



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 30, 2016

Abbys Elder Care LLC
Abbys Elder Care LLC
24027 Meridian Ave S
Bothell, WA 98021

RE: Abbys Elder Care LLC License #752680

Dear Provider:

On August 16, 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 July 12, 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:
Patty Johnson, Licensors

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
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 3906-172nd St NE, Suite #100, Arlington, WA 98223

| | | |
|---------------------------|--------------------------------|-----------------|
| Statement of Deficiencies | License #: 752680 | Completion Date |
| Plan of Correction | Abbys Elder Care LLC | July 12, 2016 |
| Page 1 of 5 | Licensee: Abbys Elder Care LLC | |

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:
 7/12/2016

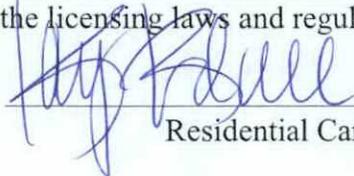
Abbys Elder Care LLC
 24027 Meridian Ave S
 Bothell, WA 98021

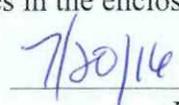
RECEIVED
 AUG 01 2016
 ADSA/RCS
 Smokey Point
 ADSA/RCS
 Smokey Point

The department staff that inspected the adult family home:
 Patty Johnson, RN, Licensor

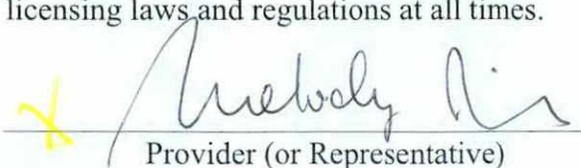
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

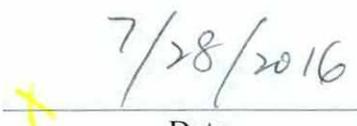
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 Residential Care Services


 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 388-76-10165 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 interview and record review, the provider failed to have a system in place to ensure all employees had a current Washington State name and date birth background check for 2 of 2 current staff (provider and staff 1). This failure placed the residents at risk of being in contact with a staff with a negative background history.

Findings include:

All interviews, observations, and record reviews occurred on 07/12/16.

Record review for the provider revealed a Washington State name and date of birth background check that expired on 05/22/16. No evidence was found that a background authorization form was submitted to DSHS prior to this expiration date.

Record review for staff 1 revealed a Washington State name and date of birth background check that expired on 05/21/16. No evidence was found that a background authorization form was submitted to DSHS prior to this expiration date.

In an interview, staff 1 reported he did not realize the background checks had expired. He stated he would submit them immediately.

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, Abbys Elder Care LLC is or will be in compliance with this law and / or regulation on (Date) 07/18/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

7/28/2016
Date

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

- (a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and
- (b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to have a system in place to ensure a character, competency, and suitability evaluation was completed after receiving a Washington State name and date of birth background check with a non-disqualifying crime for 1 of 2 staff (staff 1). This failure placed the residents at risk of being in contact with a staff person with a negative background history.

Findings include:

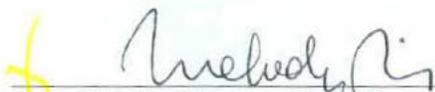
All interviews, observations, and record reviews occurred on 07/12/16.

Record review for staff 1 revealed a Washington State name and date of birth background check dated to expire 05/21/16, that required a character, competency, and suitability evaluation to be done. No written evidence was found to show this evaluation was done.

In an interview with the provider, she reported she didn't realize a character, competency, and suitability to work with vulnerable adults was required for staff 1. The provider stated she would complete the documentation.

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, Abbys Elder Care LLC is or will be in compliance with this law and / or regulation on (Date) 07/18/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


 Provider (or Representative)

7/28/2016
 Date

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
- (b) The adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to have a system in place to ensure that 1 of 2 residents, (Resident 2) had a completed personal inventory list in [redacted] records. This failure placed the resident at risk of having misplaced, lost, or stolen personal belongings.

findings include:

All interviews, observations, and record reviews occurred on 07/12/16.

Record review for resident 2 revealed a move in date [redacted] 16. There was a blank personal inventory list in [redacted] record.

In an interview, the provider reported the resident moved in with a few belongings and clothing. She stated she did not write the items down because she was waiting for the [redacted] to come and complete the form.

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, Abbys Elder Care LLC is or will be in compliance with this law and / or regulation on (Date) 07/12/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Melody [Signature]
Provider (or Representative)

7/28/2016
Date

WAC 388-76-10650 Medical devices. Before the adult family home uses medical devices for any resident, the home must:

- (2) Ensure the resident negotiated care plan includes the resident use of a medical device or devices; and
- (3) Provide the resident and family with enough information about the significance and level of the safety risk of use of the device to enable them to make an informed decision about whether or not to use the device.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the provider failed to have a system in place to ensure the risks and benefits were explained and a written care plan was completed for 2 of 4 residents, (Resident 1 and 2), prior to the use of [redacted]. This failure placed the residents at risk of harm for entrapment and not being fully informed of the risks associated with the use of the device.

Findings include:

All interviews and record reviews occurred on 07/12/16.

During a tour of the home, Resident 1's bed was observed to have [redacted] on both sides of [redacted] bed, both in the [redacted]. Resident 2's bed was observed to have one [redacted] on one side of the bed in the [redacted].

Record review for Residents 1 revealed an assessment dated 04/26/16 that included the need for

There was a care plan dated 05/12/16 with information regarding the residents use of [redacted]. There was no documentation or evidence of an explanation of the risks and benefits for the use of [redacted] in the residents record.

Record review for Residents 2 revealed a [redacted] assessment dated 06/30/16. There was a preliminary care plan dated 06/13/16 with no information regarding the residents use of [redacted]. There was no documentation or evidence of an explanation of the risks and benefits for the use of [redacted] in the residents record.

In an interview, staff 1 reported both residents use the [redacted]. He reported he had not provided risks and benefits prior to the residents using them. He stated he did not realize the use of the [redacted] was not in the preliminary care plan for resident 2.

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, Abbys Elder Care LLC is or will be in compliance with this law and / or regulation on (Date) 7/18/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Melody B
Provider (or Representative)

7/28/2016
Date