



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

September 1, 2016

Glenn J Boctot
Edgewood Manor AFH
PO Box 59254
Renton, WA 98372

RE: Edgewood Manor AFH License #752497

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 31, 2016 for the deficiency or deficiencies cited in the report/s dated June 10, 2015, January 25, 2016 and May 25, 2016 and found no deficiencies.

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

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

Statement of Deficiencies	License #: 752497	Completion Date
Plan of Correction	Edgewood Manor AFH	May 25, 2016
Page 1 of 5	Licensor: Glenn J. Boctot	

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 follow-up inspection of: 5/25/2016

Edgewood Manor AFH
 11115 Karshner Rd E
 Edgewood, WA 98372

This document references the following SOD dated: June 10, 2015, January 25, 2016

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 follow-up 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

5/26/16
 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)

4-25-16
 Date

Statement of Deficiencies

License #: 752497

Completion Date

Plan of Correction

Edgewood Manor AFH

May 25, 2016

Page 2 of 5

Licensee: Glenn J. Boctot

WAC 388-76-10330 Resident assessment. The adult family home must:

- (1) Obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting a resident to the home;
- (2) Not admit a resident without an assessment except in cases of a genuine emergency;

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure the home did not admit a resident (#6) without an assessment. This failure placed one recently admitted resident at risk for unmet care needs. Findings include:

Observation, interview and record review were on 4/25/16.

Resident #6 was observed sitting in a chair in the TV room. Observation also revealed [redacted] walked using [redacted] with [redacted] from Staff B. Staff B said the resident was admitted to the adult home [redacted] to.

Review of [redacted] record included a Negotiated Service Agreement Report (NSAR) from the resident's previous living facility, dated 8/13/15.

The NSAR indicated the resident had diagnoses including [redacted] and required a prescribed cream to be applied.

When asked why [redacted] had not obtained an assessment prior to admitting the resident, the Resident Manager said because the resident was going to convert to medicaid and the facility wanted to "get rid of [redacted]"

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) May 25, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

6-25-16
Date

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:

- (1) After an assessment for a significant change in the resident's physical or mental condition;
- (2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

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 for two of two sample residents (#s 1 and 4) were revised. This placed the

Statement of Deficiencies

License #: 752497

Completion Date

Plan of Correction

Edgewood Manor AFH

May 25, 2016

Page 3 of 5

Licensee: Glenn J. Boctot

residents at risk for unmet care needs.

Findings include:

Observation, interview and record review were on 5/25/16.

RESIDENT #1

Resident #1 was admitted [redacted] 13 with diagnoses including [redacted]. Observation of the resident sitting at the dining room table revealed a skin tear, approximately the size of a silver dollar, which had been steri-stripped by the Resident Manager (RM), a Licensed Practical Nurse. The RM said the resident injured [redacted] on [redacted] on 5/22/16.

Review of Resident #1's negotiated care plan (NCP) included only, "steri-strip in place." No information was included as to the location of the tear or how staff were to care for it. The RM added some information about this during the inspection.

The RM stated Resident #1 was on [redacted] but [redacted] could not remember when it was started. Record review revealed [redacted] was initiated [redacted] 15. The RM said a nurse came to the adult home once a week and a bath aide came twice a week on Monday and Thursday. [redacted] NCP documented only [redacted] and did not include any other information.

When asked why this information was not on Resident #1's care plan, the RM said because it was in the progress notes.

RESIDENT #4 (former resident)

Resident #4 was admitted [redacted] 13, with diagnoses including [redacted].

[redacted] comprehensive assessment, dated 11/19/15, documented [redacted] had an abrasion on the outside of [redacted] foot that had been treated and healed. [redacted] assessment documented [redacted] required extensive assistance with bed mobility and transfers, and total assistance with [redacted]. [redacted] assessment documented [redacted] required [redacted] care which included: keep [redacted] clean and dry, look at [redacted] everyday for skin and [redacted] changes, blisters, sores, swelling, dry or cracked skin, redness or sore [redacted] and said to notify the appropriate health care professional right away if any of the foregoing was noticed. The instructions included to use warm water to wash the client's [redacted] every day, dry [redacted] well, especially between the [redacted] okay to apply lotion to the [redacted] but not between the [redacted] and to wear [redacted] or [redacted] to protect the [redacted] from injury.

