



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

July 8, 2016

Mashburn Adult Family Home LLC  
Mashburn Adult Family Home LLC  
5915 258th St Ct E  
Graham, WA 98338

RE: Mashburn Adult Family Home LLC License #752574

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on July 7, 2016 for the deficiency or deficiencies cited in the report/s dated May 20, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Kathleen Edder, Adult Family Home 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

RECEIVED  
 JUN 07 2016  
 DSHS RCS Region 3

Statement of Deficiencies	License #: 752574	Completion Date
Plan of Correction	Mashburn Adult Family Home LLC	May 20, 2016
Page 1 of 9	Licensee: Mashburn Adult Family	

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:  
 5/12/2016

Mashburn Adult Family Home LLC  
 5915 258th St Ct E  
 Graham, WA 98338

The department staff that inspected the adult family home:  
 Kathleen Edder, Adult Family Home 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

5/25/16

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)

6/2/16

Date

06/01  
 7/20

**WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:**

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

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

Based on observations, interviews, and record reviews, the adult family home (AFH) failed to ensure the personal belongings inventories for 5 of 6 residents (#1, #2, #4, #5, and #6) had been signed by the residents or their representatives. This failure placed all the residents at risk for lost or missing personal belongings.

Findings include:

All observations, interviews, and record reviews took place on 5/12/16 unless otherwise noted.

**Resident #1 (R1):**

R1 was admitted to the home on [REDACTED] 14 with diagnoses including [REDACTED] and [REDACTED] difficulties, among others. R1 was observed ambulating in the home and outdoors independently with her [REDACTED] and watching television throughout the day. When interviewed, R1 was alert and oriented and able to answer questions appropriately. Observations of R1's room noted her belongings included her clothing, a [REDACTED] and a [REDACTED]

Review of R1's file noted the inventory of her personal belongings was not signed by the resident or her representative.

**Resident #2 (R2):**

R2 was admitted to the home on [REDACTED] 4 with diagnoses including [REDACTED] among others. R2 was observed spending the day in bed, watching television, napping, and visiting with her [REDACTED]. When interviewed, R2 was alert and appropriate, but very soft-spoken and difficult to understand. Observations of R2's room noted her belongings included her clothing and several original pictures painted by R2.

Review of R2's file noted the inventory of her personal belongings was not signed by the resident or her representative.

**Resident #4 (R4):**

R4 was admitted to the home on [REDACTED] 14 with diagnoses including [REDACTED] and [REDACTED] among others. R4 was observed spending the day in bed, watching television, and napping. When approached, she did not respond to questions, and was unable to be interviewed. Observations of R4's room noted her belongings included her clothing and several photographs of her family.

Review of R4's file noted the inventory of her personal belongings was not signed by the resident or her representative.

**Resident #5 (R5):**

R5 was admitted to the home on [REDACTED] 16 with diagnoses including [REDACTED] among others. R5

was observed spending the day watching television and visiting with other residents. Observations of R5's room noted her personal belongings included her clothing and family photographs.

Review of R5's file noted the inventory of her personal belongings was not signed by the resident or her representative.

Resident #6 (R6):

R6 was admitted to the home on [redacted] 16 with diagnoses including [redacted] other than [redacted] and [redacted] among others. When interviewed, R6 was alert and oriented and able to answer questions appropriately. Observations of R6's room noted her personal belongings included her clothing, [redacted] and photographs of her family.

Review of R6's file noted there was no documentation regarding an inventory of her personal belongings.

When interviewed, Staff A said she didn't realize the inventories had not been signed by the residents or their representatives. Staff A said R6's family had not finished completing the inventory for R6.

**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, Mashburn Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/4/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Tanice Kistner  
Provider (or Representative)

6/2/16  
Date

**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;

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

Based on observations, interviews, and record reviews, the adult family home (AFH) failed to ensure the negotiated care plans (NCP) for 2 of 6 residents (#1 and #3) included instructions for how medications would be managed when the residents were not at home. This failure placed the residents at risk for medical complications from not receiving their medications correctly.

Findings include:

All observations, interviews, and record reviews took place on 5/12/16 unless otherwise noted.

Resident #1 (R1):

R1 was admitted to the home on [redacted] 14 with diagnoses including [redacted] and [redacted] among others. R1 was observed ambulating in the home and outdoors independently with her [redacted] and watching television throughout the day.

When interviewed, Staff A said R1 went out every [redacted] and [redacted] and occasionally left the home for [redacted]

Review of R1's file noted her most recent NCP dated 4/30/16 included no instructions as to how R1 should receive her medications if she was not in the home.

Resident #3 (R3):

R3 was admitted to the home on [redacted] 14 with diagnoses including [redacted] and [redacted] among others. R3 was observed spending the day watching television and visiting with the other residents.

When interviewed, Staff A said R3 used to go out for meals with her [redacted] fairly regularly, but was going out less frequently lately due to the progression of her [redacted]

Reveview of R3's file noted her most recent NCP dated 1/25/16 included no instructions as to how R3 should receive her medications if she was not in the home.

When interviewed, Staff A said she didn't realize those instructions had not been included in the NCP's for the named residents.

**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, Mashburn Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/11/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

6/21/2016  
Date

**WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

- (1) Resident; and

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

Based on observations, interviews, and record reviews, the adult family home (AFH) failed to ensure the annual updates to the negotiated care plans (NCP) for 2 of 6 residents (#2 and #3) had

been signed by the residents or their representatives. This failure placed the residents at risk for inappropriate or unmet care and services needs.

