



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

May 20, 2019

Leonard AFH LLC
Leonard AFH LLC
8512 Pacific Ave SE
Lacey, WA 98513

RE: Leonard AFH LLC License #753040

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 16, 2019 for the deficiency or deficiencies cited in the report/s dated April 12, 2019 and found no deficiencies.

The Department staff who did the inspection:
Rathana Duong, AFH Licensors

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

Sincerely,

A handwritten signature in cursive script that reads "Chris Cornell".

Chris Cornell, Field Manager
Region 3, Unit D
Residential Care Services



RECEIVED

APR 25 2019

DSHS RCS
REGION 3

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

Statement of Deficiencies	License #: 753040	Completion Date
Plan of Correction	Leonard AFH LLC	April 12, 2019
Page 1 of 7	Licensee: Leonard AFH 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.

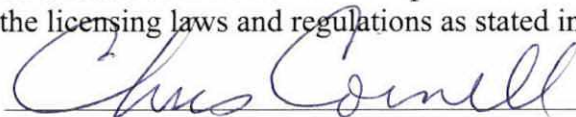
The department has completed data collection for the unannounced on-site full inspection of:
4/4/2019

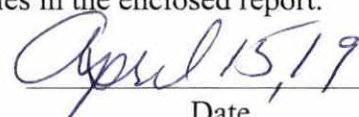
Leonard AFH LLC
8512 Pacific Ave SE
Lacey, WA 98513

The department staff that inspected the adult family home:
Rathana Duong, AFH Licensor

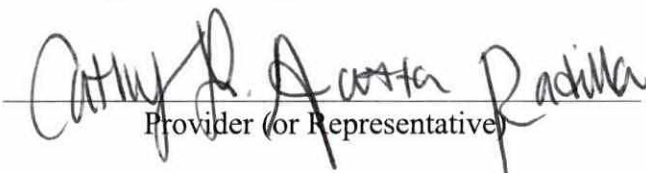
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit D
PO Box 45819
Olympia, WA 98504
(360)664-8421

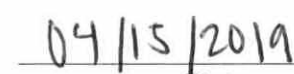
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


Residential Care Services


Date

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 388-76-10430 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:
 - (c) Medication log is kept current as required in WAC 388-76-10475 ;
 - (d) Receives medications as required.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home failed to implement medication systems to ensure accurate coordination of medication orders and medication supply for one of four residents (Resident #4). This failure placed Resident #4 at risk for medication errors.

Findings included...

Observation, record review and interviews were completed on 04/04/19 during a full re-licensing visit.

Admission agreement indicated Resident #4 was admitted to the home on [REDACTED] 18.

Resident #4's medication supply included bubble packed medications, as well as regularly bottled medications. Observed were Resident #4's bubble packed medications were Vitamin B1/Thiamine (dietary supplement) 250mg tablets with the following instructions: take two tablets (500mg) by mouth every day. Also observed in Resident #4's medication supply was a bottle of Vitamin B1/Thiamine 100mg tablets with the following instructions: take five tablets (500mg) by mouth every other day, filled on 03/26/19. Included in Resident #4's Medication Administration Records (MARs) were both Vitamin B1/Thiamine 500mg every day, and also 500mg every other day.

The only physician's order in Resident #4's record for Vitamin B1/Thiamine medication indicated the following: Thiamine 500mg tablet- take 1 tablet by mouth every other day. The physician's order was dated 03/26/19.

During interview with provider and Staff A at 10:40 AM, Staff A reported the Vitamin B1/Thiamine medication (500mg by mouth every other day) was in addition to the current order of (500mg every day). Staff A reported she contacted the pharmacy to clarify when she received the new medication for every other day, and was informed that the new dose was in addition to daily dose of Vitamin B1/Thiamine.

At 10:45am, the provider contacted the pharmacy who reported Vitamin B1/Thiamine 250mg tablets (take two tablets [500mg] by mouth every day) should no longer be in the bubble pack. The medication was observed in Resident #4's bubble packed medications on 04/05/19 and

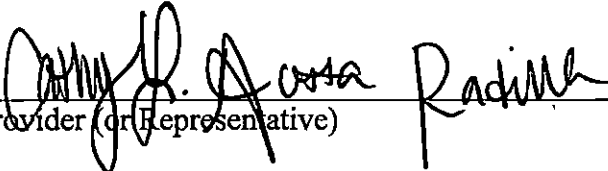
04/06/19. Staff A reported the weekly bubble packs start on Sundays, indicating the current pack started 03/31/19.

During an interview at 10:50 AM, the provider stated she did not receive any orders to discontinue the daily dose of Vitamin B1/Thiamine, therefore she believed the new order dated 03/26/19 for every other day was in addition to the daily dose. Provider then left a voicemail for Resident #4's primary physician requesting a clarification of Resident #4's Vitamin B1/Thiamine medication.

On 04/05/19, the Department received a fax from the provider, with physician's order 03/26/19 that was already in observed in Resident #4's records: Thiamine 500mg tablet- take one tablet by mouth every other day. There was no clarification regarding the daily dose that is included in Resident #4's bubble packed medications.

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, Leonard AFH LLC is or will be in compliance with this law and / or regulation on (Date) 04/15/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

04/15/2019
Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the adult family home failed to ensure two of three staff (Caregiver A & Caregiver B) completed national fingerprint background checks. This failure placed four of four residents at risk for care by individuals with an unknown history.

Findings included...

