



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3611 River Road, Suite 200, Yakima, WA 98902

January 8, 2019

From The Heart AFH Inc
From The Heart AFH Inc
4407 Segovia Dr
Pasco, WA 99301

RE: From The Heart AFH Inc License #752695

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on January 4, 2019 for the deficiency or deficiencies cited in the report/s dated October 3, 2018 and found no deficiencies.

The Department staff who did the inspection:
Jo Whitney, AFH Licensor

If you have any questions please, contact me at (509) 225-2823.

Sincerely,

Chana White, Field Manager
Region 1, Unit C
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45600, Olympia, Washington 98504-5600

Statement of Deficiencies License #: 752695 Completion Date
Plan of Correction From The Heart AFH Inc October 3, 2018
Page 1 of 5 Licensee: From The Heart AFH Inc AMENDED

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: 9/25/2018

From The Heart AFH Inc
4407 Segovia Dr
Pasco, WA 99301

The department staff that inspected the adult family home:
Jo Whitney, RN, BSN, AFH Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit C
3611 River Road, Suite 200
Yakima, WA 98902
(509)225-2823

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.

Mike Torogaist for Region 1 Unit C 12/27/18
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.

Russ Gray 10/1/18
Provider (or Representative) Date

This document was prepared by Residential Care Services for the Locator website.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(c) First aid; and

This requirement was not met as evidenced by:

Based on record review an interview, the home failed to ensure one of three staff (Staff C) had a training certificate in first aid available for review when requested. This deficient practice placed the residents at potential risk of harm from an unqualified caregiver. Findings included:

Staff C started working in the home in January 2018. File review on 09/25/18 found a certificate of training in "Basic Life Support" (BLS) listing the components of training in cardiopulmonary resuscitation (CPR) and AED (automated external defibrillator) completed in May 2018. The certificate of training did not list/include training in first aid.

On 10/01/18, the Resident Manager stated that Staff C reported attending first aid training; however, the certificate had "gone through the wash." Four months after training the certificate was not available for review.

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 10/1/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Reak Gray

Provider (or Representative)

10/1/18

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.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the home's medication system failed to ensure two of two residents (Resident #3, #4) had accurate medication logs listing physician ordered medications, medications were available to give as ordered and/or have documentation

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the physician or pharmacy was contacted for clarification when needed to ensure the resident received medication as ordered. This deficient practice placed the resident at risk of medication mismanagement. Findings included:

1) Resident #3's assessment dated 05/17/18 showed staff assistance with medication was needed. The medication log, the medication supply and physician orders were reviewed on 09/25/18.

The September 2018 log listed Vitamin D3, with a dose of 5000 units given daily. The record included a prescription for Vitamin D3 give 5000 units daily dated 08/02/18. The supply of Vitamin D3 delivered from the pharmacy on 08/22/18 was 1000 unit capsules with two capsules packed in each bubble (2000 units) on the card and directions to give 2000 units daily. The dose and prescription direction was not 5000 units.

The provider called the supplying pharmacy on 09/25/18 to request clarification why the Vitamin D3 dosage was incorrect. The home's system of tracking new orders received and forwarded to the pharmacy to supply showed the Vitamin D3 5000 unit order was sent to the pharmacy.

The pharmacy sent the home the prescription for Vitamin D3 they had received on 08/02/18 from the prescribing physician; Vitamin D3 2000 units daily. There were two ordered doses sent to the pharmacy on 08/02/18 that required clarification from the physician.

Staff assisting with medications in the home did not notice the medication listed on the log did not match the supply they had and gave to the resident; they did not seek clarification until the licenser reviewed it. Staff initialed they gave 5000 units when they did not.

Additionally, Resident #3's record included a physician signed list dated 06/11/18, of medications that could be given if needed for symptom management such as constipation, diarrhea or gastric upset. The ordered medications were not listed on the September 2018 log as ordered medications for Resident #3.

2) Resident #4's assessment dated 09/01/17 showed the resident needed assistance with medications. The medication log, physician orders and the medication supply were reviewed on 09/25/18.

Orders from a physician dated 02/20/18 and 08/07/18 showed the resident was to receive hydrocodone with acetaminophen (a narcotic) twice a day if needed for pain and/or Tramadol (a narcotic -like pain reliever) every six hours if needed. The September 2018 medication log listed both medications.

