



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

February 4, 2016

Happy Hour Adult Family Home LLC
Happy Hour Adult Family Home LLC
11805 Nyanza Rd SW
Lakewood, WA 98499

RE: Happy Hour Adult Family Home LLC License #752770

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on February 1, 2016 for the deficiency or deficiencies cited in the report/s dated January 14, 2016 and found no deficiencies.

The Department staff who did the inspection:
Gary Fuentebella, Licensor

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



RECEIVED

JAN 28 2016

STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES DSHS RCS Region 3
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 98907, Lakewood, WA 98496

Statement of Deficiencies	License #: 752770	Completion Date
Plan of Correction	Happy Hour Adult Family Home LLC	January 14, 2016
Page 1 of 3	Licensee: Happy Hour Adult Family	

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 follow-up inspection of: 1/11/2016 and 1/12/2016

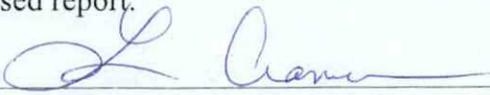
Happy Hour Adult Family Home LLC
 11805 Nyanza Rd SW
 Lakewood, WA 98499

This document references the following SOD dated: December 28, 2015

The department staff that inspected the adult family home:
 Gary Fuentebella, Licensors

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit A
 PO Box 98907
 Lakewood, WA 98496
 (253)983-3826

As a result of the on-site follow-up 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

1/15/16
 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.

Rosemary Njai
 Provider (or Representative)

01/26/16
 Date

01/24/16
03/16/16

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the home failed to have a safe medication system in place to ensure 1 of 1 resident (Resident #1) with [REDACTED] received [REDACTED] injections three (3) times a day as ordered. This failure resulted in Resident #1 not receiving the [REDACTED] on seven (7) occasions when [REDACTED] was elevated and placed Resident #1 risk for medical complications.

Findings include:

All observation, interview and record review occurred on 1/12/16 unless otherwise noted.

Resident #1 was admitted on [REDACTED] 15 with diagnoses to include [REDACTED] assessment dated 12/14/15 revealed he had no memory problems, made consistent decisions and needed administration of [REDACTED]

Resident #1 was observed sitting in the living room watching TV. During interview Resident #1 said [REDACTED] was checked by the Entity Representative (ER) three (3) times a day. Resident #1 added [REDACTED] received fifty (50) units of [REDACTED] injection in the morning and four (4) to six (6) units of [REDACTED] injection in the evening depending on [REDACTED] results.

Review of Resident #1's January 2016 medication administration record (MAR) revealed instructions to give [REDACTED] injection subcutaneously per [REDACTED] at bedtime (150-200 give 4 units; 200-250 give 6 units; 250-300 give 8 units; 300 above give 10 units).

Review of the Registered Nurse Delegator's (RND) notes dated 12/30/15 was to give [REDACTED] per [REDACTED] at bedtime.

Review of a physician's order dated 1/5/16 revealed to give [REDACTED] per [REDACTED] three (3) times a day AC (before meals) for [REDACTED] 150-200 give 4 units; 200-250 give 6 units; 250-300 give 8 units; 300 above give 10 units). The ER said she faxed a copy of the physician's order to the RND on January 6 or January 7 but had not received any response back.

Resident #1's January 2016 MAR and RND's instructions to give [REDACTED] per [REDACTED] at bedtime was different from physician's order (dated 1/5/16) to and give it (per [REDACTED] 3 times a day before meals.

During interview the ER said she checked Resident #1's [REDACTED] 3 times a day at 8:00 a.m., 11:00 a.m., and 5:00 p.m. but only gave the [REDACTED] (depending on the [REDACTED] result) only at 5:00 p.m. The ER said she remembered the physician's verbal instruction give the [REDACTED] at 5:00 p.m. but did not know the written order (dated 1/5/16) was different. The ER said she will clarify the matter with Resident #1's physician and fax the Licensor a copy of correct order for the [REDACTED]

Review of Resident #1's January 2016 MAR revealed the following [redacted] results: 1/6/16 at 11:00 a.m. was 218 (6 units of [redacted] was not given); 1/8/16 at 11:00 a.m. was 179 (4 units of [redacted] was not given); 1/9/16 at 8:00 a.m. was 170 (4 units of [redacted] was not given); 1/9/16 at 11:00 a.m. was 155 (4 units of [redacted] was not given); 1/10/16 at 11:00 a.m. was 170 (4 units of [redacted] was not given); 1/11/16 at 11:00 a.m. was 218 (6 units of [redacted] was not given); and on 1/12/16 at 11:00 a.m. was 284 (8 units of [redacted] was not given).

