



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

August 3, 2016

Angel Guard Home Care LLC
Angel Guard Home Care LLC
1233 S Geiger St
Tacoma, WA 98465

RE: Angel Guard Home Care LLC License #752825

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 1, 2016 for the deficiency or deficiencies cited in the report/s dated May 24, 2016 and found no deficiencies.

The Department staff who did the inspection:
Emily Vincent, AFH Licenser

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Cramer".

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



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

RECEIVED

JUN 06 2016

DSHS RCS Region 3

Statement of Deficiencies	License #: 752825	Completion Date
Plan of Correction	Angel Guard Home Care LLC	May 24, 2016
Page 1 of 9	Licensee: Angel Guard Home Care	

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:
 5/17/2016 and 5/18/2016

Angel Guard Home Care LLC
 1233 S Geiger St
 Tacoma, WA 98465

The department staff that inspected the adult family home:
 Emily Vincent, BSN, RN, AFH Licenser

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.

Loletta Maestas
 Residential Care Services

5.26.16
 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.

MARY NBEAWA
 Provider (or Representative)

06-01st-2016
 Date

06/25
07/24

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

- (2) Identification of who will provide the care and services;
- (3) When and how the care and services will be provided;
- (5) The resident's activities preferences and how the preferences will be met;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to use two of four sampled residents' (R3 and R4) assessments and other relevant information to develop care plans that identified who, when and how certain care and services would be provided as well as information about residents' activity preferences. This failure placed the residents at risk of not receiving necessary care and services and/or not having their preferences for activities met.

Findings include:

All information was obtained on 5/17/16 unless otherwise noted.

Resident #3

Review of R3's negotiated care plan (NCP) dated 2/5/16 revealed no documented information related to [REDACTED] activities and social needs. R3's NCP had the term "N/A" documented in the activities/social needs section.

Interview with R3 on 5/17/16 revealed [REDACTED] enjoyed watching TV, using computers and going on outings using the city bus.

Review of R3's assessment dated 12/14/15 revealed the assessment documented R3 interests and activities as "time outdoors" and "TV" under the section titled "Social."

Resident #4:

Review of R4's NCP dated 2/3/16 revealed insufficient information about [REDACTED] care.

R4's NCP had "Caregiver have to be delegated to deal with medication administration, treatments and [REDACTED] documented under the section titled "Treatments/Programs/Therapies" and there was no other information about the [REDACTED] care throughout the NCP.

Observations made on 5/17/16 revealed the AFH provider changed R4's [REDACTED] bag while R4 was lying down in [REDACTED] bed after lunch.

Review of R4's assessment dated 12/28/15 revealed the assessment documented [REDACTED] care as may need to change [REDACTED] bag two to three times per day depending on the client's needs under the section titled "Treatments." The assessment further documented the task was to be performed by nurse delegated caregivers.

Review of R4's NCP also revealed information about R4's medication management that was inconsistent with [REDACTED]

assessment, nurse delegation documentation and actual care needs.

R4's 12/28/15 assessment documented assistance required with self-administration under the section titled "Medication Management." R4's 2/3/16 NCP documented caregivers need to provide total medication administration. The NCP had all medication category boxes checked as nurse delegated including oral, topical, eye drops, inhalers, sprays, allergy kits, med organizer and equipment.

Interview with the AFH provider on 5/24/16 revealed R4 did not receive any medications other than oral medication and needed medication administration on certain days when [REDACTED] was confused and needed the provider to place medications in [REDACTED] mouth. The provider said on other days R4 was cognitively intact enough to put medications in [REDACTED] own mouth.

Review of R4's nurse delegation documentation dated 1/28/16 revealed AFH caregivers had been nurse delegated for [REDACTED] care and PRN (as needed) oral medications, but no scheduled medications or other medication categories had been nurse delegated.

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, Angel Guard Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 06/25/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

06-02-2016 MARY NDEGWA
Provider (or Representative)

06-02-2016
Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:
(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure the negotiated care plans for two of four sampled residents (R3 and R4) were signed and dated by the resident or their representative as required. This failure violated the residents' right to be informed and did not reflect they agreed to the care they were to receive while residing in the AFH.

Findings include:

All information was obtained on 5/17/16 unless otherwise noted.

Review of negotiated care plans (NCP) for R3 dated 2/5/16 and R4 dated 2/3/16 revealed no signature and date of signature had been obtained by the AFH.

Interview with the AFH provider revealed she had difficulty getting a hold of R3 and R4's representatives for signatures.

Attestation Statement

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MARY NDEGWA
Provider (or Representative)

06-02-2016
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to ensure two of four residents (R2 and R4) who were assessed to require nursing care had signed a consent authorizing nurse delegation of nursing tasks. The AFH also failed to ensure the nurse had followed regulations related to nurse delegation in a community-based setting. These failures violated the residents' right to be knowledgeable about and agree to the nursing tasks being provided under nurse delegation and exposed residents to potentially unsafe nurse delegation practices.

Findings include:

All information was obtained on 5/17/16 and 5/18/16 unless otherwise noted.