Findings include:

All observations, interviews, and record reviews took place on 5/12/16 unless otherwise noted.

Resident #2 (R2):

R2 was admitted to the home on [REDACTED] 14 with diagnoses including a history of [REDACTED] and [REDACTED] among others. R2 was observed spending the day in bed, watching television, napping, and visiting with her [REDACTED]. When interviewed, R2 was alert and appropriate, but very soft-spoken and difficult to understand.

Review of R2's file noted her most recent NCP dated 1/25/16 had not been signed by the resident or her representative.

Resident #3 (R3):

R3 was admitted to the home on [REDACTED] 14 with diagnoses including [REDACTED] and [REDACTED] among others. R3 was observed spending the day watching television and visiting with the other residents.

When interviewed, Staff A said R3 used to go out for meals with her [REDACTED] fairly regularly, but was going out less frequently lately due to the progression of her [REDACTED].

Review of R3's file noted her most recent NCP dated 1/25/16 had not been signed by the resident or her representative.

When interviewed, Staff A said she didn't realize the NCP's had not been signed by the residents or their representatives.

#### 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, Mashburn Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/12/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Janice Kester  
Provider (or Representative)

6/12/2016  
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 observations, interviews, and record reviews, the adult family home (AFH) failed to ensure the licensing credentials for 2 of 3 caregivers (Staff A and Staff B) were kept current. This failure placed 4 of 6 residents (#2, #3, #4, and #5) at risk for receiving nurse-delegated care services from inadequately trained staff.

## Findings include:

All observations, interviews, and record reviews took place on 5/12/16 unless otherwise noted.

## Staff A:

Staff A was observed working in the home providing care, administering medications, preparing meals, and interacting with residents.

Staff A was hired on 6/3/13. Review of Staff A's employee file noted her Nursing Assistant-Registered credential expired on 5/3/16.

When interviewed, Staff A said she had been late mailing the check in to renew her credential.

## Staff B:

Staff B was hired on 9/30/14. Review of Staff B's file noted her HCA certification expired 3/19/16.

When interviewed, Staff A said she thought Staff B had renewed her certificate on time.

See also WAC 388-112-0106(1).

When interviewed, Staff A said Residents #2, #3, #4, and #5 all received services from a Registered Nurse Delegator (RND), including administration of whole and liquid medications, rectal suppositories, oral puff inhalation, and nasal sprays; application of topical creams; and blood sugar monitoring. Staff A said that both she and Staff B periodically worked alone in the AFH.

Per WAC 246-840-930(8a), RND tasks may only be delegated to a nursing assistant or home care aide with a current registration or certification.

**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, Mashburn Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 5/13/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Tanice Kiester  
Provider (or Representative)

6/2/16  
Date

**WAC 388-76-10480 Medication organizers. The adult family home must ensure:**

- (4) Medication organizer labels clearly show the following:
- (b) A list of all prescribed and over-the-counter medications;
- (c) The dosage of each medication;
- (d) The frequency which the medications are given.

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

Based on observations, interviews, and record reviews, the adult family home (AFH) failed to ensure the medications for 1 of 6 residents (#6) were placed into a correctly labeled medication organizer. This failure placed the resident at risk for medical complications from not receiving her medications as prescribed by her physician.

**Findings include:**

All observations, interviews, and record reviews took place on 5/12/16 unless otherwise noted.

Resident #6 (R6) was admitted to the home on [REDACTED] 6 with diagnoses including [REDACTED] and [REDACTED] among others.

Observations noted around 11:30 am, R6 [REDACTED] out to the dining room table for her breakfast. Staff A was observed bringing medications in a cup for R6.

Observations noted R6's medications were stored in a medication organizer with her name written on the front of the box. There were 4 pills in each one of the remaining compartments for the month. There was one original container of [REDACTED] 0.25 mg, in the medication storage cabinet for R6. The organizer was not marked with a current list of prescribed and over-the-counter medications, the dosage, or the frequencies the medications should be given.

When interviewed, Staff A said R6's [REDACTED] filled the medication organizer at home and brought it in for the AFH to use to administer R6's medications. Staff A said the [REDACTED] had not provided a list of the medications. Staff A said she researched each pill in the organizer, identified each one, and reconciled them with the current list of medications in R6's most recent assessment dated 4/26/16.

Staff A said she didn't realize the AFH had to have the organizer marked with a current list of medications and the dosage and frequencies of each medication.

#### 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, Mashburn Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 5/13/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

6/2/16  
\_\_\_\_\_  
Date

**WAC 388-112-0106 Who is required to obtain certification as a home care aide, and when? Unless exempt under WAC 246-980-070 , the following individuals must be certified by the department of health as a home care aide within the required timeframes:**  
(1) All long-term care workers, within one hundred and fifty days of hire;

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

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 3 caregivers (Staff B) had a current Home Care Aide (HCA) certification. This failure placed 6 of 6 residents (#1, #2, #3, #4, #5, and #6) at risk for receiving services from inadequately trained staff.

#### Findings include:

All interview and record review took place on 5/12/16 unless otherwise noted.

Staff B was hired on 9/30/14. Review of Staff B's file noted her HCA certification expired 3/19/16.

When interviewed, Staff A said she thought Staff B had renewed her certificate on time.

**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, Mashburn Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 5/13/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Janice Kessler  
Provider (or Representative)

6/12/16  
Date