



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

August 12, 2019

JOSEPH W KING
Amazing Love Adult Family Home
10417 3rd Ave SE
Everett, WA 98208

RE: Amazing Love Adult Family Home License #752589

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 8, 2019 for the deficiency or deficiencies cited in the report/s dated July 3, 2019 and found no deficiencies.

The Department staff who did the inspection:
Karen Glover, Complaint Investigator

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Jennifer Witman, Field Manager
Region 2, Unit B
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Amazing Love Adult Family Home (827122) **Intake ID(s):** 3650445

License/Cert. #: AF752589

Investigator: Glover, Karen **Region/Unit:** RCS Region 2/Unit B **Investigation Date(s):** 06/12/2019 through 07/03/2019

Complainant Contact Date(s): 06/06/2019, 06/17/2019, 07/03/2019

Allegations:

1. Alleged the named resident had not received proper toe nail care and was found with right great toenail approximately 1 inch long with reddened nail bed.

Investigation Methods:

<input checked="" type="checkbox"/> Sample:	3 including named resident.	<input checked="" type="checkbox"/> Observations:	Environment, staff/staff interactions, staff/resident interactions, resident/resident interactions and care provision.
<input checked="" type="checkbox"/> Interviews:	Staff, residents and others not associated with the facility.	<input checked="" type="checkbox"/> Record Reviews:	Incident reports, resident records and facility records.

Allegation Summary:

1. Interview and record review showed the named resident had not had proper nail care resulting in his right great toe nail being approximately one inch long that curved towards the outside of his foot. Other toes had long untrimmed nails on both the right and left feet with reddened nail beds. The provider has scheduled a podiatrist visit to the home on 07/11/19.

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

None.

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

WAC 388-76-10400 Care and Services



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Statement of Deficiencies	License #: 752589	Completion Date
Plan of Correction	Amazing Love Adult Family Home	July 3, 2019
Page 1 of 3	Licensee: JOSEPH KING	

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: 6/12/2019

Amazing Love Adult Family Home
 10417 3rd Ave SE
 Everett, WA 98208

RECEIVED
 JUL 10 2019
 ADULTS
 Smokey Point

This document references the following complaint number: 3650445

The department staff that inspected and investigated the adult family home:

Karen Glover, RN, Complaint Investigator

From:

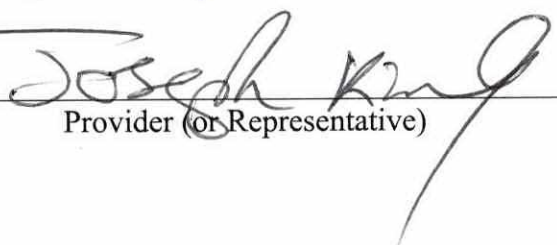
DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

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


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

(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;

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) provider failed to ensure one of six residents (Resident #4) received appropriate foot care, including nails being trimmed. This failure placed the resident at risk for unmet care needs.

Findings included...

Resident #4

Resident #4 was admitted to the AFH on [REDACTED] 17 with multiple diagnoses including [REDACTED] and [REDACTED]. Record review of Resident #4's assessment dated 05/18/18 showed Resident #4's nails to be trimmed by the AFH staff monthly. Record review of Resident #4's negotiated care plan (NCP) dated 06/09/19 showed Resident #4 had a history of letting his nails get long and refusing to have staff cut nails. The Provider was to assess feet and nails monthly and cut both toe and finger nails.

In an interview on 06/06/19 at 2:00 PM, Collateral Contact (CC) #1 (Home and Community Services Nurse Consultant) shared pictures of Resident #4's toe nails which she observed on a visit to the AFH on 05/31/19. CC #1 described the right great toe nail as being approximately one inch in length and curved to the lateral side with a reddened nail bed. The other toes on the right foot also had untrimmed nails. The left foot was described as having long, untrimmed nails with a reddened nail bed on the left great toe.

In an interview on 06/12/19 at 12:30 PM, Resident #4 stated, "(Staff A) trimmed my nails." When Resident #4 was asked if he had any discomfort with walking, he stated, "Why does everybody ask me about my feet? I'm fine."

In an interview on 06/12/19 at 12:48 PM, Staff B (caregiver) stated "(Staff A) is a nurse and he trims the diabetics nails."

In an interview on 06/12/19 at 1:18 PM, Staff A (Provider) stated that Resident #4 refuses nail care a lot. Staff A stated that he trimmed Resident #4's toe nails on 06/02/19 however, could not state when Resident #4's nails had been trimmed before then.


Record review of Resident #4's Medication Administration Record (MAR) showed monthly nail care (for the last 6 months) had been completed on 01/03/19, 01/17/19 and 05/01/19. MAR's for the months of February and March were not available. No documentation stating that Resident #4 had refused care was found.

In an interview on 07/03/19 at 09:28 AM, CC #2 stated that Resident #4 had been walking much better in the last couple of weeks and actually requested to walk a couple of blocks to his doctor's appointment. CC#2 feels Resident #4 is walking better since his nails had been

trimmed.

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, Amazing Love Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7/1/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

7/14/19

Date