



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 8, 2016

Pristine Adult Family Home LLC
Pristine Adult Family Home LLC
12819 SE Kent Kangley Rd
Kent, WA 98030

RE: Pristine Adult Family Home LLC License #752961

Dear Provider:

On April 8, 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 March 11, 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:
Olga Petrov, Licensor

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Delores Usea, Field Manager
Region 2, Unit G
Residential Care Services



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Statement of Deficiencies	License #: 752961	Completion Date
Plan of Correction	Pristine Adult Family Home LLC	March 11, 2016
Page 1 of 3	Licensee: Pristine 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:
 3/10/2016

Pristine Adult Family Home LLC
 12819 SE Kent Kangley Rd
 Kent, WA 98030

The department staff that inspected the adult family home:
 Olga Petrov, RN, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6007

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.

[Handwritten Signature]

Residential Care Services

[Handwritten Date]

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.

[Handwritten Signature]

Provider (or Representative)

[Handwritten Date]

Date

RECEIVED
 APR 05 2016
 JST/ADS/IRCS

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:

- (1) A list of the care and services to be provided;
- (2) Identification of who will provide the care and services;
- (3) When and how the care and services will be provided;
- (7) If needed, a plan to:
 - (a) Follow in case of a foreseeable crisis due to a resident's assessed needs;
 - (b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to include in the negotiated care plan (NCP) based on the assessments for 2 of 2 sampled residents (Residents #2 and #3) specifics to address behavioral problems. In addition, the AFH failed to include in the NCP of 1 of 2 sampled residents (Resident #2) how her blood glucose monitoring, wound dressing change, supplemental nutrition and range of motion (ROM) would be managed. The ER also failed to include in the NCP of 1 of 2 sampled residents (Resident #2) safety plan for the resident's seizures management. Those failures placed Resident #2 and #3 at risk of not getting appropriate care.

Findings include:

Observation, interview and record review occurred on 3/10/16.

At the entrance interview, the Resident Manager (RM) said Resident # 2 and #3 had diagnosis of [REDACTED]. The RM said Resident #2 had diagnosis of [REDACTED] by the RM, dressing change for pressure sore by the RM and had two cans a day of a nutritional drink. The RM said Resident #2 was confused, disoriented and bedbound.

Resident 2.

At 8:10 am, observation found Resident #2 walked independently in the home.

Resident #2's record review revealed she was admitted to the home on [REDACTED]

Review of Resident #2's 8/25/15 assessment revealed she had diagnoses of [REDACTED] and had written behavior plan. It was documented, Resident #2 was at risk for elopement "AFH staff to keep client within line of sight as client had hx (history) of leaving home and getting lost."

Review of Resident #2's 2/04/16 negotiated care plan (NCP) revealed risk for elopement behavior was not documented and/or addressed how the home would manage it.

In an interview RM, a live-in caregiver, said Resident #2 visited her church. The RM said she would arrange door to door transportation for Resident #2 and she would contact the pastor to meet the resident.

The NCP did not address the resident's risk for elopement behavior or how the home planned to manager the behavior.

Resident #3

About 8:10 am, observed resident #3 in her bed. The RM checked the resident blood sugar, [REDACTED] and spoon fed her morning medications mixed with the apple sauce.

About 8:25 am, observation found the Entity Representative (ER) spoon fed Resident #3 hot cereal. Resident #3 was unable to bear weight or feed herself, and was dependent on others to anticipate and meet her needs.

In review, Resident #3's 10/08/15 assessment documented she had diagnoses of [REDACTED] and was on [REDACTED]. Under treatment documented she required blood glucose monitoring, [REDACTED] four times a day, passive ROM by caregivers and required application of dressing "every other day" by caregivers and by visiting nurse on as needed basis.

Review of the AFH 's progress notes revealed Resident #3 had seizure on 11/16/15 and three episodes of seizures on 1/18/15.

Review of the Resident #3's 12/06/15 NCP had no plans to address who, how and when Resident #3's blood glucose monitoring [REDACTED] passive ROM, wound dressings, supplemental nutrition and management of seizures would be provided.

Review of Resident #3's 10/08/15 assessment revealed she had written behavior plan. Under behaviors was documented, "easily irritable, law breaking activities, yelling/screaming and combative during personal care."

Review of the Resident #3's 12/06/15 NCP did not had specifics on how the home would manage the resident's assessed behaviors.

The RM said she needed to update Resident #2 and #3s' NCPs.

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, Pristine Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 03/18/2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

03/18/2016

Date

RECEIVED
APR 05 20
JSHS/ADSAF