



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

April 4, 2016

1 AAA Absolute Home Care LLC
1 AAA Absolute Home Care LLC
22813 Lakeview Dr Apt F314
Mountlake Terrace, WA 98043

RE: 1 AAA Absolute Home Care LLC License #752976

Dear Provider:

On March 28, 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 February 19, 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:
Patricia Johnson, Licenser

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

Sincerely,

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services



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

Statement of Deficiencies	License #: 752976	Completion Date
Plan of Correction	1 AAA Absolute Home Care LLC	February 19, 2016
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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: 2/18/2016 and 2/19/2016

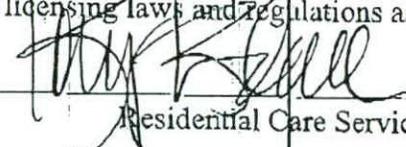
1 AAA Absolute Home Care LLC
4913 61ST DR NE
MARYSVILLE, WA 98270

The department staff that inspected the adult family home:
Patricia Johnson, BA, Licensor

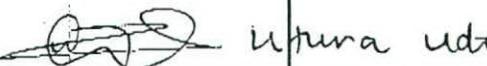
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223
(360)651-6872

REC'D
MAR 24 2016
ADS/NRCS
Smokey Point

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
Date 3/13/16

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)
Date 3-23-16

Statement of Deficiencies	License #: 752976	Completion Date
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WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(2) In the original container with legible and original labels; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the provider failed to have a system in place to ensure all medications administered to 2 of 3 sampled residents (Residents 2 & 3) were kept in the original containers with legible and original labels until administered and met all laws and rules related to medications. This failure placed the residents at risk of harm from medication errors.

Findings include:

During medication system review on 2/18/16, the licensor observed locked tackle type boxes individually labelled for each Resident. While reviewing and reconciling the medications, the licensor observed two small plastic condiment cups, stacked, that contained loose pills in a medication tackle box for Resident 2 along with the Pharmacy packaged medications. The 5:00 p.m. medications had been punched out of the pharmacy "bingo" cards and placed in a plastic cup. The top cup contained 3 loose medications/pills. Another cup stacked underneath contained 4 loose medications/pills to be administered at 9:00 p.m. or bedtime.

When the licensor reviewed Resident 3's medications, two stacked plastic cups that contained loose pills were found in her medication tackle box also. The top cup had 6 loose medications to be given at 5 p.m. and the bottom cup had 2 loose medications/pills to be given at 9:00 p.m. or bedtime. The tackle box also contained all of Resident 3's pharmacy packaged medications and the prescribed over the counter medications and supplements in the original containers.

When interviewed on 2/18/16, Caregiver A said she thought it was okay to set them up ahead since they were locked up in the tackle boxes. The provider was not aware that Caregiver A was pre-pouring medications and told her it was not allowed. The provider, who was a registered nurse said that he would conduct staff training for all caregivers to ensure it did not happen again.

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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, 1 AAA Absolute Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 2-9-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

uturna udo

3-23-16

Provider (or Representative)

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

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to have a system in place to ensure emergency evacuation drills were conducted every 2 months as required. This failure placed the residents at risk of harm if they were not able to be evacuated in a timely manner.

Findings include:

Record review on 2/18/2016 revealed the home was licensed on 10/19/2015. An evacuation drill was conducted on 10/28/15 and another on 11/16/15. Both evacuation drills were under 5 minutes. No evacuation drills were conducted since 11/16/2015.

During an interview on 2/18/16, the provider said he was told, by another provider that evacuations drills needed to be done quarterly with one full evacuation each year. The provider said he would do an evacuation drill on 2/19/16 and every 2 months following.

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, 1 AAA Absolute Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 2-9-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

uturna udo

3-23-16

Provider (or Representative)

Date