



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 8, 2016

ELENA ADAM  
LUCY'S AFH  
22332 122ND AVE SE  
KENT, WA 98031

RE: LUCY'S AFH License #752643

Dear Provider:

On April 6, 2016 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 February 18, 2016.

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:  
Olga Petrov, Licensor

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Delores Usea, Field Manager  
Region 2, Unit G  
Residential Care Services



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Statement of Deficiencies	License #: 752643	Completion Date
Plan of Correction	LUCY'S AFH	February 18, 2016
Page 1 of 3	Licensee: ELENA ADAM	

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:  
2/16/2016

LUCY'S AFH  
22332 122ND AVE SE  
KENT, WA 98031

The department staff that inspected the adult family home:  
Olga Petrov, RN, Licensor

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit G  
20425 72nd Avenue S, Suite 400  
Kent, WA 98032-2388  
(253)234-6007

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

2/18/16

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)

3-2-2016

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:**

- (7) If needed, a plan to:
  - (b) Reduce tension, agitation and problem behaviors;

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

Based on interview and record review, the adult family home failed to ensure interventions for assessed behavior problems were included in the negotiated care plan (NCP) for one of two sampled residents (Resident #3). This failure placed Resident #3 at risk of not getting appropriate care.

**Findings include:**

Interview and record review occurred on 2/16/16.

The Provider said Resident #3 had a diagnosis of [REDACTED] and had [REDACTED]. She said Resident #3 was easily irritable and agitated.

In record review, Resident #3's assessment dated 3/05/15 documented the resident was easily irritable and agitated, obsessive regarding health/body functions, had repetitive complaints and disrobed in public.

Record review revealed Resident #3 was admitted to the home on [REDACTED] 5. Resident #3's NCP dated [REDACTED] 15 documented under behaviors: "Argues with roommate at least 3-4 times a night. Gets agitated at little things, yells at roommate...Ran away from home." Resident #3's NCP did not address specifics on how the home would manage his assessed behaviors.

The Provider said she needed to update Resident #3's NCP.

**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, LUCY'S 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.

Elena Adam  
Provider (or Representative)

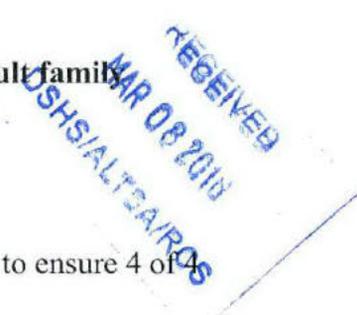
3-2-2016  
Date

**WAC 388-76-10865 Emergency evacuation from adult family home. The adult family home must be able to evacuate all people living in the home:**

- (2) In five minutes or less.

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

Based on observation, interview and record review, the adult family home failed to ensure 4 of 4



residents (Resident #1,#2,#3 and #4) were able to be evacuated from the home, to the designated meeting place, in five minutes or less at least every two months. This failure placed the residents (Resident #1,#2,#3 and #4) at risk of harm or injury in the event of an emergency requiring evacuation from the home.

Findings include:

Observation, interview and record review occurred on 2/10/16.

Observation found Resident #2 was in his bed at the time of the inspection. Resident #2 was observed in a [REDACTED] by the Provider. Observation showed Resident #4 used a [REDACTED] to ambulate.

The Provider said all four residents (Resident #1,#2,#3 and #4) needed assistance with evacuation. The Provider said Resident #1,#2 and #3 required assistance with transfer. She said Resident #2 was [REDACTED] and she used a hooyer lift with his transfer.

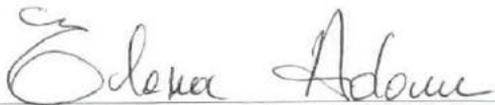
Record review revealed emergency evacuation drills conducted on the following dates: 1/20/16, 11/20/15, 9/20/15, 7/20/15, 5/20/15, 3/20/15 and 1/20/15; "every 2 months". Of these dates, three of the drills lasted seven minutes (two minutes longer than allowed by regulation): 1/20/15, 9/20/15 and 11/20/15. Under comments for the 9/20/15, 11/20/15 and 1/20/16 drills was hand written "(Resident #2's name) is a bed bound and I (Provider) need more time to take out 5-7 minutes."

The Provider said she evacuated residents (Resident #1,#2,#3 and #4) to the safe location "every 2 months".

In an interview, when asked why the every-two-month emergency evacuation drills were more than five minutes, the Provider said she took "her time" to evacuate the residents since it was not "an emergency." The Provider said she stopped the watch when residents returned back to the home. The Provider said in the event of emergency she would not use a hooyer lift for Resident #2's transfer.

#### 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, LUCY'S 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)

3-2-2016

Date

RECEIVED  
MAR 02 2016  
DSHS/ALTA/RCS