During a phone conversation on 1/20/16, the home health agency nurse said they had treated a [redacted] wound in 2013, and from 12/17/14 until 10/2015. The home health nurse stated treatment to the resident's [redacted] foot started in July 2015 and continued to be ongoing. The nurse stated training was given to the adult home on 8/23/15, which included teaching where bony prominences were, signs and symptoms of wound complications, infection prevention, and turning and repositioning at least every two hours.

Review of the resident's negotiated care plan (NCP), revised 6/20/15, included no information

Statement of Deficiencies	License #: 752497	Completion Date
Plan of Correction	Edgewood Manor AFH	May 25, 2016
Page 4 of 5	Licensee: Glenn J. Boctot	

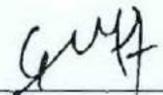
about the resident's [redacted] wound, none of the home health nurse's instructions, and no [redacted] care instructions.

According to Staff B, the resident passed away on [redacted] 6.

This is a repeated, uncorrected violation of WAC 388-76-10380 cited in reports dated 1/19/16 and 6/10/15.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) May 22, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

6-25-16

 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 observation, interview and record review the adult family home failed to ensure one recently admitted resident (#6) received the Disclosure of Charges form. This failure potentially prevented the resident from knowing about charges for services in the adult home. Finding include:

Observation, interview and record review were on 5/25/16.

According to the Resident Manager (RM), Resident #6 was admitted to the adult home on [redacted] 6. Review of the resident's record failed to include the Disclosure of Charges form.

When asked if the Disclosure was provided for Resident #6, the RM said, "I don't know what that is."

Statement of Deficiencies	License #: 752497	Completion Date
Plan of Correction	Edgewood Manor AFH	May 25, 2016
Page 5 of 5	Licensee: Glenn J. Boctot	

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date)_____. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Glenn J. Boctot

6-25-16

Provider (or Representative)

Date



RECEIVED

MAR 24 2016

DSHS RCS Region 3

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

Statement of Deficiencies	License #: 752497	Completion Date
Plan of Correction	Edgewood Manor AFH	January 25, 2016
Page 1 of 7	Licensee: Glenn J. Boctot	

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 follow-up inspection of: 1/19/2016

Edgewood Manor AFH
 11115 Karshner Rd E
 Edgewood, WA 98372

This document references the following SOD dated: June 10, 2015

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 follow-up 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

2/1/16

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)

2/10/16

Date

UNKW
 03/25

WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

- (1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;
- (2) Make the records readily available to the appropriate health authority and licensing agency;

This requirement was not met as evidenced by:

Based on interview and record review the adult family home failed to ensure TB records were on file and readily available to Department staff for one of three adult family home staff (B). This failure placed five current residents at risk of exposure to an infectious illness.

Findings include:

Interview and record review were on 1/19/16.

Review of Staff B's record documented she was hired 10/26/15. Her file did not include documentation she completed a two-step TB test.

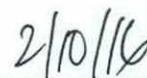
The Resident Manager said she was sure Staff B had completed TB testing and gave no reason why the documentation was not in Staff B's file.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date)_____. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date

WAC 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

- (4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home failed to ensure two of five sample residents (#s 2 and 3) had an assessment every twelve months. This failure placed the residents at risk for unmet care needs.

Findings include:

Observation, interview and record review were on 1/19/16.

RESIDENT #2

Resident #2 was admitted [REDACTED] 4, with diagnoses including [REDACTED]

[REDACTED] Record review showed Resident #2's last comprehensive assessment was done 1/10/15, more than one year ago. When asked if an annual assessment was done for Resident #2, the Resident Manager (RM) said no and said she had "texted the family on the 9th" but had not heard back.

RESIDENT #3

Resident #3 was admitted [REDACTED] 4, with diagnoses including [REDACTED]

[REDACTED] was observed walking in the adult home with stand-by assistance. Record review revealed [REDACTED] last annual assessment was done 11/19/14, more than one year ago.

When asked if Resident #3 had an annual assessment, the Resident Manager said, "That is the current one," and said she (RM) had been gone on vacation for five weeks.

The RM was unaware the assessment was overdue until brought to her attention by the licensor. The RM said she normally checked for assessments on a monthly basis and said the resident had not changed.

