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 28, 2016

HARMONY HOUSE ADULT FAMILY HOME INC
HARMONY HOUSE ADULT FAMILY HOME INC
3728 S 284TH PL
AUBURN, WA 98001

RE: HARMONY HOUSE ADULT FAMILY HOME INC License #752691

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 26, 2016 for the deficiency or deficiencies cited in the report/s dated March 8, 2016 and found no deficiencies.

The Department staff who did the inspection:
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

Received Time Apr. 6. 2016 11:19AM No. 1118

Attention: Michele

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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Statement of Deficiencies	License #: 752691	Completion Date
Plan of Correction	HARMONY HOUSE ADULT FAMILY HOME INC	March 8, 2016
Page 1 of 2	Licensee: HARMONY HOUSE	

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:
3/7/2016
HARMONY HOUSE ADULT FAMILY HOME INC
3728 S 284TH PL
AUBURN, WA 98001

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.

Delina Vaig — 3-14-2016
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.

[signature] — 3/22/2016
Provider (or Representative) — Date

WAC 388-76-10475 Medication Log. The adult family home must: 395 50

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the home failed to keep 1 of 6 residents medication record updated (Resident #4). This placed the resident at risk for health complications from medication errors.

Findings include:

Observation, interview and record review occurred on 03/07/16.

Review of Resident #4's March 2016 medication log revealed: Ferrous Sulfate (used to treat [redacted] 15 mg/ml (milligram/milliliter), take 50 mg once a day and was initialed as given by caregivers daily from 03/01/2016 to 03/06/2016. Another medication on Resident #4's March 2016 medication log was [redacted] (used to treat pain) 7.5 mg, take 1 tablet once a day, next to entry was hand written :d/c"- discontinued and was not initialed as given by caregivers.

Observation found Resident #4's medications in multi-dose plastic pouches package in roll. Observation found [redacted] 7.5 mg pill in the morning slots of the Resident #4's of the plastic package. Observation of Resident #4's medications did not find Ferrous Sulfate tablets in the plastic package roll.

Interview with Entity Representative (ER) revealed the home gave [redacted] 7.5 mg, once daily from 3/01/16-3/06/16 to Resident #4. The ER said she wrote "d/c" for [redacted] after she received the list of current Resident #4's medications from her doctor and [redacted] was not on that list. The ER said she did not received discontinue order for Resident #4's [redacted] The ER said Ferrous Sulfate was not a current medication for the resident. The ER said she did not reconciled the resident medications with medication log.

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, HARMONY HOUSE ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 3/22/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) _____ Date 3/22/2016

Will reconcile each med roll- plastic pouches and MAR to the latest med orders by the Doctors.