



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

February 5, 2020

Dovista LLC
A Plus Home
12214 2nd Place SW
Burien, WA 98146

RE: A Plus Home License #753062

Dear Provider:

On February 4, 2020 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 November 27, 2019.

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:
Pamela Osterman, Complaint Investigator

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Dahl Kim, Field Manager
Region 2, Unit E
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: A Plus Home (943752) **Intake ID(s):** 3679307
License/Cert. #: AF753062
Investigator: Osterman, Pamela **Region/Unit:** RCS Region 2/Unit G **Investigation Date(s):** 11/20/2019 through 11/27/2019
Complainant Contact Date(s): 11/19/2019

Allegations:

- #1. AFH abandoned named resident (NR) at the hospital and did not give hospital information.
 - #2. AFH did not contact anyone when NR went into the hospital.
 - #3. AFH did not keep NR clean and there is a concern about the care provided.
-

Investigation Methods:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Sample: | resident | <input checked="" type="checkbox"/> Observations: | caregiver/resident interaction |
| <input checked="" type="checkbox"/> Interviews: | resident
caregiver
others not affiliated with the AFH (ONA) | <input checked="" type="checkbox"/> Record Reviews: | assessment, negotiated care plan (NCP), medication administration record (MAR), AFH notes, incident log, |
-

Allegation Summary:

- #1. On AFH tour two residents said they have no care concerns in the home (NR was not in the home). Caregivers (CG) said NR woke with a fever and went to hospital with the CG. CG said NR had not been sick and ate dinner night before. Record of MAR showed NR's blood sugar medication discontinued the previous month. CG said they gave NR's paperwork to hospital staff and stayed with NR in the hospital until NR went for tests and told NR would be admitted to hospital.
- #2. CG said they tried to contact ONA and could not reach them. AFH notes showed telephone call attempts made to ONA by AFH staff.
CG said the AFH did not contact the Department Case Manager.
- #3. CG said they used a single disposable undergarment on NR and changed and cleaned NR every two hours. NR's edema and AFH Pads use for NR's spitting were previously investigated.
Record of assessment/NCP up to date. Record showed incident logged. Record of MAR current.

This document was prepared by Residential Care Services for the Locator website.



**Residential Care Services
Investigation Summary Report**

Unalleged Violation(s): Yes No

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

see Statement of Deficiencies dated 11-27-19

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RECEIVED
 DEC 17 2019
 DSHS/ALTS/IRCS

Statement of Deficiencies	License #: 753062	Completion Date
Plan of Correction	A Plus Home	November 27, 2019
Page 1 of 2	Licensee: Dovista 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 complaint investigation of: 11/20/2019


A Plus Home
 12214 2nd Place SW
 Burien, WA 98146

This document references the following complaint number: 3679307

The department staff that inspected and investigated the adult family home:
 Pamela Osterman, Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

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

12/02/19
 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)

DEC. 10, 2019
 Date

This document was prepared by Residential Care Services for the Locator website.

RECEIVED
DEC 17 2019
DSHS/ALTSA/RCS

WAC 388-76-10225 Reporting requirement.

(4) The adult family home must notify the department's case management office within twenty-four hours whenever a resident, whose stay is paid for by the department is discharged for more than twenty-four hours on medical leave to a nursing home or hospital.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to notify Collateral Contact (DSHS Case Manager (CM)) that one of six residents (Resident #7 (R#7)) was hospitalized for more than twenty-four hours. This failure resulted in the Department not knowing R#7's change in medical condition and hospitalization.

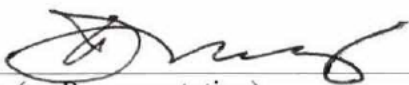
Findings included...

On an interview 11/20/19 at 1:50 PM Staff B, Caregiver, stated that R#7 had a fever and went into the hospital on [REDACTED] 19. Staff B stated that the AFH staff did not notify R#7's CC of R#7's change in medical condition or hospital admission.

Record review of CC notes dated [REDACTED] 19 showed the AFH did not contact the CC to report R#7's change in medical condition or hospital admission. Record showed R#7 was in the hospital until [REDACTED] 19.

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, A Plus Home is or will be in compliance with this law and / or regulation on (Date) DEC. 10, 2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

DEC. 10, 2019

Date

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