This is a repeated, uncorrected Washington Administrative Code deficiency cited 6/10/15.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) _____. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

2/10/16

Date

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:

- (1) After an assessment for a significant change in the resident's physical or mental condition;
- (2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure the negotiated care plan for one of two sample residents (#4) was revised. This placed Resident #4 at risk for unmet care needs.

Findings include:

Observation, interview and record review were on 1/19/16, unless otherwise noted.

Resident #4 was admitted [REDACTED] 3, with diagnoses including [REDACTED]

Resident #4 was observed sitting in a recliner in the TV room. A gauze dressing was observed on the outside of [REDACTED] foot. Staff A said home health came in three times a week to change the dressing.

Her comprehensive assessment, dated 11/19/15, documented [REDACTED] had an abrasion on the outside of [REDACTED] foot that had been treated and healed. [REDACTED] assessment documented [REDACTED] required extensive assistance with bed mobility and transfers, and total assistance with [REDACTED] [REDACTED] assessment documented [REDACTED] required [REDACTED] care which included: keep [REDACTED] clean and dry, look at [REDACTED] everyday for skin and [REDACTED] blisters, sores, swelling, dry or cracked skin, redness or sore [REDACTED] and said to notify the appropriate health care professional right away if any of the foregoing was noticed. The instructions included to use warm water to wash the client's [REDACTED] every day, dry [REDACTED] well, especially [REDACTED] okay to apply lotion to the [REDACTED] but not [REDACTED] and to wear [REDACTED] or [REDACTED] to protect the [REDACTED] from injury.

During a phone conversation on 1/20/16, the home health agency nurse said they had treated a [REDACTED] wound in 2013, and from 12/17/14 until 10/2015. The home health nurse stated treatment to the resident's [REDACTED] foot started in July 2015 and continued to be ongoing. The nurse stated training was given to the adult home on 8/23/15, which included teaching where bony prominences were, signs and symptoms of wound complications, infection prevention, and turning and repositioning at least every two hours.

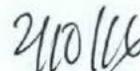
Review of the resident's negotiated care plan (NCP), revised 1/5/15, included no information about the resident's [REDACTED] wound, none of the home health nurse's instructions and no [REDACTED] [REDACTED] care instructions.

During a phone conversation on 1/20/16, when asked why the nurse's instructions were not documented on the NCP, the Resident Manager said, "I have to double check on that." When asked why the [REDACTED] care instructions were not on the NCP, the RM said, "I can't tell you why."

This is a repeated, uncorrected Washington Administrative Code deficiency cited 6/10/15.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) _____. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

_____
Provider (or Representative)_____
Date**WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:**

- (2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.
- (3) The care and services in a manner and in an environment that:
 - (a) Actively supports, maintains or improves each resident's quality of life;
 - (b) Actively supports the safety of each resident; and
- (4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home failed to ensure necessary care and services were provided to help prevent a pressure sore for one of one sample resident (#4) with a pressure sore. This failure resulted in Resident #4 acquiring a pressure sore on the [REDACTED] foot and placed her at risk for medical complications, increased pain and decreased quality of life.

Findings include:

Observation, interview and record review were on 1/19/16, unless otherwise noted.

Resident #4 was admitted [REDACTED] 13, with diagnoses including [REDACTED]

[REDACTED] comprehensive assessment, dated 11/19/15, documented [REDACTED] had an abrasion on the outside of [REDACTED] foot that had been treated and healed. [REDACTED] assessment documented [REDACTED] required extensive assistance with bed mobility.

Resident #4 was observed sitting in a recliner in the TV room. A gauze dressing was observed on the outside of [REDACTED] foot. Staff A said home health came in three times a week to change the dressing.

During a phone conversation on 1/20/16, the home health agency nurse said they had treated a [REDACTED] wound in 2013, and from 12/17/14 until 10/2015. The home health nurse stated

treatment to the resident's [REDACTED] foot started in July 2015 and continued to be ongoing. The nurse stated training was given to the adult home on 8/23/15, which included teaching where bony prominences were, signs and symptoms of wound complications and infection prevention, and turning and repositioning at least every two hours.

Review of Resident #4's negotiated care plan did not include the home health nurse's instructions. Refer to 388-76-10380 for additional details.

When asked if he provided nighttime assistance to any of the residents, Staff A (who said he lived in the adult home and worked full-time there) said he gave pain medication to Resident #1 during the night when [REDACTED] pressed [REDACTED] buzzer and sometimes went to sit with Resident #2 when [REDACTED] called out during the night. Staff A said he did not provide nighttime assistance to Resident #4.