The home did not have a supply of the medications ordered by the physician although they were listed on the log for staff to give if needed by the resident. The Resident Manager stated that the resident had the orders on admit in [REDACTED] 2017 and when the supply was gone it was not refilled. The provider and Resident Manager thought the orders had been discontinued.

The record did not show the physician was contacted to clarify the use or discontinuation of the medications.

On 10/01/18, Staff Q, Registered Nurse/facility nurse, stated that the home had not told her about the unused medications. On 09/28/18 after the inspection, the physician was contacted and the as needed and unused medications were discontinued.

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 10/1/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Rick Gray

Provider (or Representative)

10/1/18
Date

WAC 388-112A-0480 What documentation is required for successful completion of specialty training?

- (1) Specialty training must be documented by a department certificate of successful completion, awarded by the instructor or training entity that includes:
- (c) The number of training hours;
 - (d) The name and department number of the home or training entity;

WAC 388-112A-0495 What are the facility long-term care workers' specialty training deadlines and what is the requirement for supervision until the training is completed?

(1) If an adult family home serves one or more residents with special needs, long-term care workers must complete and demonstrate competency in specialty training within one hundred twenty days of hire.

This requirement was not met as evidenced by:

Based on record review and interview, the home did not ensure one of three caregivers (Staff C) had specialty training required to meet the needs of the residents within 120 days of hire. This deficient practice placed the residents at risk of unmet needs and a diminished quality of life. Findings included:

Six residents lived in the home. Resident #3 and Resident #4's diagnoses included [REDACTED]. Per Staff A, the home had one caregiver working each shift.

Staff C started working in the home in January 2018. Record review on 09/25/18 found Staff C completed a nursing assistant training program in May 2017. Staff C's file contained a certificate of training in dementia dated in May 2017; the certificate did not include the number training hours and was not a department certificate.

The provider and Resident Manager stated that they had accepted the certificate as evidence of specialty training and did not request evidence of further training.

Statement of Deficiencies

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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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 10/1/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Rick Gray

Provider (or Representative)

10/1/18
Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3611 River Road, Suite 200, Yakima, WA 98902

October 10, 2018
CERTIFIED MAIL
7017 2400 0000 3926 7817

From The Heart AFH Inc
From The Heart AFH Inc
4407 Segovia Dr
Pasco, WA 99301

RE: From The Heart AFH Inc License #752695

Dear Provider:

The Department completed a full inspection of your Adult Family Home on October 3, 2018 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
 - Begin the process of correcting the deficiency or deficiencies immediately; and
 - Complete correction within 45 days, or sooner if directed by the Department; and
 - Sign and date the first page of the enclosed report; and
 - Return the first page with your plan; and
 - Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10265 Tuberculosis Testing Required.

- (1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:
- (d) Caregiver;

On 09/25/18, Staff D's employee file included results of two tuberculosis (TB) tests

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From The Heart AFH Inc License #752695
October 10, 2018
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previously completed before starting work in the home in April 2018. Staff D did not have evidence of one TB test within three days of hire at this home.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (509) 225-2823.

Sincerely,



Chana White, Field Manager
Region 1, Unit C
Residential Care Services

Enclosure

Plan of correction for From the Heart, License# 752965 Letter of inspection was received on 10/17/2018, Date of inspection was 09/25/2018.

All staff will review the medication rights and will re-take the state approved medication class in the facility, Staff will follow rights of medication and will read and follow all instruction per Physician orders

staff will read all medication cards when received from the pharmacy and will only give medication that matches the order given per the Physician, if a card delivered from pharmacy does not match the order given per the Physician, the staff will stop, not give that medication and will contact the General manager and facility RN for further instruction, A fax will be sent to the Physician requesting the physician clarify the order before it is given to ensure the correct dose is being used.

Facility will ensure that all medications will be available when a current order is prescribed by the physician or the order is discontinued by the physician when not being used by the resident. The Home will contact the physician by fax when a PRN medication is not being used and will ensure an order to discontinue is obtained, as soon as the order is obtained by the facility the medication will be removed from the resident medication record. All orders will be recorded in the resident medication record when they are received, all orders will be marked with RN/ MAR, will have the initial of the person putting it onto the MAR and then will be sent to the facility Nurse for review.

Rick Gray

10/22/2018

Plan of correction for From the Heart Lic # 752695

The home will ensure that all Certificates have a training number on them, along with the number of training hours, before being accepted by the home as proof of completed training, if the training certificate does not have the listed numbers the home will ensure the staff has these training hours complete within 120 days of hire.

Risak Gray

10/22/2018