



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

February 11, 2016

Charlene M Olsen
Char's Family Home
1128 Castlerock Ave
Wenatchee, WA 98801

RE: Char's Family Home License #752727

Dear Provider:

On February 9, 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 January 19, 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:
Jo Whitney, Complaint Investigator

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

Sincerely,

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



STATE OF WASHINGTON
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 3611 River Road, Suite 200, Yakima, WA 98902

Statement of Deficiencies	License #: 752727	Completion Date
Plan of Correction	Char's Family Home	January 19, 2016
Page 1 of 5	Licensee: Charlene M. Olsen	

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: 1/14/2016

Char's Family Home
 1128 Castlerock Ave
 Wenatchee, WA 98801

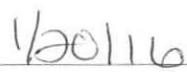
The department staff that inspected the adult family home:
 Jo Whitney, RN, BSN, Complaint Investigator



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.


 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 record review and interview, the home did not ensure the provider and a household member had current background check results not more than two years old. Findings include:

Record review and interview occurred on 1/14/16 unless otherwise indicated.

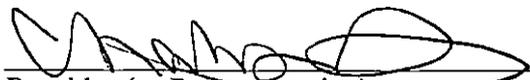
The provider and her husband (household member) lived in the home on the lower level and had daily interaction with the residents. They were not in the home on the day on the inspection.

Record review found the provider's background check was dated 6/18/13 and more than two years old. The household member's background check was dated 6/10/13.

Interviewed on 1/19/16, the provider was unaware the results had expired and submitted new applications for current background check results.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 2/1/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


 Provider (or Representative)

2/1/16
 Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

- (1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and
- (2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on record review and interview, the home did not ensure they had two of five staff members' (Staff B, E) background check results based on fingerprints submitted through the national database. Findings include:

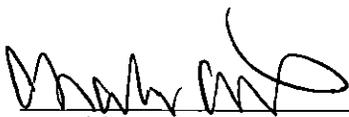
Record review and interview occurred on 1/14/16 unless otherwise indicated.

1. Staff B was hired on 10/18/14; her file contained a name and date of birth back ground check result. Her file did not contain the results based on fingerprints. *Already completed*
2. Staff E was hired 4/9/14; her file contained a name and date of birth background check result and did not contain a fingerprint result. *waiting for mailed results*

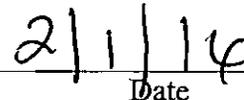
Interviewed on 1/19/16, the provider stated Staff B and E had attended appointments and submitted their fingerprints. She was unaware she needed to have the results from fingerprint based background check within 120 days of hire.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 2/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date

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

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (2) Include in each medication log the:
 - (b) Name of all prescribed and over-the-counter medications;
 - (c) Dosage of the medication;
 - (d) Frequency which the medications are taken; and
- (3) Ensure the medication log includes:
 - (a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on observation, record review and interview, the home failed to ensure the medication logs for two of two residents (Resident #4, #5) included prescribed medications and/or accurately recorded directions when medication would be given. This deficient practice placed the residents at risk for medication mismanagement and errors. Findings include:

Observation, interview and record review occurred on 1/14/16 unless otherwise indicated.

1. Resident #4's assessment dated 8/4/15 recorded the resident required assistance with

medication administration. The resident's record included a medication list dated 12/14/15.

The January 2016 medication log listed multiple medications given to the resident one to three times daily and also included a list of medications to give if needed for symptom management. Packaged medications were supplied by one local pharmacy.

A comparison of the medication list, the medication log and the medications in the resident's supply found the following discrepancies:

- [REDACTED] tablets were supplied by the pharmacy in a bubble packed card with directions to give daily - tablets were punched out of the card. Staff did not initial the medication was given because [REDACTED] was not listed on the medication log.
- Fiber therapy - the pharmacy label directed staff to give the granules twice a day. Staff A stated she gave the granules each day she worked. Staff A agreed the Fiber Therapy was not listed on the log - she did not realize she was not initialing when she gave the medication.

[REDACTED] and [REDACTED] eye drops were included in the resident's medication supply. Record review found the eye drops were given twice a day every day until October 2105 when the physician changed the order to give only if needed. The listing of the eye drops to give if needed was not included on the log.

Per Staff A, the provider created and updated the medication logs monthly. Staff A stated she would add to the listed medications on the log and/or make changes based on physician orders. Staff A corrected the medication log on the day of the inspection.

2. Resident #5's assessment dated 1/20/15 documented the resident needed assistance with medications. The January 2016 log and the pharmacy packed medication supply were compared.

The listing on the log for [REDACTED] included directions to give twice a day; however, three times were listed to give the tablet. Staff initials recorded the medication was given three times daily per the pharmacy and physician directions. The administration frequency direction was twice a day for at least six months; staff did not ensure the discrepancy was clarified so the log directions accurately reflected the medication given.

The provider stated on 1/19/16 that she and Staff E usually checked the medication logs together; she would look at the system to ensure new/changed orders were transferred to the logs.

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Provider (or Representative)

2/1/16

Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure the fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the home failed to ensure one of two fire extinguishers in the home was serviced annually. Findings include:

Observation, interview and record review occurred on 1/14/16 unless otherwise indicated.

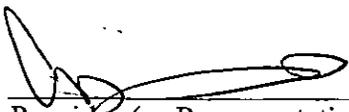
The fire extinguisher located on the lower level of the home was last serviced in May 2012 according to the service tag. The main level extinguisher was serviced in August 2015.

Staff A stated, if neither she nor the provider were present when the company arrived at the home for the annual servicing they would not have entered the provider's area on the lower level to find and service that extinguisher.

According to a faxed document, the provider contacted the service company on 1/19/16 to service the lower level extinguisher. The provider was unaware the lower level extinguisher did not have an annual inspection and service.

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Provider (or Representative)

2/1/16

Date