When asked why home health teaching and turning/repositioning interventions had not been implemented for Resident #4 who was at high risk for skin breakdown, the Resident Manager said they positioned residents when they (residents) went to bed and said the residents moved their feet in the night.

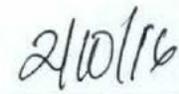
This is a repeated, uncorrected Washington Administrative Code deficiency cited 6/10/15.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date)_____. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112 WAC are met; and

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure one of three staff reviewed (C) had current, valid food handler training. This failure placed five current residents at risk for foodborne illness.

Findings include:

Interview and record review occurred on 1/19/16, unless otherwise noted.

Review of employee files documented Staff C was hired 6/1/15. Her file included no

documentation she completed safe food handler training.

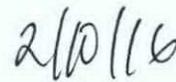
The Resident Manager said she would fax the documentation to the Department. As of 1/22/16, no documentation was received.

This is a repeated, uncorrected Washington Administrative Code deficiency cited 6/10/15.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date)_____. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504-5819

Statement of Deficiencies	License #: 752497	Completion Date
Plan of Correction	Edgewood Manor AFH	June 10, 2015
Page 1 of 16	Licensee: Glenn J. Boctot	

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.

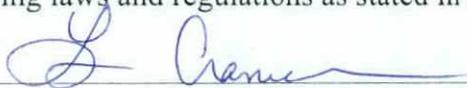
The department has completed data collection for the unannounced on-site full inspection of:
6/3/2015 and 6/5/2015

Edgewood Manor AFH
11115 Karshner Rd E
Edgewood, WA 98372

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 B
PO Box 45819
Olympia, WA 98504-5819
(253)983-3826

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.

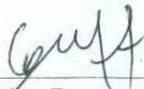


Residential Care Services

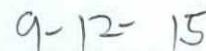


Date

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 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112 WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112 WAC.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home failed to ensure five of seven staff (B, C, D, E & G) met required training regulations. This failure placed five of five current residents at risk for unmet care needs.

Findings include:

All interviews occurred on 6/3/15, unless otherwise noted.

During inspection on 6/3/15, Staff B answered the door. Staff B said she usually worked with another caregiver on days, and spent nights at the adult home. Staff B said she was sometimes alone in the adult home at night and sometimes the provider was there.

The resident manager said Staff B began working on 5/12/15, and said two staff usually worked days and one staff was in the adult home at night.

Review of employee files failed to include documentation Staff B completed orientation and safety training. The provider said Staff B moved up from another state, was not enrolled in a care giving class yet because she was trying to decide if she wanted to take home care aid training or nursing assistant training. On 6/8/15, the resident manager said Staff B had not enrolled in training classes because she was trying to decide if she was going to stay.

Review of Staff C's file failed to include documentation of orientation and safety training or attestation she worked in the time frame (1/1/11 - 1/6/12) that would exempt her from the new training requirements. The resident manager said, "I assume she [staff C] took the training." The resident manager said she would obtain the certificate and fax it to the Department. As of 6/10/15, certification of Staff C's orientation and safety training was not received by the Department.

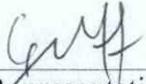
Review of Staff D's file included documentation she had NAC certification from Hawaii (HI), but not in Washington State. The resident manager said Staff D did not apply for certification in Washington because she did not want to lose her HI certification. The resident manager said Staff D started working November 2014, worked through mid May 2015, and went on vacation. Staff D had not taken the orientation and safety training and had no documentation verifying she had current, valid CPR/first-aid training, or mental health specialty training. During a phone conversation on 6/8/15, the resident manager indicated she was not aware of this.

Review of Staff E's file included an attestation she worked in an adult home from 7/1/14, through 1/26/15; however, Staff E did not have an attestation she worked during the time frame (1/1/11 - 1/6/12) that would exempt her from the new training requirements that would certify her as a qualified care giver. The resident manager said Staff E took NAC training, but never took the test. She did not say when Staff E took the training.

The resident manager said Staff G worked from January 2014 through September 2014. She said his HCA certification was pending.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date)_____. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

9-12-15

Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home failed to ensure eight of eight staff (A, B, C, D, E, F, G & H) had name and date-of-birth background checks before providing care to residents or requested background checks including fingerprints. This failure placed five current residents at risk of unsupervised access by an individual with possible disqualifying information.

