



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

April 8, 2020

Human Dignity Foundation
Good Shepherd Manor
PO Box 990
Washougal, WA 98671

RE: Good Shepherd Manor License #752701

Dear Provider:

On April 6, 2020 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 21, 2020.

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:
Jody Just, Licensors

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

Karyl Ramsey
by Sonya Conway

Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services



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Statement of Deficiencies	License #: 752701	Completion Date
Plan of Correction	Good Shepherd Manor	February 21, 2020
Page 1 of 4	Licensee: Human Dignity Foundation	

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:
 2/20/2020

Good Shepherd Manor
 1493 Shepherd Rd
 Washougal, WA 98671

The department staff that inspected the adult family home:
 Jody Just, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit E
 800 NE 136th Avenue, Suite#220
 Vancouver, WA 98684
 (360)397-9549

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.

Karyl Ramsey
 Residential Care Services

03/11/2020
 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

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

WAC 388-76-10810 Fire extinguishers.

- (2) The home must ensure the fire extinguishers are:
 - (a) Installed according to manufacturer recommendations;
 - (b) Inspected and serviced annually;
 - (c) In proper working order; and
 - (d) Readily available for use at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the provider failed to ensure fire extinguishers were serviced annually. This failure placed all six residents (#1,#2,#3,#4,#5,#6) at risk for harm from relying on a possibly non-functioning extinguisher.

Findings included...

During the tour of the adult family home on 02/20/20 at 12:36 pm, the living room and basement fire extinguishers were observed and both had an expiration date of 01/2019.

The adult family home provider stated that she was aware the fire extinguishers had expired and she asked the adult family home affiliates to replace them. The provider stated that she would replace the fire extinguishers by the end of the day on the date of the inspection.

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, Good Shepherd Manor 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)

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:

- (1) Identifying information about the resident;
- (2) The name, address and telephone number of the resident's:
 - (a) Representative;
 - (b) Health care providers;
 - (c) Significant family members identified by the resident; and
 - (d) Other individuals the resident wants involved or notified.
- (3) Current medical history;
- (4) The resident assessment information;
- (5) The preliminary service plan;
- (6) The negotiated care plan;
- (7) List of resident medications;

- (8) The resident's Social Security number;
- (9) When the resident was:
 - (a) Admitted to the home;
 - (b) Absent from the home; and
 - (c) Discharged from the home.
- (10) A current inventory of the resident's personal belongings dated and signed by:
 - (a) The resident; and
 - (b) The adult family home.
- (11) Financial records.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to document an inventory of residents' personal belongings. This failure placed two of two sampled residents (#4,#5) at risk of being unable to distinguish their personal property from that of other residents or the home.

Findings included...

During the confidential resident record review on 02/20/20, Resident #4's personal inventory did not have a representative's signature. Resident #5's records did not have a completed personal inventory checklist.

During the exit interview at 3:20 pm the provider stated that she would contact the representatives for Residents #4 and #5 on the day of the inspection to schedule a time to review and sign the personal inventory checklist.

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, Good Shepherd Manor 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)

Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:

- (1) Emergency evacuation drills occur during random staffing shifts at least every two months; and
- (2) All residents take part in together and at the same time at least one emergency evacuation drill each calendar year that includes full evacuation from the home to a safe location.

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to conduct emergency evacuation

drills at least every two months. This failure placed five of five residents at risk for delayed evacuation in the case of an emergency.

Findings included...

On 02/20/20 review of the adult family home fire drill records showed the last emergency drill took place on 09/05/2019. The provider had not completed a fire drill in over five months.

During the exit interview at 3:20 pm the provider stated that she was unaware an emergency drill was required every two months. The provider stated that she would conduct a fire drill on the date of the inspection.

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, Good Shepherd Manor 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)

Date