Observation, record review, and interviews were completed on 04/04/19 during a full re-licensing visit.

Caregiver A and Caregiver B were observed working in the home, providing care to residents throughout the visit.

Review of administrative records showed Caregiver A's hire date was 12/27/17. Included in Caregiver A's records were a Washington State name and date of birth background check with expiration 01/02/20. There was no evidence of a completed national fingerprint background

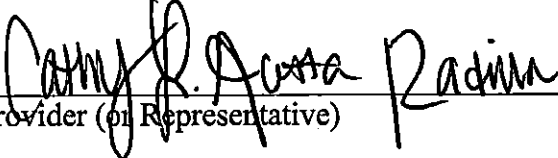
check on file for Caregiver A.

Caregiver B was hired on 01/27/16. Included in Caregiver B's records were a Washington state name and date of birth background check with expiration 08/07/20. There was no evidence of a completed national fingerprint background check on file for Caregiver B.

During interview at 12:07 PM, provider stated she was not aware fingerprint background checks were required for Caregiver A and Caregiver B. Provider further stated she would have Caregiver A and Caregiver B complete finger print background checks as soon as possible.

Attestation Statement

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Provider (or Representative)

04/15/2019
Date

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

WAC 388-112A-0610 Who is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) Adult family homes.

(d) Continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 when the long-term worker does not maintain a food handler's permit.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure two of three staff (Provider and Caregiver B) had current food handler training. This failure placed four of four residents at risk for food borne illnesses due to improper food preparation.

Findings included...

Review of administrative records showed the provider's food handler's card had expired on 01/25/19.

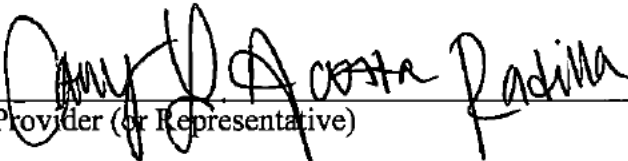
Administrative records further reported Caregiver B was hired on 01/27/16. Included Caregiver B's record was a food handler's card with expiration 04/21/18.

During interview on 04/04/19 at approximately 12:15 PM, Provider stated she was unaware that the food handler's cards for herself and Caregiver B had expired. Provider stated she and Caregiver B would obtain new cards as soon as possible.

On 04/05/19, the Department received food handler's cards for provider and Caregiver B, completed 04/05/19, with expiration date 04/05/21.

Attestation Statement

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 Provider (or Representative)

04/15/2019
 Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

- (1) Resident; and
- (2) Adult family home.

This requirement was not met as evidenced by:

Based on observation; record review and interview, the adult family home failed to ensure the Negotiated Care Plan (NCP) for one of four residents (Resident #2) was agreed upon and signed by the provider and the resident's representative. This failure placed Resident #2 at risk for unmet care needs.

Findings included...

Observations, record review, and interviews were completed on 04/04/19 during a full re-licensing visit.

During the facility tour at about 10:05 AM, and interview with Resident #2 at 1:08 PM, Resident #2 was observed laying in her [REDACTED] bed, with a visible [REDACTED].

Admission agreement indicated Resident #2 was admitted to the home on [REDACTED]/19. Resident #2's assessment dated 05/24/18 reported diagnoses including, but not limited to: [REDACTED]

[REDACTED] Resident #2's Negotiated Care Plan (NCP) dated 01/20/19 did not have signatures from the provider or resident representative indicating they agreed upon the care and services to be provided by the home.

During interview at 11:23am, provider stated she thought the NCP had already been signed. Provider stated Resident #2's representative visits every weekend, and she would have them

review and sign the NCP during the next visit.

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, Leonard AFH LLC is or will be in compliance with this law and / or regulation on (Date) 04/15/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Carmel A. Rosa Padilla
Provider (or Representative)

04/15/2019
Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

- (a) The resident; and
- (b) The adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to complete personal belongings inventory forms for four of four residents (Residents #1, #2, #3, #4). This failure placed Resident #1, Resident #2, Resident #3, Resident #4 at risk for missing or unaccounted for personal belongings.

Findings included...

Record review and interviews were completed on 04/04/19 during a full re-licensing visit.

Personal belongings for Resident #1, Resident #2, Resident #3, and Resident #4 were observed in their bedrooms during environmental tour, at approximately 10:00am.

Record review of Admission agreement indicated Resident #1 was admitted to the home on [REDACTED] 17. Included in the records was a signed personal belongings inventory form signed by her representative and the adult family home 11/05/17. However, there were no belongings listed on the form.

Record review of Admission agreement indicated Resident #2 was admitted to the home [REDACTED] 19. Included in the records was a signed personal belongings inventory signed by her representative and adult family home 01/14/19. However, there were no belongings listed on the form.

Record review of Admission agreement indicated Resident #3 was admitted to the home on [REDACTED] 17. Included in the records was a signed personal belongings inventory signed by Resident #3 and the adult family home 08/28/17. However, there were no belongings listed on the form.

Record review of Admission agreement indicated Resident #4 was admitted to the home on [REDACTED] 18. Included in the records was a signed personal belongings inventory signed by her representative and adult family home 03/10/18. However, there were no belongings listed on the form.

During interview, approximately 10:55am, the provider stated she intended to have residents' representatives complete the forms upon admission. Staff A completed personal belongings inventories for Resident #2 and Resident #4 during the inspection.

Attestation Statement

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Carmy D. Acosta Radilla
Provider (or Representative)

04 / 15 / 2019
Date