



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

July 25, 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 July 21, 2016 for the deficiency or deficiencies cited in the report/s dated May 25, 2016 and found no deficiencies.

The Department staff who did the inspection:
Nadine Shon, Complaint Investigator

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

Sincerely,

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Happy Hour Adult Family Home LLC (867377) **Intake ID(s):** 3217801
License/Cert. #: AF752770
Investigator: Shon, Nadine **Region/Unit:** RCS Region 3/Unit A **Investigation Date(s):** 05/16/2016 through 05/25/2016
Complainant Contact Date(s): 05/13/2016, 05/26/2016

Allegations:

AV has been diagnosed with [REDACTED] and [REDACTED]

Reporter states: The facility where AV is residing doesn't seem equipped to provide AV with the care [REDACTED] needs. AV came to [REDACTED] appointment on 5/3/16 with staff. Staff questioned Reporter on why AV doesn't talk. Staff thinks that AV is ignoring them.

AV was looking down and drooling, but Reporter would try to engage with AV. AV was generally unresponsive. Staff encouraged AV to speak, gently tried to open AV's eyelids up and gently tried to tip AV's head up so that [REDACTED] could make eye contact with Reporter. AV is generally confused about what is going on. Staff doesn't appear to understand that AV can't communicate and this is AV's baseline.

Reporter notes staff didn't bring a [REDACTED] for AV.

Investigation Methods:

Sample: 3/4 current residents including the AV; however, the AV was in the hospital

Interviews: Staff
AFH provider

Observations: General environment
Residents
Staff to resident interactions

Record Reviews: Assessments and negotiated service agreements (NSA), including records of the AV
Medication administration records (MAR)
Medical records
SER notes from HCS



**Residential Care Services
Investigation Summary Report**

Allegation Summary:

During an unannounced visit to the AFH, the AV was not at the home but admitted to a hospital. Observation at the home revealed the home to be clean and residents appeared relaxed and groomed.

Record review and AFH provider interview revealed the AV was admitted to the home on [REDACTED] 16; admitted to a hospital on [REDACTED] 16 then discharged back to the AFH; and readmitted on [REDACTED] 16.

A review of the AV's most recent assessment dated 1/2016 and prior to [REDACTED] admission to the AFH, indicated the AV was diagnosed with early [REDACTED] with [REDACTED] but was independent in ADLs, ambulation and could feed [REDACTED] self. The AFH provider said the AV declined rapidly during the one month at the AFH where [REDACTED] could not ambulate well, feed [REDACTED] self or participate in ADLs. The AFH provider said on [REDACTED] /16, the AV was sent to the hospital because the home could not get the resident to ambulate, speak or eat. She said [REDACTED] returned from the hospital but was sent back because after a few days [REDACTED] again declined.

During an off-site interview with the AV, the AV was mostly non-verbal and short responses from the AV did not answer questions asked. During an interview with hospital staff, staff said the AV did not follow command and was total assist with all aspects of ADLs.

Off-sight interviews of resident representatives of 2 [REDACTED] residents in the home related residents were always clean and groomed; and the home was clean. They did not have issues with care and services.

Record review of HCS notes and interview of the AV's case manager, indicated the AFH provider was in close contact with the case manager regarding changes in condition and admissions to the hospital.

Unalleged Violation(s): **Yes** **No**

Additional deficiencies not related to the original complaint were identified. Refer to Statement of Deficiencies dated 5/25/16.

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10475- Based on interview and record review, AFH failed to ensure an up-to-date medication log for one resident that accurately documented medication which the resident was self-administering with assistance. This failure caused the resident to be placed at risk for decline and medical complications due to medication errors.



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

Statement of Deficiencies	License #: 752770	Completion Date
Plan of Correction	Happy Hour Adult Family Home LLC	May 25, 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 complaint investigation of: 5/16/2016

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

This document references the following complaint number: 3217801

The department staff that inspected and investigated the adult family home:
Nadine Shon, RN, Complaint Investigator

From:

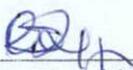
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit A
PO Box 98907
Lakewood, WA 98496
(253)983-3826

As a result of the on-site complaint investigation 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

5/31/16
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.


Provider (or Representative)

6/10/2016
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.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure an up-to-date medication log for one of two residents (Resident #2) that accurately documented medication which the resident was self-administering with assistance. This failure caused the resident to be placed at risk for decline and medical complications due to medication errors.

Findings include:

On an unannounced visit to the AFH on 5/16/16, Residents #1, #3 and #4 were observed at home with the entity representative (ER)/ resident manager and Staff A.

The ER said Resident #2 was in a hospital since [REDACTED] 6.

Review of Resident #2's records revealed the resident was admitted to the AFH on [REDACTED] 16 with diagnoses to include [REDACTED] with [REDACTED] and [REDACTED]. Records indicated the resident was in a hospital from [REDACTED] 16 to [REDACTED] 16 with altered mental status, returned to the AFH, then was sent back to a hospital again on [REDACTED] 16.

A review of Resident #2's medication administration record (MAR) revealed the MAR was printed by a pharmacy. The MAR documented nine medications ordered by the resident's health care provider to be given daily or twice daily; and one medication [REDACTED] 2.5 mg, six tablets, to be given every [REDACTED] for treatment of [REDACTED]. Documentation by staff of medication given in April and May 2016, as indicated by staff initials on the MAR, documented all medications, including [REDACTED] were given daily. When the resident went to the hospital on [REDACTED] 16, staff initials indicated the resident was still being assisted by staff with all medication.

Observation of Resident #2's medication on [REDACTED] 16 revealed medication was packaged into bingo packs by a pharmacy. The bingo packs were labeled by a pharmacy with the resident's name and identified the content of each bingo pack and date to be given. The medication labeled for [REDACTED] documented, that unlike medication packets labeled for Tuesday through Sunday, these packets included [REDACTED] 2.5 mg, six tablets; and therefore, the bingo packs were pre-packaged so that the resident would receive [REDACTED] on [REDACTED] only.

During an interview with the ER on 5/16/16, the ER was shown the April and May MAR and asked to explain why the MAR documented Resident #2 was receiving [REDACTED] daily when the bingo packs indicated the resident only received this medications weekly. Also the ER was asked to explain why she was documenting the resident was being assisted with medication after [REDACTED] 16 after the resident went to a hospital. The ER said these were charting errors.

During an off-site interview on [REDACTED] 16, Resident #2 was observed to be alert and relaxed in bed in a hospital. When interviewed, the resident was mostly non-verbal, except for short responses that did not answer the questions asked about medication assistance at the AFH.

Statement of Deficiencies

License #: 752770

Completion Date

Plan of Correction

Happy Hour Adult Family Home LLC

May 25, 2016

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Licensee: Happy Hour Adult Family

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) 5/16/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

6-10-2016

Date