



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

April 26, 2021

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

RE: A Plus Home License #753062

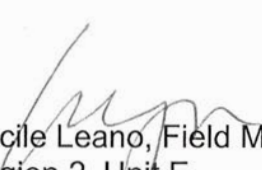
Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 23, 2021 for the deficiency or deficiencies cited in the report/s dated March 17, 2021 and found no deficiencies.

The Department staff who did the inspection:
Sonia Coleman, Licensor

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

Sincerely,


Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: A Plus Home (943752) **Intake ID(s):** 3754889

License/Cert. #: AF753062

Investigator: Coleman, Sonia **Region/Unit:** RCS Region 2/Unit E **Investigation Date(s):** 02/25/2021 through 03/17/2021

Complainant Contact Date(s): 02/17/2021

Allegations:

1. The Adult Family Home (AFH) staff did not give Named Resident (NR) anything to eat
 2. The unnamed staff (US) did not listen to NR. NR could not understand the US.
 3. The neighbor's dog killed NR's pet squirrel
-

Investigation Methods:

| | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Sample: | 2 residents | <input checked="" type="checkbox"/> Observations: | Environment, staff to resident interaction, food supply, |
| <input checked="" type="checkbox"/> Interviews: | AFH staff, resident, collateral contact (CC) | <input checked="" type="checkbox"/> Record Reviews: | Resident, AFH and department records |

Allegation Summary:

Observation, interviews and record reviews found:

1. Interview with NR's CC and one resident stated that the AFH fed NR three meals and snacks per day. NR's CC stated NR frequently requested second serving but he was diabetic and the AFH monitored how much they ate.
2. The staff spoke fluent English during the department's staff visit. Resident interviewed stated that they understood the staff and the staff talked to them
3. Per interview with NR's CC and the AFH staff, NR did not own a pet squirrel.

Unalleged Violation(s): **Yes** **No**

Yes

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

WAC 388-76-10255 (1)(3) The AFH failed to develop and implement nationally recognized infection control standards. See Statement of Deficiency with completion date 03/17/2021.



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| | | |
|---------------------------|-----------------------|-----------------|
| Statement of Deficiencies | License #: 753062 | Completion Date |
| Plan of Correction | A Plus Home | March 17, 2021 |
| Page 1 of 3 | 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: 2/17/2021

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


This document references the following complaint number: 3754889

The department staff that inspected and investigated the adult family home:
 Sonia Coleman, RN, MN, Licensor

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

03/19/2021
 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)

APRIL 3, 2021
 Date

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

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

- (1) Uses nationally recognized infection control standards;
- (3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to follow standard infection control practices as recommended by the Centers for Disease Control and Prevention (CDC) for checking temperature and screening one of one visitor (Department Staff). This failure placed all residents at risk for exposure to infection.

Findings included...

Per CDC website, the CDC recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic, updated on February 10, 2021, says: "Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19 (Coronavirus disease 2019 - a respiratory illness that can be transfer from person to person. Symptoms to include but not limited to fever or chills, cough, shortness of breath) Options could include (but are not limited to): individual screening on arrival at the facility have their temperature taken upon arrival."

Upon arrival of the Department Staff in the AFH at noon on 02/25/2021, Staff C, Caregiver answered the doorbell. Three residents were in the home. Staff C stated that Staff A, Provider and Staff B, Co-Provider had just left to go to the store. Staff C called both Staff A and Staff B on the phone to notify them that the Department Staff was at the AFH. Staff C did not check the Department Staff's temperature and did not ask any screening questions.

At 12:15 PM on 02/25/2021, when Staff A and Staff B arrived, they were asked what was the AFH's infection control practices. Staff A stated that no one ever came to the AFH. Staff B stated that the home had infection control set-up at the entrance of the AFH but they did not think it was needed anymore. Staff B left to get a thermometer. The thermometer was not readily available. Staff B returned with a thermometer. Staff B tried to use thermometer but it was not working.

Staff B stated in a phone interview at 2:11 PM on 03/17/2021 that she bought a thermometer. Staff B stated that the home now had a table set up by the entrance door where they kept the thermometer and the screening log.

Statement of Deficiencies

License #: 753062

Completion Date

Plan of Correction

A Plus Home

March 17, 2021

Page 3 of 3

Licensee: Dovista LLC

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) 3-24-21 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

APRIL 3, 2021

Date

A PLUS HOME
LIC. # 753062

PLAN OF CORRECTION:

WILL ENSURE FACILITY WILL FOLLOW CDC ROUTINE INFECTION PREVENTION AND CONTROL PRACTICES DURING COVID-19 PANDEMIC.

INDIVIDUAL SCREENING DURING ARRIVAL AT THE HOME INCLUDES THE FOLLOWING.

1. CHECKING THEIR TEMPERATURE, SCREENING QUESTIONS LIKE PREVIOUSLY HAD FEVER, CHILLS, SHORTNESS OF BREATH, RUNNY NOSE, MUSCLE OR BODY ACHES, SORE THROAT ETC.
2. ENSURE VISITORS ARE WEARING MASKS,
3. HAND SANITIZER, MASKS, ALCOHOL SWAB, TISSUES, GLOVES AND THERMOMETER ARE AVAILABLE ON THE LEFT SIDE OF THE ENTRY DOOR.

RECEIVED
APR 09 2021
DSHS/ALTS/RCS