Findings include:

All interviews occurred on 6/3/15, unless otherwise noted.

During inspection on 6/3/15, Staff A and Staff B were observed working. Staff B said she stayed at the adult home at night, sometimes by herself. No request had been made for fingerprints.

Record review revealed Staff A started working 5/13/15. Her background check was received by the adult home on 5/19/15, six days after she was working.

Record review revealed Staff B started working 5/12/15. Her background check was received by the adult home on 5/19/15, six days after she was working. No request had been made for fingerprints.

The resident manager said Staff C began working 1/28/15. Her background check review date was 2/6/15, nine days after she began working. No request had been made for fingerprints.

The resident manager stated Staff D began working November 2014. Her background check review date was 2/6/15, approximately three months after she began working. No request had been made for fingerprints.

Record review revealed Staff E was working since 3/11/15. A name and date-of-birth background check was in her file with review date 6/3/14. No request had been made for fingerprints.

The resident manager said Staff F began working 9/2014. No background check was found in her file. The resident manager said she did not think they every received a result for Staff F. No request had been made for fingerprints.

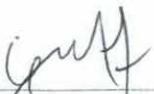
The provider said Staff G worked from 1/2014 through September 2014. His file included a name and date-of-birth background check dated 3/14/14, three months after he began working and did not include a background check that included fingerprints.

The resident manager said Staff H worked six to eight months, but could not give the date when Staff H started working. Staff H's file included a name and date-of-birth background check with review date of 3/14/14, and did not include a result that included fingerprints. No request was made for fingerprints.

The resident manager said she did not know background checks that included fingerprints were required for caregivers.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) 10-25-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

9-12-15

Date

WAC 388-76-10193 Liability insurance required Professional liability insurance coverage. The adult family home must have professional liability insurance or errors and omissions insurance if the adult family home licensee has a professional license, or employs professionally licensed staff. The insurance must include:

- (1) Coverage for losses caused by errors and omissions of the adult family home, its employees, and volunteers; and
- (2) Minimum limits of:
 - (a) Each occurrence at five hundred thousand dollars; and
 - (b) Aggregate at one million dollars.

This requirement was not met as evidenced by:

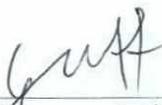
Based on interview and record review, the adult family home failed to ensure the resident manager, who was licensed as an Licensed Practical Nurse (LPN) had professional liability insurance coverage. This failure placed five current residents at risk for lack of coverage for losses by errors and omissions of the adult family home.

Findings include:

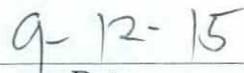
Review of the resident manager's file included documentation she held a license as an LPN. Record review failed to reveal professional liability insurance coverage for her LPN license. On 6/3/15, the resident manager said she did not know about the regulation requiring professional liability coverage and said she did not have any.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) 10-25-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date

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:

- (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
- (3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based on interview and record review, the adult home failed to ensure personnel records were readily available for one of eight staff (D This prevented the provider and the department from being able to determine if the caregiver met required qualifications and potentially placed five current residents at risk of being cared for by an unqualified individual.

Findings include:

On 6/3/15, the resident manager said Staff D began working November 2014, and worked through mid May 2015, when Staff D went on vacation.

Review of Staff D's file failed to include CPR/first-aid documentation and TB testing documentation.

The resident manager said she would fax the information to the Department after locating it.

On 6/8/15, the information was received.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) 10-25-15 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Glenn J. Boctot

Provider (or Representative)

9-12-15

Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home failed to ensure two of eight staff (A & D) completed TB testing. This failure potentially placed five current residents at risk of exposure to an infectious organism.

Findings include:

All interviews occurred on 6/3/15.

During inspection on 6/3/15, Staff A was on duty. She said she began working 5/13/15. Review of her file included no documentation she completed TB testing. When asked if Staff A had TB

testing, the resident manager said, "I haven't done it yet."

According to the provider, Staff D began working November 2014. Review of Staff D's TB documentation showed she did not have testing initiated until 1/3/15, and completed her two-step testing 1/21/15. The resident manager did not provide a response when asked why Staff D's testing was done two months after Staff D began working.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) 10-25-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Glenn J. Boctot
Provider (or Representative)

9-12-15
Date

WAC 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences 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 failed to ensure one of two sample residents (#1) had an assessment every twelve months. This failure potentially placed the resident at risk for unmet care needs.

