



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504-5819

August 19, 2016

Coleen E Ferris
My Blue Heaven
1221 Johnson Rd
Centralia, WA 98531

RE: My Blue Heaven License #752983

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 18, 2016 for the deficiency or deficiencies cited in the report/s dated July 8, 2016 and found no deficiencies.

The Department staff who did the inspection:
Janet Wakefield, Complaint Investigator
Julia Bailey, Licensor

If you have any questions please, contact me at (360) 664-8421.

Sincerely,

J. McCay For

Janice Jiles, Field Manager
Region 3, Unit D
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: My Blue Heaven (920653) **Intake ID(s):** 3238524
License/Cert. #: AF752983
Investigator: Wakefield, Janet **Region/Unit:** RCS Region 3/Unit D **Investigation Date(s):** 07/08/2016 through 07/08/2016
Complainant Contact Date(s):

Allegations:

1) Adult family home failed to respect resident rights regarding nail care and following residents requests. Adult family home Provider caused pain and mental anguish with nail care provided in 6/2016.

Investigation Methods:

Sample: Named Resident and current residents.

Observations: Facility environment, resident appearance, number of staff on duty, staff to resident interaction and resident safety.

Interviews: Named Resident, current residents, Provider, caregiver, and resident family members.

Record Reviews: Named resident and current resident.

Allegation Summary:

1) During home visit records were reviewed and interviews completed. Provider and caregiver cut Named Residents nails against [REDACTED] wishes and caused pain, mental anguish and anger.

Unalleged Violation(s): Yes No

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

WAC 388-76-10620



RECEIVED

AUG 05 2016

DSHS RCS
Region3

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PO Box 45819, Olympia, WA 98504-5819

Statement of Deficiencies	License #: 752983	Completion Date
Plan of Correction	My Blue Heaven	July 8, 2016
Page 1 of 3	Licensee: My Blue Heaven	

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: 7/7/2016 and 7/8/2016

My Blue Heaven
1221 Johnson Rd
Centralia, WA 98531

This document references the following complaint number: 3238524

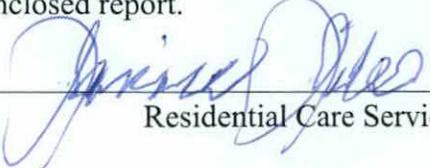
The department staff that inspected and investigated the adult family home:

Janet Wakefield, Complaint Investigator
Julia Bailey, RN, Licensor

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit D
PO Box 45819
Olympia, WA 98504-5819
(360)664-8421

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

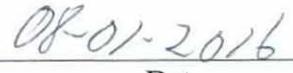


Date

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)



Date

WAC 388-76-10620 Resident rights Quality of life General.

(1) The adult family home must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This requirement was not met as evidenced by:

Based on interview, record review and observation, the Provider failed to ensure resident rights for 1 of 2 sample residents (Resident #1) were met in a way to support of quality of life. Failure to ensure resident rights were respected decreased Resident #1's quality of life by causing pain, mental anguish and making [REDACTED] angry.

Findings include:

Observation, interview and record review took place on 7/8/2016 unless otherwise noted.

Resident #1 was admitted to the adult family home on [REDACTED] 6 with diagnoses which included [REDACTED] and [REDACTED]. Negotiated Care Plan (NCP) dated [REDACTED] 16 documented the residents desire to be independent and to let client try first with care needs including nail care. The NCP also addressed Resident #1 as resistive to care at times and desired to be independent as much as possible.

Collateral Contact #1 (CC #1) stated on an unknown date, around the first part of 6/16, Resident #1 had [REDACTED] nails cut by the Provider and Caregiver #1. CC #1 stated the resident's nails were cut too short, [REDACTED] skin had been clipped on some fingers and some nails were ripped off to the skin. The Provider did not contact family for assistance or give the resident other options before she cut [REDACTED] nails. CC #1 stated Resident #1 would not let [REDACTED] hands be touched and would yell if they were touched after [REDACTED] nails had been cut. CC #1 also stated Resident #1 had bruises on [REDACTED] wrists.

Resident #1 left the adult family home on [REDACTED] 6. On 7/8/2016 at 1:05 PM, the resident was interviewed at [REDACTED] new facility. During the interview the resident had no observable signs of trauma to [REDACTED] fingernails or wrists. [REDACTED] fingernails were intact, trimmed smoothly and had dark brown stains under them. When asked about the adult family home Resident #1 stated, "the lady there was evil." [REDACTED] also stated "she cut my nails too short, cut the skin and she ripped one of the nails off." Skin assessment notes dated 6/7/2016 documented the resident had no wounds on admission to the new facility. There was no documentation of resistive care in nursing facility notes from 6/7/2016 to 7/7/2016.

The Provider stated at 12:20 PM, Resident #1 did have [REDACTED] nails cut by herself and Caregiver #1. The Provider stated she needed help from Caregiver #1 to hold Resident #1's hands because [REDACTED] would not let them cut the nails. The Provider stated [REDACTED] nails were very long, sharp, dirty and [REDACTED] would not let staff clean under them. The Provider also stated Resident #1 scratched her [REDACTED] with [REDACTED] nails and she had to cut them because the resident would use them as weapons when [REDACTED] was resistive to care. As a result Resident #1 was caused pain to [REDACTED] fingers and mental anguish.

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, My Blue Heaven is or will be in compliance with this law and / or regulation on (Date) 08-01-2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
Provider (or Representative)

08-01-2016
Date

Plan- on 8-1-2016 I led a discussion with my caregiver and 4 of my residents. We all sat around the dining room table and discussed resident rights, specifically the right to refuse care. We discussed the house rules and how these rules relate to Resident Rights. We discussed how to report abuse to the state hotline or to the Ombudsmen.

Attending the discussion were: [Redacted] NAC
[Redacted] client
[Redacted] client
[Redacted] client
[Redacted] client
[Redacted] RN-led the discussion.