



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

June 17, 2016

Tzegai A Abraha
Sweet Adult Family Home
23810 59th PI W
Mountlake Terrace, WA 98043

RE: Sweet Adult Family Home License #752653

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on June 8, 2016 for the deficiency or deficiencies cited in the report/s dated April 25, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jolene Smith, Adult Family Home Licenser

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

Sincerely,

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services



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

Statement of Deficiencies	License #: 752653	Completion Date
Plan of Correction	Sweet Adult Family Home	April 25, 2016
Page 1 of 6	Licensee: Tzegai A Abraha	

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.

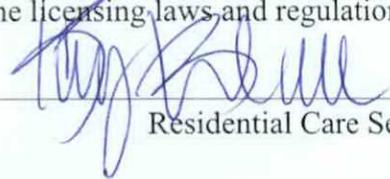
The department has completed data collection for the unannounced on-site full inspection of:
 4/22/2016

Sweet Adult Family Home
 23810 59th Pl W
 Mountlake Terrace, WA 98043

The department staff that inspected the adult family home:
 Jolene Smith, RN/BSN, Adult Family Home Licenser

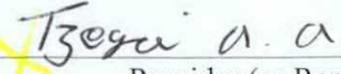
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

As a result of the on-site 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

5/10/16
 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.

X 
 Provider (or Representative)

X 05/16/16
 Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview the Provider failed to develop and implement a system to ensure all staff (Provider and Staff A) had completed a Washington state name and date of birth background check every two years. This failure placed residents at risk for receiving care from or having access to a person with a criminal history.

Findings include:

On 04/22/16, during the Adult Family Home's (Home's) annual inspection, administrative records were reviewed and revealed the Washington state name and date of birth background check (CBI) for the Provider and Staff A had both expired 03/12/16.

During an interview on 04/22/16 records were reviewed with the Provider whom acknowledged the CBI had not been renewed. The Provider shared applications which had been completed but not forwarded to the Background Check Central Unit (BCCU) for renewal because he (the Provider) believed CBI's were only required every three years. The Provider further indicated the CBI renewal applications would be sent to the BCCU as soon as possible.

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, Sweet Adult Family Home is or will be in compliance with this law and / or regulation on (Date) MAY 01, 2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Tzegai A. A

Provider (or Representative)

05/16/16

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:

- (1) A list of the care and services to be provided;
- (2) Identification of who will provide the care and services;
- (3) When and how the care and services will be provided;
- (7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

This requirement was not met as evidenced by:

Based on record review and interview the Provider failed to develop and implement a system to ensure 1 of 2 sampled resident's (Resident 2) negotiated care plan (NCP) was complete, to include identifying services provided (monthly lab work) and if needed a plan to follow in case of a foreseeable crisis due to the resident's assessed needs. These failures placed the resident at risk for unmet care needs.

Findings include:

On 04/22/16 during the Adult Family Home's (Home's) annual inspection, resident records were reviewed which revealed Resident 2 was admitted to the home [REDACTED] 5 with diagnoses to include [REDACTED] and [REDACTED]

Resident 2's assessment indicated the resident received monthly lab work to help manage/monitor medications. Resident 2's negotiated care plan lacked information related to the lab work, ie. lab work routinely drawn, when, where and communication of any results with the Home or prescribing provider.

Resident 2's assessment also identified Resident 2 had a history of delusions and could become easily irritated/agitated. The resident's negotiated care identified Resident 2 received monthly mental health services but lacked an emergency plan for staff to implement in the event Resident 2 experienced a mental health crisis.

In an interview on 04/22/16 the Provider indicated he would update Resident 2's NCP as necessary.

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, Sweet Adult Family Home is or will be in compliance with this law and / or regulation on (Date) APRIL 29, 2016 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Tzegai A A
Provider (or Representative)

05/16/16
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on record review and interview the provider failed to meet all laws and rules relating to medications, and failed to develop and implement a system to ensure that services provided met the medication needs of 1 of 2 sampled residents (Resident 1) to include expired medications were removed from the resident's supply. This failure put resident(s) at risk for receiving outdated and less effective medication.

Findings include:

On 04/22/16 during the Adult Family Home's (Home's) annual inspection, resident records were reviewed and a reconciliation of Resident 1's medications was completed. A review of Resident 1's current medication list (doctors orders), medication log and supply of medication revealed Resident 1 maintained a current order for [REDACTED] but the resident's bubble-pack of [REDACTED] had expired 07/15/15. 19 tablets had been removed from the bubble-pack. A review of Resident 1's medication log indicated Resident 1 had not required/received any [REDACTED] since 01/31/15, 6 months prior to the medication expiration.

In an interview on 04/22/15 the Provider indicated the bubble-pack of [REDACTED] would be disposed of according to the Home's medication disposal policy and he would follow-up with Resident 1's prescribing practitioner.

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, Sweet Adult Family Home is or will be in compliance with this law and / or regulation on (Date) APRIL 26, 2016 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Tzegai A. A

Provider (or Representative)

05/16/16

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 record review and interview, the Provider failed to develop and implement a system to ensure nurse delegation was in place for 1 of 2 sampled residents (Resident 1) who required prn (as needed) medications. This failure placed residents at risk for medication related care needs.

Findings include:

During the Adult Family Home's annual inspection, Resident records were reviewed and revealed Resident 1 was admitted to the Home [REDACTED] 4 with the diagnosis to include: [REDACTED] and [REDACTED]. A 10/23/15 assessment identified Resident 1 had short term memory problems,

decision making was poor and the resident was dependent on staff for all care needs.

A review of Resident 1's medication log identified Resident 1 received acetaminophen and aspirin routinely and had an order for [REDACTED] prn (as needed) for pain. Resident 1 also received [REDACTED] routinely and had an order for [REDACTED] prn for aggression/agitation. There was no documented evidence nurse delegation had been completed to establish parameters for staff to use to determine when to use either medications.

In an interview on 04/22/16, the provider indicated he was not aware of this requirement but would follow-up with the Home's nurse delegator as soon as possible. The provider further indicated Resident 1 had not required the prn [REDACTED] and not received the [REDACTED] for "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, Sweet Adult Family Home is or will be in compliance with this law and / or regulation on (Date) APRIL 26, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Tzegai A. A.

Provider (or Representative)

05/16/16

Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Provider failed to develop and implement a system to ensure the Home's environment was safe and in good repair for 3 of 3 residents (Residents 1, 2 and 3). This failure placed the residents at the potential risk for a diminished quality of life.

Findings include:

On 04/22/16 during the Adult Family Home's (Home's) annual inspection a review of administrative records revealed the Home was licensed to provide care for 6 residents with dementia, developmental and mental health issues. The home currently housed three residents (Residents 1, 2, and 3). Record review and interview revealed the cognitive and/or mental health status of each of the residents was impaired.

During a tour of the home with the Provider on 04/22/16 the following conditions were observed:

*Decorative metal support beams at front entry rusted;

*Front door and threshold soiled with a tacky brown organic matter;

*White baseboards throughout main living space (family-room, dining room) soiled with gray organic matter;

*Hall wall vent (adjacent to Room D) heavily laden with dust.

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, Sweet Adult Family Home is or will be in compliance with this law and / or regulation on (Date) APRIL 28, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Tzegai A - a
Provider (or Representative)

05/16/16
Date