



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3611 River Road, Suite 200, Yakima, WA 98902

May 9, 2016

Ruth's Home LLC
Nova House
2811 Lambert Rd.
Cle Elum, WA 98922

RE: Nova House License #753038

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 6, 2016 for the deficiency or deficiencies cited in the report/s dated April 4, 2016 and found no deficiencies.

The Department staff who did the inspection:
Jo Whitney, Complaint Investigator

If you have any questions please, contact me at (509) 225-2823.

Sincerely,

for Chana White, Field Manager
Region 1, Unit C
Residential Care Services



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 3611 River Road, Suite 200, Yakima, WA 98902

Statement of Deficiencies	License #: 753038	Completion Date
Plan of Correction	Nova House	April 4, 2016
Page 1 of 5	Licensee: Ruth's Home LLC	

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:
 3/25/2016

Nova House
 301 E 3rd St
 Cle Elum, WA 98922

The department staff that inspected the adult family home:
 Jo Whitney, RN, BSN, Complaint Investigator



From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit C
 3611 River Road, Suite 200
 Yakima, WA 98902
 (509)225-2823

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.

[Signature]
 Residential Care Services

4/16/16
 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.

Lori K. Brown
 Provider (or Representative)

4-16-16
 Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
- (a) Training required by chapter 388-112 WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
 - (c) First aid; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the home did not ensure four of six employees (Staff A, B, C, Resident Manager) had completed a home orientation. This deficient practice placed the residents at potential risk of harm from unprepared staff. Findings include:

Observation, interview and record review occurred on 3/25/2016 unless otherwise indicated.

The Resident Manager was in the home at the time of the inspection. The Resident Manager did not know where emergency lighting or extra batteries were located in the event of a power outage. The Resident Manager recalled where a flashlight would be located at 'the other home.' Review of the employee's file failed to find evidence she had been oriented to the home.

Staff A did not have evidence of a home orientation.

Staff B did not have evidence of a home orientation.

Staff C's file contained an orientation checklist that was started, but not finished. Staff C did not have a certificate of current first aid training - the provider stated she had the class at another location and the card was not in the home. Staff C started work in the home on 2/16/16.

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, Nova House is or will be in compliance with this law and / or regulation on (Date) 4-19-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4-16-16

Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on observation, interview and record review the home did not ensure one of one resident's

(Resident #1) negotiated care plan was developed within 30 days of admitting into the home. This deficient practice placed the resident at risk of unmet needs. Findings include:

Observation, interview and record review occurred on 3/25/2016 unless otherwise indicated.

Resident #1 admitted into the home on [REDACTED] 2016. The assessment and preliminary service plan dated 2/11/2016 included diagnoses of malnutrition and an open wound.

The resident returned to the home from a medical appointment before lunch. She walked without the assistance of staff; however, she needed cues to walk to a location, eat her lunch and reminders to go to the bathroom. She had severe anxiety about taking medication and refused to take it despite cues and encouragement. She stood at a table set-up with drawing supplies instead of sitting down and occupied herself for a long period of time.

Per the preliminary service plan the resident had a history of falls and required one person to walk with her. Although verbally able to express her needs, her responses would be vague and required follow-up by the staff to ensure her needs were met. A home health nurse had initially treated the open wound until referred to the wound clinic for further directives. The resident had recurrent urinary tract infections and was currently taking an antibiotic.

The home did not develop a care plan for Resident #1 within 30 days of admit for coordination of care and services provided in the home.

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, Nova House is or will be in compliance with this law and / or regulation on (Date) 4-8-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4-16-16

Date

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.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

- (a) Assessment indicates the amount of medication assistance needed by the resident;
- (b) Negotiated care plan identifies the medication service that will be provided to the resident;
- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the home did not have a system in place to ensure two of two residents (Resident #1, #2) received medications according to physician's orders, medication logs accurately reflected medications given, and included assistance via nurse delegation if needed. This deficient practice placed the residents at risk for medication errors. Findings include:

Observation, interview and record review occurred on 3/25/2016 unless otherwise indicated.

1. Resident #2's assessment dated 2/11/2016 recorded the resident had bowel irregularity, was anxious and needed assistance with medications. She received a physician ordered antibiotic series through the first week of March and started a new antibiotic series on 3/21/2016. The resident had daily anxiety and restlessness, was not sleeping and had a poor appetite.

A comparison of the March 2016 medication log, orders and the supply of medications found the following discrepancies:

- [REDACTED] for the treatment of constipation, was given daily. The pharmacy label on the supply read - give twice daily and also if needed. The resident was given a second dose if she needed it and not two doses routinely.

- [REDACTED] the antibiotic started on 3/21, was listed to give one capsule every 8 hours. However, only two times were listed (9 AM and 5 PM) and the initials of staff documented the medication was given just two times and not three times. The provider stated she did not want to wake the resident if she was sleeping; however, the provider did not verify this directive with the physician.

The provider prepared a dosage of antibiotic in yogurt and attempted to gain the resident's cooperation to spoon the medicine into the resident's mouth; the resident was too anxious to take it. The home did not have documentation the resident received medications by nurse delegation.

- An iron tablet ordered daily was marked as not given on 3/1, 3/2 and 3/20 with a notation it was held due to constipation. This direction was not verified with the physician.

- [REDACTED] to promote sleep, was listed to give each night at bedtime. The supply directives included give one tablet each night and an additional tablet if needed for difficulty sleeping. The log recorded staff gave one and one half tablets on 3/9, 3/10, 3/11, and 3/21. The direction was noted on transfer information; however, it was not per a written physician order and not clarified with the doctor.

2. Resident #2's assessment dated 2/9/16 recorded the resident needed assistance with medications. A comparison of the March 2016 medication log, the supply and physician orders found the following discrepancies:

- [REDACTED] for anxiety, was listed as one half tablet three times a day if needed. The pharmacy supply physician directives were one half to one tablet three times a day if needed. The provider stated they only gave the low dose.

The home did not have documentation in place for staff to discern when to give what dosage of

the medicine to the resident.

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, Nova House is or will be in compliance with this law and / or regulation on (Date) 4-10-16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Lori K. Brown

Provider (or Representative)

4-16-16

Date