



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

August 22, 2016

Absolute Comfort AFH LLC
Absolute Comfort AFH LLC
10415 Rosewood Avenue
Everett, WA 98204

RE: Absolute Comfort AFH LLC License #753035

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 10, 2016 for the deficiency or deficiencies cited in the report/s dated June 20, 2016 and found no deficiencies.

The Department staff who did the inspection:
Megan Wylie, Licensors

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kay Randall".

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



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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|---------------------------|--------------------------------|-----------------|
| Statement of Deficiencies | License #: 753035 | Completion Date |
| Plan of Correction | Absolute Comfort AFH LLC | June 20, 2016 |
| Page 1 of 5 | Licensee: Absolute Comfort AFH | |

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.

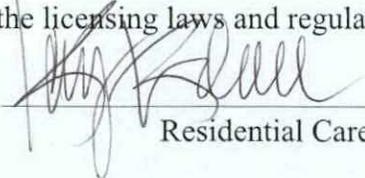
The department has completed data collection for the unannounced on-site full inspection of:
 6/14/2016

Absolute Comfort AFH LLC
 10415 Rosewood Avenue
 Everett, WA 98204

The department staff that inspected the adult family home:
 Megan Wylie, BSN, Licensor

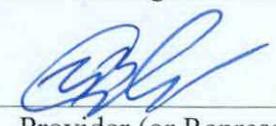
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

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

7/5/16
 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.


 Provider (or Representative)

7/13/16
 Date

WAC 388-76-10330 Resident assessment. The adult family home must:

(1) Obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting a resident to the home;

This requirement was not met as evidenced by:

Based on record review and interview the provider failed to ensure 1 of 2 sampled residents (Resident 2) had an assessment completed prior to admission. This placed the resident at risk for not having [redacted] care needs met and a decreased overall quality of life.

Findings include:

Resident 2 moved into the home on [redacted] 6 with multiple diagnosis' including [redacted] and [redacted]

A review of the resident's record, on 6/14/2016 during the full inspection, showed that the resident's assessment was not completed until [redacted] 6 (3 months after admission).

Not having an assessment completed and available for caregivers placed the resident at significant risk for not having [redacted] care needs met and a decline in the overall quality of life.

The provider, on 6/14/16, stated that they were not able to find someone to do the assessment.

The resident's [redacted] said, on [redacted] that he had to start calling nurses to do the assessment and he was very thankful to have found her. Resident 2's [redacted] said that he felt the resident was well cared for and the caregivers and provider are very attentive.

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, Absolute Comfort AFH LLC is or will be in compliance with this law and / or regulation on (Date) X 7/13/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X 
Provider (or Representative)

X 7/13/2016
Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

- (1) The resident assessment indicates that a psychopharmacologic medication is necessary to treat the resident's medical symptoms; and
- (3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed; and
- (5) The resident has given informed consent for its use.

This requirement was not met as evidenced by:

Based on observation, interview and record review the provider failed to ensure 1 of 1 sampled resident's with psychopharmacologic medications (Resident 4) had a plan to address behaviors that medications were prescribed for and consent for those medications. This placed the resident at risk for over or under medication, decompensation and a decline in the resident's overall condition.

Findings include:

Resident 4 moved into the home on [REDACTED] 6 with multiple diagnoses including [REDACTED]. During the full inspection on 6/14/16, Resident 4 was observed [REDACTED] in [REDACTED] room. Resident 4 was [REDACTED] and only minimally interacted with staff and other residents.

The resident's record, on 3/14/16, contained an assessment completed by [REDACTED] dated 2/1/16, that stated the resident required assistance with [REDACTED] medications due to frequent refusals and severe [REDACTED]. Resident 4's behaviors included [REDACTED] delusions and verbally aggressive and agitated when resisting care.

Resident 2's Negotiated Care Plan (NCP), dated 3/29/16, described the resident as dependent in medication management. The resident required administration of medications, including medications for [REDACTED] behaviors. The "Psych/Social/Cognitive status" section of the NCP identified the following issues:

- does not eat or sleep well.
- difficulty falling asleep and staying asleep, up frequently, asked for help frequently.
- forgets to take medications, names of family and phone numbers.

This portion of the NCP did not address delusions, resistive to care, or delusions. It also did not address the medications necessary for the behaviors or interventions appropriate to the behaviors.

A review of Resident 4's Medication Administration Record (MAR) showed the resident was being administered the following medications:

- [REDACTED] 1mg at bedtime for [REDACTED]
- [REDACTED] 7.5mg at bedtime for [REDACTED]
- [REDACTED] 100mg every morning for [REDACTED]
- [REDACTED] 150mg at bedtime for [REDACTED]

A review of the resident's record, on 6/14/16, did not show any consents for psychopharmacological medication use or interventions to address the behaviors they are prescribed for. This placed Resident 4 at risk for a decline in overall condition.

The provider, on 6/14/16, said that the resident was admitted with the medications but was not aware of the requirement for informed consent and interventions. The provider said that Resident 4 had shown no behavior symptoms yet.

Attestation Statement

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Provider (or Representative)

7/13/2016
Date

WAC 388-76-10475 Medication Log. The adult family home must:

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (2) Include in each medication log the:
 - (b) Name of all prescribed and over-the-counter medications;
 - (c) Dosage of the medication;
 - (d) Frequency which the medications are taken; and
 - (e) Approximate time the resident must take each medication.
- (3) Ensure the medication log includes:
 - (a) Initials of the staff who assisted or gave each resident medication(s);
 - (c) Documentation of any changes or new prescribed medications including:
 - (ii) The date of the change;

This requirement was not met as evidenced by:

Based on interview and record review the provider failed to ensure the medication administration record (MAR) was kept up to date with all medications the resident received and when the resident received them for 1 of 2 sampled residents (Resident 4). This placed the resident at risk for not receiving medications as prescribed and a decline in health.

Findings include:

Resident 4 moved into the home on [redacted] 16. Resident 4 was assessed on 2/1/2016 as requiring assistance with medication management due to [redacted] having difficulty managing [redacted] medications [redacted] self. The resident's Negotiated Care Plan (NCP), signed on 3/29/16, states that Resident 4 forgets to take [redacted] medications.

During the full inspection, 6/14/16, the resident's record was reviewed and orders for medications were matched up with medications being given to the resident. A recent order for [redacted] was observed. The directions stated: 70mg - 1 tablet weekly on an empty stomach 30 minutes before meals. The Medication Administration Record (MAR) was reviewed and the medication had not been included on the MAR. The bubble pack the pills come in was observed to have one tablet missing.

The provider stated that he forgot to add the new medication onto the MAR but the resident had

received her medication on 6/11/2016. The provider immediately updated the MAR to include the medication, it's instructions, and when it was given to the resident.

The resident's [redacted] on 6/15/16, stated that he felt the provider cared for the resident very well and he stated that he did not think the resident ever missed any medications while living in the home.

Attestation Statement

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Provider (or Representative)

7/13/2016

Date