Review of nurse delegation documentation for R4 revealed [REDACTED] was visited by a nurse twice for nurse delegation of [REDACTED] care and PRN (as needed) oral medication administration, but R4's representative had not given written consent for nurse delegation within thirty days of giving verbal consent over the phone on 1/28/16.

Interview with the AFH provider revealed she had obtained verbal consent for R4's nurse delegated tasks on 1/28/16, but had been unable to obtain written consent from R4's representative because he was not easy to reach by phone and did not visit the AFH often.

Review of nurse delegation documentation for both R2 on 5/14/16 and R4 on 1/28/16 revealed the nurse had not performed an assessment of either residents' nursing care needs as required under nurse delegation regulations.

Review of nurse delegation documentation for both R2 and R4 also revealed the nurse had delegated nursing tasks to an unqualified caregiver without verifying the caregiver's training credentials as required by nurse delegation regulations.

Interview with the AFH provider revealed she was not familiar with the nurse delegation regulations and was not aware an assessment of nursing care needs and verification of training credentials had not been completed by the nurse. Further interview with the AFH provider on 5/24/16 revealed R4 needed medication administration of all oral medications on certain days when R4 was confused and needed the provider to place medications in mouth.

Review of nurse delegation documentation dated 1/28/16 and titled Instructions for Nursing Task revealed the delegated tasks included care and PRN medications. The form documented "See attached list of PRN medications" and "See the eight steps/rights of medication administration," but there were no attached documents. In addition, there wasn't any documentation to indicate R4's scheduled medications had been nurse delegated.

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MARY NDEGWA

Provider (or Representative)

06-02-2016

Date

WAC 388-76-10532 Resident rights Standardized disclosure of services form. The adult family home is required to complete the department's standardized disclosure of services form.

(1) The home must:

- (a) List on the form the scope of care and services available in the home;
- (b) Send the completed form to the department; and
- (c) Provide an updated form to the department thirty days prior to changing services, except in emergencies, when the scope of care and services is changing.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to complete the department's standardized disclosure of services form and send the completed form to the department. This failure violated the residents' right to be informed and knowledgeable of the current care and services provided by the AFH.

Findings include:

Review of the Department's website on 5/16/16 revealed the AFH had not submitted a disclosure

of services form listing the scope of care and services provided by the home.

Interview with the AFH provider on 5/17/16 revealed she had not completed or sent the form to the Department because she was not aware of the requirement.

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MARY NDEGWA

Provider (or Representative)

06-02-2016

Date

WAC 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.

(1) The adult family home must complete the disclosure of charges forms as provided by the department and provide a copy of it to each resident who is admitted to the home.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to complete disclosure of charges forms for four of four sampled residents (R1, R2, R3 and R4). This failure violated the residents' right to be informed and knowledgeable of the fees and/or deposits charged by the AFH.

Findings include:

Review of resident records for R1, R2, R3 and R4 on 5/17/16 revealed the residents had not received a completed disclosure of charges form. All four of the residents had moved into the AFH in or after January 2015.

Interview with the AFH provider on 5/17/16 revealed she was not aware of the requirement and had not completed the form and provided it to residents.

Attestation Statement

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MARY NDEGWA

Provider (or Representative)

06-02-2016

Date

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

- (1) Emergency evacuation drills occur at least every two months; and
- (2) All residents take part in at least one emergency evacuation drill each calendar year involving full evacuation from the home to a safe location.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure emergency evacuation drills occurred at least every two months and that all residents had participated in at least one full evacuation drill annually. This failure placed four of four residents (R1, R2, R3 and R4) at risk of harm in the event of an actual emergency.

Findings include:

All information was obtained on 5/18/16 unless otherwise noted.

Review of AFH emergency evacuation drill records revealed evacuation drills had been conducted twice in 2015 (7/2/15 and 11/17/15) and once in 2016 (3/14/16). Review of evacuation drill records also revealed no full evacuation drills had occurred.

Interview with the AFH provider revealed she had one resident for several months and had not conducted emergency evacuation drills during that time. The provider also said she had been dealing with the illness and death of a family member during several of those months.

Attestation Statement

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MARY NDEGWA

Provider (or Representative)

06-02-2016

Date

WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year?

(1) Adult family homes

(c) If exempt from certification as described in RCW 18.88B.041 , all long-term care workers must complete twelve hours of continuing education per year.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure one of four caregivers (Caregiver B) met the continuing education requirement for exempt long-term care workers between her birthdates in 2015. This failure placed all residents at risk of unmet care needs from a caregiver who had not obtained the required amount of continuing education.

Findings include:

All information was obtained on 5/17/16 and 5/18/16 unless otherwise noted.

Review of Caregiver B's personnel file revealed she had not completed twelve (12) of the twelve (12) required hours of continuing education between her birthdates (October 10th) for 2015.

Interview with the AFH provider revealed Caregiver B believed she had met the continuing education requirement when she attended an informational Adult Family Home Orientation class held at a local community college.

Review of the certificate revealed the orientation class did not meet continuing education requirements.

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MARY NDEGWA

Provider (or Representative)

06-02-2016

Date