On 1/14/15 the Licensor received from the ER a faxed copy of Resident #1's physician's order dated 1/13/16 for [redacted]. The instruction was the same as the physician's order dated 1/5/16 (to administer the [redacted] per [redacted] 3 times a day).

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, Happy Hour Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/26/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
 Provider (or Representative)

01/26/16
 Date

11805' MyanZard SW
Lakewood WA 98499
01/26/16

R.E PLAN OF CORRECTION:

I hereby accept I was not in compliance with the Licensing Laws and regulations, As ~~st~~ cited on this report, I had failed to check the physicians order on the [REDACTED] for client # 1

I have taken corrective measures to correct the deficiency. Since that day I have checked Client # 1's [REDACTED] as ordered by the Physician three times a day. I have administered [REDACTED] both [REDACTED] and [REDACTED] as ordered and as per the [REDACTED] as required. I have and will in future keep records on the readings and [REDACTED] administered and give to the physician on every appointment and or anytime we have a concern.

I will make sure I am more keen and in the future will not put any client into risk of not getting proper treatment.

Yours Sincerely,
Rosemary Njai



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 98907, Lakewood, WA 98496

Statement of Deficiencies	License #: 752770	Completion Date
Plan of Correction	Happy Hour Adult Family Home LLC	December 28, 2015
Page 1 of 2	Licensee: Happy Hour Adult Family	

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.

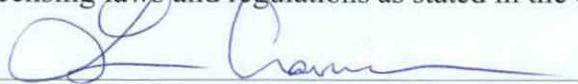
The department has completed data collection for the unannounced on-site full inspection of:
 12/17/2015

Happy Hour Adult Family Home LLC
 11805 Nyanza Rd SW
 Lakewood, WA 98499

The department staff that inspected the adult family home:
 Gary Fuentebella, Licensors

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit A
 PO Box 98907
 Lakewood, WA 98496
 (253)983-3826

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

12/29/15
 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)

01/01/2016
 Date

12/29/15
02/27/16

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Provide storage for toxic substances, poisons, and other hazardous materials that is only accessible to residents under direct supervision, unless the resident is assessed for and the negotiated care plan indicates it is safe for the resident to use the materials unsupervised;

This requirement was not met as evidenced by:

Based on observation, interview and record review the home failed to ensure the kitchen sink cabinet containing toxic cleaning substances was kept locked. This failure placed 1 of 2 residents (Resident #2) at risk for accidental ingestion of these substances.

Findings include:

All observation, interview and record review occurred on 12/17/15 unless otherwise noted.

Resident #2 was admitted with diagnoses to include [REDACTED] assessment dated 6/12/15 revealed [REDACTED] had memory problems, made poor decisions.

Resident #2 was observed ambulating independently and had access to the kitchen sink cabinet. Resident #2 had the potential of reaching for the toxic cleaning substances in the kitchen sink cabinet without staff knowing and accidentally ingesting them.

During a tour of the home the kitchen sink cabinet containing toxic cleaning substances was observed not locked. The Entity Representative (ER) immediately locked it up after being pointed out by the Licensor and said she forgot to lock it.

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, Happy Hour Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/29/15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

01/01/2016

Date

HAPPY HOUR ADULT FAMILY HOME

11805 NYANZA RD SW LAKEWOOD, WA

Phone: (253)328 4048 fax: (253)448 2609 Cell: (253)292 7964

Email: happyhourafh@gmail.com

I agree I was at fault by forgetting to lock the storage for toxic substances, poison, and other hazardous materials in the cabinet in the kitchen.

I promise that I will be very careful in future and will always make sure that all these materials are locked up all the time.

From Rosemary Njai'