Findings include:

Resident #1 was admitted to the adult home [REDACTED] 13, with diagnoses including [REDACTED]

Review of [REDACTED] record revealed [REDACTED] last assessment was completed 1/8/14.

On 6/3/15, when asked if Resident #1 had a recent assessment, the resident manager said no and said the resident was converting to medicaid in June. The resident manager said she did not know an assessment was required at least every twelve months.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) 10-25-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Guff
Provider (or Representative)

9-12-15
Date

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:

- (1) After an assessment for a significant change in the resident's physical or mental condition;
- (2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home failed to ensure the negotiated care plan for one of two sample residents (#5) was revised. This potentially placed Resident #5 at risk for unmet care needs.

Findings include:

All interviews occurred on 6/3/15, unless otherwise noted.

Resident #5 was admitted [REDACTED] 13, with diagnoses including [REDACTED]

On 6/3/15, Resident #5 was observed sitting in a recliner in the TV room. A gauze dressing was observed on [REDACTED] heel. The resident manager said Resident #5 was complaining of leg pain in early December 2014, and was found to have a pressure sore on [REDACTED] heel.

Record review revealed [REDACTED] was discontinued from on [REDACTED] 15.

Review of the resident's comprehensive assessment, dated 4/4/14, documented [REDACTED] was totally dependent for all ADLs, needed to have [REDACTED] care needs anticipated by staff, slipped down in bed and chair, was unaware of need to reposition, monitor pressure points daily, reposition per doctor's orders, reposition every two hours.

Review of the resident's comprehensive assessment, dated 4/16/15, documented there was an area of persistent redness on [REDACTED] heel, in addition to what was noted in [REDACTED] 4/4/14, comprehensive assessment.

[REDACTED] negotiated care plan (NCP), dated 5/5/14, included no information about the resident's pressure sore on [REDACTED] heel, involvement of [REDACTED] and what [REDACTED] did for the resident.

█ NCP included no information about █ need for repositioning.

When asked why Resident #5's care plan was not revised, the resident manager said she was working on it.

Refer to WAC 388-76-10400 for additional details.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) 10-25-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Glenn J. Boctot
Provider (or Representative)

9-12-15
Date

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

- (2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.
- (3) The care and services in a manner and in an environment that:
 - (a) Actively supports, maintains or improves each resident's quality of life;
 - (b) Actively supports the safety of each resident; and
- (4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home failed to ensure necessary care and services were provided to help prevent a pressure sore for one of one sample resident (#5). This failure resulted in Resident #5 acquiring a pressure sore on █ heel and placed █ at risk for medical complications, increased pain and decreased quality of life.

Findings include:

All interviews occurred on 6/3/15, unless otherwise noted.

Resident #5 was admitted █ 13, with diagnoses including █

On 6/3/15, Resident #5 was observed sitting in a recliner in the TV room. A gauze dressing was observed on █ heel. The resident manager said Resident #5 was complaining of leg pain on 12/2/14, and they found a pressure sore on █ heel.

The resident manager said, "we were just doing SKIN PREP on the heel." (SKIN-PREP is a liquid, film-forming dressing that, upon application to intact skin, forms a protective film to help reduce friction during removal of tapes and films. SKIN-PREP can also be used to prepare skin attachment sites for drainage tubes, external catheters, surrounding ostomy sites and adhesive dressings.) When asked if she had obtained a physician order to use SKIN PREP, the resident manager (an LPN) said no.

Review of Resident #5's comprehensive assessment, dated 4/4/14, documented [REDACTED] was totally dependent for all activities of daily living, needed to have [REDACTED] care needs anticipated by staff, slipped down in bed and chair, was unaware of need to reposition, required monitoring pressure points daily, repositioning per doctor's orders and repositioning every two hours.

Review of the resident's next comprehensive assessment, dated 4/16/15, documented there was an area of persistent redness on [REDACTED] heel, in addition to what was noted in her 4/4/14, comprehensive assessment.

During a phone conversation on 6/8/15, when asked if she had read Resident #5's assessments, the resident manager said she read the assessments but had not read this information contained in the assessments.

On 6/3/15, Staff B said residents went to bed at 7 p.m. Staff B said she did not provide nighttime assistance to the residents unless they called for help because they were "good sleepers" and they did not want to disturb the residents' sleep.

