ fracture. The AFH waited 11 days to report this incident to the Department hot-line and was cited.

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

WAC 388.76.10225 - Reporting Requirement



**Residential Care Services
Investigation Summary Report**

Conclusion: **Failed Provider Practice Identified** **Failed Provider Practice Not Identified**

WAC 388.76.10225 - Reporting Requirement

Action: **Citation(s) Written** **No Citation Written**

WAC 388.76.10225 - Reporting Requirement

RCPP Action: **Recommend Finding** **Recommend Close Investigation**



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RECEIVED
 OCT 19 2015
 ADSA/RCS
 Smokey Point

Statement of Deficiencies	License #: 752463	Completion Date
Plan of Correction	ACACIA SENIOR HOME 2	September 18, 2015
Page 1 of 2	Licensee: ACACIA CARE	

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: 9/4/2015

ACACIA SENIOR HOME 2
 21818 93RD PL W
 EDMONDS, WA 98020

This document references the following complaint number: 3129706

The department staff that inspected and investigated the adult family home:
 Monika Glover, Complaint Investigator

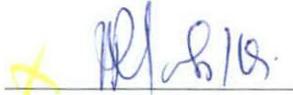
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

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.


 Residential Care Services

10/2/15
 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)

10/7/2015
 Date

WAC 388-76-10225 Reporting requirement.

- (1) The adult family home must ensure all staff:
- (a) Report suspected abuse, neglect, exploitation or abandonment of a resident:
- (i) As required by chapter 74.34 RCW;
- (ii) To the department by calling the complaint toll-free hotline number; and

This requirement was not met as evidenced by:

Based on observation, record review and interviews, the Adult Family Home (AFH) failed to call the Department toll-free hot-line immediately after out 1 out of 5 Residents had a fall which resulted in a [REDACTED] fracture. This failure of delaying the call to the Department hot-line by 11 days placed all residents at risk of unrecognized neglect and abuse.

FINDINGS include:

Resident fall - delayed reporting

Resident 1 was admitted to the AFH with medically disabling diagnosis, including [REDACTED]

On 07/17/15 at approximately 8:18PM, Resident one had a fall in her room and was found "lying on the floor on her left side" by the on-duty caregiver. Resident 1 did not complain of pain and the caregiver did not note any bruising, eventually putting Resident 1 to bed.

On 07/18/15, during the morning hours, the provider assessed Resident 1 who complained of pain in the groin area and the provider called Resident 1's daughter who then took Resident 1 to the emergency room. Resident 1 was diagnosed with a [REDACTED] fracture. Resident 1 returned from the hospital to the AFH home.

On 07/28/15, at approximately 10:52 AM, caregiver B called the CRU hot-line and reported the fall of Resident 1, which was 11 days after the incident occurred.

On 09/04/15, this investigator interviewed the provider, who stated that she had issues with the Comcast phone lines for 2 weeks as no call could be made from the home, potentially causing the delay in reporting this incident to CRU.

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, ACACIA SENIOR HOME 2 is or will be in compliance with this law and / or regulation on (Date) 09/04/2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

10/8/2015
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

Statement of Deficiencies	License #: 752463	Completion Date
Plan of Correction	ACACIA SENIOR HOME 2	August 13, 2015
Page 1 of 4	Licensee: ACACIA CARE SERVICES 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:
 7/28/2015 and 8/28/2015

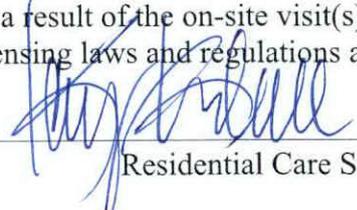
ACACIA SENIOR HOME 2
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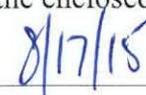
The department staff that inspected the adult family home:
 Jolene Smith, RN/BSN, Adult Family Home Licensor
 Patricia Johnson, BA, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

As a result of the on-site visit(s) 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.

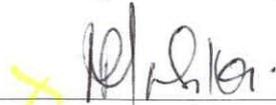


 Residential Care Services

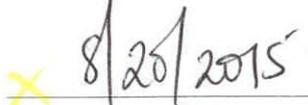


 Date

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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure 1 of 5 (Caregiver B) had completed a tuberculosis screening test within three days of employment. Failure to complete a thorough screening process potentially put residents at risk for exposure to unidentified disease processes.

Findings include:

On 07/28/15 during a review of the AFH's employee records identified Caregiver B had not completed an initial skin test within three days of employment nor a second skin test (as indicated) one to three weeks after the first.

In an interview on 07/28/15, the provider indicated Caregiver B had completed tuberculosis screening (a chest x-ray) through another employer but had not received supporting documentation. During the visit, 07/28/15, the provider contacted Caregiver B whom confirmed she had never completed tuberculosis skin testing.

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, ACACIA SENIOR HOME 2 is or will be in compliance with this law and / or regulation on (Date) 8/05/2015 : In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X D. White

Provider (or Representative)

X 8/24/2015

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:

- (a) Assessment indicates the amount of medication assistance needed by the resident;
- (b) Negotiated care plan identifies the medication service that will be provided to the resident;
- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review the home failed to have a system in place to ensure services provided met the medication needs of 2 of 6 Residents and met all laws and rules relating to medications, to include receive medications as required.

Findings include:

Resident 1 was admitted to the home in [redacted] 2014 with the debilitating diagnosis to include, [redacted]. A current medication list dated 5/7/2015 identified the resident was to receive [redacted] (medication) 0.25 mg (milligram) every 12 hours as needed. The Resident's Medication Administration Record (MAR) also identified [redacted] but there was no documentation the medication had been administered nor was there any [redacted] located in the Resident's medication storage container.

During an interview on 07/28/15 at 12:10 PM, the provider indicated Resident 1 had not required/used the [redacted] for the past year, the prescription had expired; therefore, disposed of.

Resident 2 was admitted to the home in [redacted] 2014 with the debilitating diagnosis to include, [redacted]. A current medication list dated 11/24/2014 identified the resident was to receive [redacted] 750 mg (milligram), one tablet daily. The Residents Medication Administration indicated the Resident was to receive [redacted] 750 mg BID (two times a day). The label on the over the counter container of [redacted] supplied for the Resident use read, [redacted] 500 mg.

In an interview on 07/28/15 at 2:20 PM, the provider indicated the Resident's family supplied the [redacted] and the caregivers administered only one tablet each time (500 mg).

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, ACACIA SENIOR HOME 2 is or will be in compliance with this law and / or regulation on (Date) 7/30/2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]

Provider (or Representative)

8/24/2015

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 record review and interview the Adult Family Home failed to ensure 1 of 7 Caregivers (provider) had maintained either a current Washington State Food Worker Card or had evidence of completing the mandatory one-half hour on safe food handling. Failure to maintain current food safety potentially put residents at risk for unsafe food handling practices.

Findings include:

During the homes annual inspection on 07/28/15, employee records were reviewed. During this review it was noted, the provider's Washington State Food Worker Card had expired 01/07/15. During an interview, the provider indicated she believed the card was valid for three years.

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, ACACIA SENIOR HOME 2 is or will be in compliance with this law and / or regulation on (Date) 7/30/2015. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

8/24/2015
Date