



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave., Suite 170, Spokane, WA 99201

May 23, 2016

Lena's Gentle Care Inc
Lena's Gentle Care Inc
9706 E Morgan Rd
Spokane, WA 99217

RE: Lena's Gentle Care Inc License #753078

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 23, 2016 for the deficiency or deficiencies cited in the report/s dated May 3, 2016 and found no deficiencies.

The Department staff who did the inspection:
Colleen Daniels, Licensors

If you have any questions please, contact me at (509) 323-7324.

Sincerely,

Susan Bergeron, Field Manager
Region 1, Unit B
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Lena's Gentle Care Inc (949774) **Intake ID(s):** 3205123
License/Cert. #: AF753078
Investigator: Daniels, Colleen **Region/Unit:** RCS Region 1/Unit B **Investigation Date(s):** 05/02/2016 through 05/03/2016
Complainant Contact Date(s):

Allegations:

The Adult Family Home reported the named resident was yelled at by another resident.

Investigation Methods:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Sample: | Five current residents including named resident. Closed record of one resident. | <input checked="" type="checkbox"/> Observations: | Care and services delivered to residents, activities, staff to resident interactions and meal service. |
| <input checked="" type="checkbox"/> Interviews: | Residents, families of residents, caregivers and provider. | <input checked="" type="checkbox"/> Record Reviews: | Closed records of discharged resident, current resident records, facility incident log, staff records. |
-

Allegation Summary:

A resident to resident verbal interaction occurred during a breakfast meal. The incident was reviewed during the home annual inspection. The interaction was one sided, as the victim did not understand. The provider gave the resident that was making inappropriate remarks 30 day notice. The alleged perpetrator requested to move from the home and the case manager assisted the provider in finding suitable residence. Records reviewed during the homes inspection revealed the provider had made reasonable attempts at accommodation for the resident and gave appropriate notice. An attempt to interview the named resident was unsuccessful. The named resident's guardian visits frequently in the home and was interviewed. There were no concerns regarding care and services in the home.

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

none



**Residential Care Services
Investigation Summary Report**

**Conclusion /
Action:**

**Failed Provider Practice Identified /
Citation(s) Written**

**Failed Provider Practice Not Identified /
No Citation Written**

none



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Statement of Deficiencies	License #: 753078	Completion Date
Plan of Correction	Lena's Gentle Care Inc	May 3, 2016
Page 1 of 3	Licensee: Lena's Gentle Care Inc	

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 and full inspection of: 5/2/2016 and 5/3/2016

Lena's Gentle Care Inc
 9706 E Morgan Rd
 Spokane, WA 99217

This document references the following complaint number: 3205123

The department staff that inspected the adult family home:

Colleen Daniels, RN, BSN, Licensor

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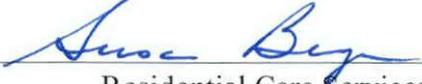
MAY 18 2016

DSHS ADOSA RCS
 SPOKANE WA

From:

DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit B
 316 W Boone Ave., Suite 170
 Spokane, WA 99201
 (509)323-7324

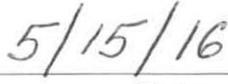
As a result of the on-site complaint investigation and full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 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 388-76-10470 Medication Timing Special directions.

- (1) The adult family home must ensure medications are given:
- (b) As follows, when the practitioner does not order a medication to be given at a specific time:
- (i) One time per day, approximately every twenty four hours;
 - (ii) Two times a day, approximately twelve hours apart;
 - (iii) Three times a day, approximately six hours apart; and
 - (iv) Four times a day, approximately four hours apart.

This requirement was not met as evidenced by:

Based on observation, interview and record review it was determined the Adult Family Home (AFH) failed to ensure medications were given at specific timing intervals for 2 of 5 sampled residents (#2, 3) reviewed for medication timing. This placed residents at risk for less than adequate medication effectiveness. Findings include:

1. Per review of the current resident assessment, Resident #2 had diagnoses of progressive [REDACTED] and [REDACTED]. She required assistance with all activities of daily living including medications.

On 05/02/16 Resident #2 was observed resting in bed with [REDACTED] in place. The resident was non-interviewable.

Per the home's Medication Administration Record (MAR) reviewed on 05/02/16, Resident #2 had physician orders for twice daily pain medication and once daily antipsychotic medication. The April 2016 MAR documented the medication times as a.m. (morning), p.m. (afternoon) and b.t.(bedtime) and did not include specific times for the medications to be given.

In an interview on 05/03/16, the provider confirmed the medications times and directions for intervals were not specific and she would immediately correct the timing directions.

2. Resident #3 was admitted to the home in [REDACTED]. Per review of the current resident assessment her diagnoses included a progressive [REDACTED] and [REDACTED] disorders. She required assistance with activities of daily living including medications.

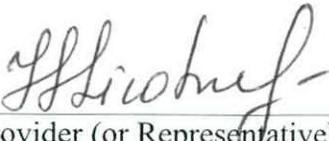
On 05/02/16 Resident #3 was observed in the living room, resting in her recliner. When interviewed the resident said she had no concerns regarding her care in the home.

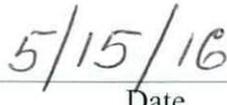
The Medication Administration Record (MAR) was reviewed on 05/02/16. In February 2016 Resident #3 had physician orders for pain medication three times daily. The MAR documented the medication administration times as a.m. (morning), 12 noon, and p.m. (afternoon), and did not include specific time to give the doses.

In an interview on 05/03/16, the provider confirmed the medications times and directions for intervals were not specific and she would immediately correct the timing directions.

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, Lena's Gentle Care Inc is or will be in compliance with this law and / or regulation on (Date) 5/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)


Date

Lena's Gentle Care AFH

License # 7753078

9706 E Morgan Rd.

Spokane, WA 99217

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MAY 18 2016

DSHS ADSA RCS
SPOKANE WA

Corrective Action Plan

This is a corrective action plan for the inspection that took place on May 3rd, 2016. All issues and notes have been addressed and corrected. This letter serves as a broad outline of the actions taken and issues addressed.

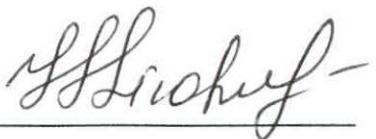
WAC 388-76-10470 Medication Timing Special Directions

The provider has corrected the MAR (Medication Administration Record) for all residents currently residing in the facility. Specific focus was emphasized on exact medication administration times for each medication and resident.

WAC 388-76-10540 Resident Rights; Disclosure of Fees and Charges; Notice Requirements; Deposits

The provider has updated each resident Disclosure of Charges forms that has been admitted since August 1st, 2015. Two residents were affected and their families (as well as the residents themselves) received notice of the update for review. The updated disclosure forms has been added to the residents' personal file.

This concludes the corrective notes for the inspection. If any further issues arise or the action plan appears incomplete or inadequate, please do not hesitate to contact us.



Lena Shirobokov

5/15/16

Date