



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

March 7, 2019

Emnet G Teckle
Abby's Adult Family Home
419 143rd Place SW
Lynnwood, WA 98087

RE: Abby's Adult Family Home License #752911

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on March 7, 2019 for the deficiency or deficiencies cited in the report/s dated February 1, 2019 and found no deficiencies.

The Department staff who did the inspection:
Hang Lu, Licensor

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Jennifer Witman, Field Manager
Region 2, Unit B
Residential Care Services



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 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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 3906-172nd St NE, Suite #100, Arlington, WA 98223

RECEIVED
 FEB 21 2019
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 Smokey Point

Statement of Deficiencies	License #: 752911	Completion Date
Plan of Correction	Abby's Adult Family Home	February 1, 2019
Page 1 of 2	Licensee: Emnet Teckle	

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.

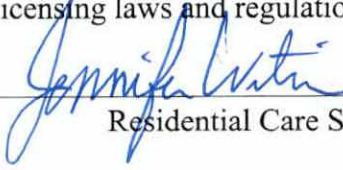
The department has completed data collection for the unannounced on-site full inspection of:
 1/31/2019

Abby's Adult Family Home
 419 143rd Place SW
 Lynnwood, WA 98087

The department staff that inspected the adult family home:
 Hang Lu, BSN, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

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

2/13/19
 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.

X 
 Provider (or Representative)

X 02/21/19
 Date

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

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, record review and interview, the Provider failed to ensure 1 of 2 sampled residents (Resident 2) received a medication as ordered by the doctor. This failure resulted in a medication error.

Findings included:

All observation, record review and interview occurred at 2:30 PM on 01/31/19.


Record review showed Resident 2 was admitted to the home on [redacted]/18. He was prescribed a Vitamin D supplement. The entry on the medication log read, "Vitamin D3 tablet 1000 U (units): Take 2 tablets by mouth every morning". Staff initialed the medication log everyday at 8:00 AM to indicate Vitamin D was given as ordered.

Observation of the resident's medication supply revealed there was a bottle of over-the-counter (OTC) Vitamin D capsules (2000 U/ capsule). When asked, Caregiver (CG) A said she gave two capsules of Vitamin D3 to the resident every morning. During an interview, both the Provider and CG A did not realize each capsule in the OTC bottle contained 2000 units of Vitamin D. Thus, CG A had been giving a total of 4000 units of Vitamin D to the resident every day instead of the daily dosage of 2000 units.

When interviewed, the Provider and CG A acknowledged the dosage discrepancy. The Provider said she would check each OTC medication bottle in the future to ensure correct medication and dosage.

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, Abby's Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 02/24/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

02/24/19

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

February 13, 2019

CERTIFIED MAIL

9489 0090 0027 6066 2438 76

Emnet G Teckle
Abby's Adult Family Home
419 143rd Place SW
Lynnwood, WA 98087

RE: Abby's Adult Family Home License #752911

Dear Provider:

The Department completed a full inspection of your Adult Family Home on February 1, 2019 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
 - Begin the process of correcting the deficiency or deficiencies immediately; and
 - Complete correction within 45 days, or sooner if directed by the Department; and
 - Sign and date the first page of the enclosed report; and
 - Return the first page with your plan; and
 - Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10250 Medical emergencies Contacting emergency medical services Required.

(3) The home must inform the resident of the requirements in this section.

On 01/31/19, record review showed the home did not have evidence of informing all six residents of the policy for contacting emergency medical services (EMS). During the

inspection, the Provider had 5 of 6 residents (Resident 2-6) review and sign the EMS policy. The Provider also called Resident 1's representative to ask him to come and sign the EMS policy.

WAC 388-76-10650 Medical devices.

- (2) Before a medical device with a known safety risk is used by a resident, the home must:
- (a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;
 - (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;
 - (c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and
 - (d) Ensure the medical device is properly installed.

During a tour of the home at 3:00 PM on 01/31/19, it was noted Resident 5 had [REDACTED] in lowered position on the left side of his bed. When interviewed, the Provider said the resident did not use the [REDACTED] and she asked Caregiver B to remove it.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

You May:

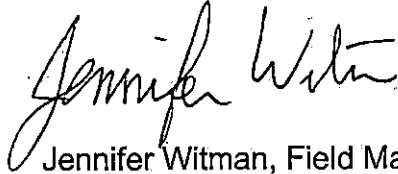
- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

Emnet G Teckle
Abby's Adult Family Home License #752911
February 13, 2019
Page 3

If You Have Any Questions:

- Please contact me at (360) 651-6872.

Sincerely,



Jennifer Witman, Field Manager
Region 2, Unit B
Residential Care Services

Enclosure