The resident manager said staff did not turn residents or provide nighttime assistance for any of the residents unless the caregiver heard a resident call out or heard a call bell so the residents' sleep would not be interrupted.

Record review revealed on 3/5/15, more than three months after the pressure sore on Resident #5's [REDACTED] heel was discovered, a request was faxed to the physician for wound treatment consisting of [REDACTED] and [REDACTED] to be applied to any black pressure area and to any Stage II open area to be applied daily and as needed.

Review of Resident #5's March 2015, medication administration record (MAR) documented the order for the dressing change; however, there were no initials indicating the dressing was changed in March. The MAR did include staff initials that all the resident's medications were given as ordered. When asked if the order for daily dressing changes was followed, the resident manager said she was sure it was done, but had no explanation why there were no staff initials documenting it was actually done.

Record review revealed a physician order, dated 4/10/15, to discontinue the [REDACTED] orders and a new order to apply [REDACTED] to the wound daily. Review of the resident's April 2015 MAR included no staff initials the dressing was actually done. The resident manager had no explanation why there were no initials documenting the treatment was done.

On 4/23/15, record review revealed fax documentation for discontinuation of the [REDACTED] and orders for a new wound treatment, as the wound was now infected. Review of the April 2015, MAR did not include the new 4/23/15, order for the new wound treatment. The MAR documented the [REDACTED] treatment was continuing to be done daily. Not only was the old order continued, it was being done by a caregiver that had not been delegated by a Registered Nurse, which is required for nurse delegated tasks such as dressing changes for wounds, in adult family homes.

The new 4/23/15, order was added to the resident's May 2015, MAR; however, from May 21 through May 30, 2015, the dressing change was done by a caregiver (Staff A) who had not been nurse delegated. Staff A said the resident manager showed her how to do the dressing change.

The resident had physician orders for [REDACTED] 500 mg twice daily for pain while [REDACTED] was on [REDACTED]. Record review revealed a request on 4/29/15, for pain medication due to Resident #5 complaining of increasing pain secondary to [REDACTED] heel pressure ulcer. On 6/10/15, the resident manager said they received an order for [REDACTED] narcotic pain medication on 5/18/15. The resident manager said they obtained an order for routine pain medication, [REDACTED] (narcotic pain medication) 5/325, every four hours on 6/9/15.

Resident #5 had physician orders for [REDACTED] cream with instructions to apply topically to [REDACTED] areas three times daily. Her March and April 2015, MAR included initials documenting Staff E applied the cream; however, Staff E had not been delegated for this task.

Review of the MARs 4/1/15, through 6/3/15, included the provider's initials documenting he was doing dressing changes. The provider had not been delegated to do any wound dressing changes.

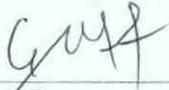
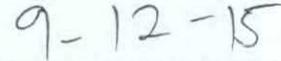
When asked why she had not ensured nurse delegation for dressing changes was completed for Resident #5's wound care, the resident manager said her nurse delegator was out of the country for a month during that time. During a phone conversation on 6/8/15, the nurse delegator said she had a nurse covering for her whenever she was unavailable.

During a phone conversation on 6/8/15, the nurse delegator also said she had not delegated any wound care dressing changes to any staff working in the adult home.

During a phone conversation on 6/8/15, the resident manager said she had not obtained nurse delegation because she thought since [REDACTED] was involved, they were doing the delegating.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date)_____. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

_____
Provider (or Representative)_____
Date**WAC 388-76-10415 Food services. The adult family home must:**

(1) Ensure that the safe food handling training requirements of chapter 388-112 WAC are met; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home failed to ensure four of seven staff reviewed (B, D, E, & G) had current, valid food handler training. This failure placed five current residents at risk for food born illness.

Findings include:

All interviews occurred on 6/3/15, unless otherwise noted.

During inspection on 6/3/15, observation showed Staff B helping with food preparation and serving food to residents. The resident manager said she started working 5/12/15.

Review of employees files failed to include food handling training for Staff B. On 6/8/15, the resident manager said Staff B did not get a food handler card because she did not know if she would be staying.

According to the resident manager, Staff D started working November 2014. Her file included no evidence of food handling training.

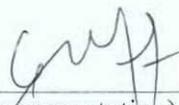
The resident manager stated Staff E worked two days a month from approximately February 2015 through April 2015. Review of her file included no evidence of food handling training.

According to the resident manager, Staff G worked in the adult home from January 2014, through September 2014. Review of his file included no evidence he completed food handling training.

The resident manager did not give a reason why she had not ensured the staff had current food handling training.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) 10-25-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

9-12-15

 Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:

- (1) Emergency evacuation drills occur at least every two months; and
- (2) All residents take part in at least one emergency evacuation drill each calendar year involving full evacuation from the home to a safe location.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure emergency evacuation drills were conducted every two months. This failure placed five current residents at risk of being unable to be safely evacuated during an emergency.

Findings include:

During inspection on 6/3/15, when discussing the fire drill log, the resident manager said she just showed staff what to do for drills conducted every two months from 2/7/14, through 2/7/15. The resident manager said on 4/11/14, she just checked the smoke alarms.

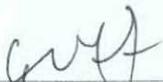
Record review revealed drills were not done every two months. A drill was conducted 2/14/15, the next drill was on 5/13/15, three months later.

The resident manager said she did not know the intent of the regulation to conduct fire drills required staff to practice getting residents at least to the door.

During a phone conversation on 6/8/15, the resident manager was not aware of the three month interval between drills documented on 2/14/15 and 5/13/15.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) 10-25-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

9-12-15

Date

WAC 388-112-0035 What documentation is required for facility orientation training? The adult family home or assisted living facility must maintain documentation that facility orientation training has been completed as required by this chapter. The training and documentation must be issued by the home or service provider familiar with the facility, and must include:

- (1) The name of the student;
- (2) The title of the training;
- (3) The number of hours of the training;
- (4) The signature of the instructor providing facility orientation training;
- (5) The student's date of hire;
- (6) The date(s) of facility orientation;
- (7) The documentation required under this section must be kept in a manner consistent with WAC 388-76-10198 (for adult family homes) and WAC 388-78A-2450 (for assisted living facilities).

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home failed to ensure facility orientation documentation was completed and documented the dates of hire and/or orientation dates for eight of eight staff (A, B, C, D, E, F, G & H). This failure made it difficult to determine if staff received the necessary orientation to the home and information about the residents' needs upon hiring.

Findings include:

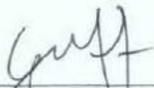
On 6/3/15, Staff A and Staff B were working. They said they started working about a week ago when Staff D went on vacation. They said the provider and resident manager oriented them.

According to the provider, Staff A was hired 5/13/15, Staff B hired 5/12/15, Staff C hired 1/28/15, Staff D started November 2014, Staff E worked from approximately 2/2015 through 4/2015, Staff F started in September 2014 and worked for a "few days," Staff G worked from 1/2014 through 9/2014, and Staff H worked six to eight months in 2014.

Review of employee files revealed no facility orientation documentation for any of the staff. On 6/3/15, the resident manager said she did not know facility orientation documentation was 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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) 10-25-15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

9-12-15

Date

WAC 388-112-0165 Who is required to complete specialty training, and when? If an assisted living facility or adult family home serves one or more residents with special needs, long-term care workers in those settings must complete specialty training and demonstrate competency.

(2) Long-term care workers who are exempt from basic training must complete the relevant specialty training within ninety days of hire.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure three of seven staff (D, E, & G) completed mental health specialty training. This failure placed five of five current residents at risk of unmet care needs.

Findings include:

The adult family home was licensed 9/24/2013, with specialty designations including [REDACTED] and [REDACTED]. Five residents currently lived in the adult home with diagnoses including [REDACTED] and/or [REDACTED].

According to the resident manager, Staff D started working November 2014. Review of her file did not include documentation she completed [REDACTED] specialty training.

According to the resident manager, Staff E worked two days a month through April 2014. Review of her file included no documentation she completed [REDACTED] or [REDACTED] specialty training.

According to the resident manager, Staff G worked from 1/14/14 through September 2014. Review of his file included no documentation he completed [REDACTED] or [REDACTED] specialty training.

During a phone conversation on 6/8/15, the resident manager indicated she was unaware the required [REDACTED] and [REDACTED] specialty training was not done.

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, Edgewood Manor AFH is or will be in compliance with this law and / or regulation on (Date) 10-25-15 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Glenn J. Boctot

Provider (or Representative)

9-12-15

Date