



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

February 15, 2019

Damian Unogu
Affinity Adult Family Home
1617 E 17th Ave
Spokane, WA 99203

RE: Affinity Adult Family Home License #753094

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on February 13, 2019 for the deficiency or deficiencies cited in the report/s dated January 2, 2019 and found no deficiencies.

The Department staff who did the inspection:
Rose Anderson, Licensors
Paula Wyatt, NCI/Community Complaint Investigator

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: Affinity Adult Family Home (949790) **Intake ID(s):** 3583889

License/Cert. #: AF753094

Investigator: Anderson, Rose

Region/Unit: RCS Region 1/Unit A

Investigation Date(s): 11/27/2018 through 01/02/2019

Complainant Contact Date(s): 01/04/2019, 11/27/2018

Allegations:

1. A named resident did not receive his medications appropriately, which resulted in a hospital visit.
 2. The home did not spend time with or provide activities to a named resident.
 3. A named resident did not want to return to the home after an outing and the home was not clean.
-

Investigation Methods:

Sample: six residents

Observations: medication storage, activities in the home, staff to resident interactions, environment

Interviews: residents, caregiver, provider, four persons not associated with the home

Record Reviews: medication logs, resident assessment, care plans

Allegation Summary:

1. The homes medication system was reviewed and the medication log was not current for the named residents. The resident did go to the hospital, but unable to determine if visit was related to the lack of medications. Other residents were reviewed for medications and no concerns were identified. Residents were interviewed and had no concerns regarding their medications. Deficient practice was identified related to the lack of an accurate medication log.
2. The named resident was observed during the investigation and was independent with activities in his room. He was interviewed and did not have concerns regarding activities. The home had activities that were offered to residents and the residents participation varied. Residents were interviewed and requested more activities of interest. The requirement regarding activities was reviewed with the provider. Deficient practice was not identified related to this issue.
3. The named resident was interviewed during the investigation and did not have concerns regarding the home or staff treatment. Other residents were interviewed and did not have concerns regarding staff treatment. The home was clean and without odors during the investigation. Residents were interviewed and had no concerns regarding the cleanliness of the home. Deficient practice was not identified related to this issue.



**Residential Care Services
Investigation Summary Report**

Unalleged Violation(s): Yes No

none

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

A citations were written related to the lack of care and services, WAC 388-76-10400 and medication log accuracy, WAC 388-76010475. The citations may be found on the Statement of Deficiencies dated January 2, 2019.



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Affinity Adult Family Home (949790) **Intake ID(s):** 3585032

License/Cert. #: AF753094

Investigator: Anderson, Rose

Region/Unit: RCS Region 1/Unit A

Investigation Date(s): 11/27/2018 through 01/02/2019

Complainant Contact Date(s): 01/04/2019

Allegations:

1. The home is dark and there is no activities or stimulation.
2. A named resident does not receive the care needed and lost weight.
3. A named resident was placed in the home without involving an interested party.

Investigation Methods:

Sample: 6 residents

Observations: resident environment, lighting, activities, resident condition, personal hygiene, staff to resident interactions, staff availability, meals

Interviews: residents, caregiver, provider, four persons not associated with the home

Record Reviews: resident assessments, care plans,

Allegation Summary:

1. The home had functional lighting and was dim at times. The home had a plan in place for activities and attempted to involve residents. The residents abilities varied (some residents were independently with activities of choice) and they did not consistently want to participate in the activities. Residents were interviewed, had no concerns regarding lighting or activities. The requirement regarding providing meaningful activities to residents was reviewed with the provider. Deficient practice was not identified related to this issue.
2. Residents were observed during the inspection and concerns were identified related to nail care. There was no indication the named resident lost weight. Residents were interviewed and had no concerns regarding the food. Meals were observed and appeared to be nutritious. The home had an adequate food supply and the requirement regarding resident rights and food accessibility was reviewed with the provider. Deficient practice was identified related to the lack of assistance with nail care and the requirement regarding care planning resistance of care was reviewed with the provider.
3. The named resident was interviewed and did not have concerns regarding his placement at the adult family home. Per record review, the resident had a legal decision maker. Deficient practice was not identified related to this issue.



**Residential Care Services
Investigation Summary Report**

Unalleged Violation(s): Yes No

none

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

A citation was written related to the lack of care and services, WAC 388-76-10400. The citation may be found on the Statement of Deficiencies dated January 2, 2019.



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Affinity Adult Family Home (949790) **Intake ID(s):** 3585808

License/Cert. #: AF753094

Investigator: Anderson, Rose

Region/Unit: RCS Region 1/Unit A

Investigation Date(s): 11/27/2018 through 01/02/2019

Complainant Contact Date(s): 01/04/2019, 11/27/2018

Allegations:

1. A named resident had weight loss and did not receive care as needed.

Investigation Methods:

Sample: six residents

Observations: resident condition, personal hygiene, staff availability and assistance, meals

Interviews: residents, caregiver, provider, four persons not associated with the home.

Record Reviews: resident assessments

Allegation Summary:

1. the named resident was observed during the investigation, was dressed and groomed appropriately. The resident's nails were long and staff offered to trim them. The named resident declined assistance and said he would trim them himself. Other residents were reviewed for care and services and concerns were identified related to nail care. There was no indication the named resident lost weight. Residents were interviewed and had no concerns regarding food. Meals were observed and appeared to be nutritious. The home had an adequate food supply and the requirement regarding resident rights and food accessibility was reviewed with the provider. Deficient practice was identified related to the lack of assistance with nail care and the requirement regarding care planning interventions around resistance of care was reviewed with the provider.

Unalleged Violation(s): Yes No

none

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

A citation was written related to the lack of care and services, WAC 388-76-10400. The citation may be found on the Statement



**Residential Care Services
Investigation Summary Report**

of Deficiencies dated January 2, 2019.



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Affinity Adult Family Home (949790) **Intake ID(s):** 3593660

License/Cert. #: AF753094

Investigator: Anderson, Rose

Region/Unit: RCS Region 1/Unit A

Investigation Date(s): 11/27/2018 through 01/02/2019

Complainant Contact Date(s): 01/09/2019, 12/27/2018

Allegations:

1. A named resident had significantly long nails and staff did not assist him with trimming them.

Investigation Methods:

Sample: six residents

Observations: resident condition, personal hygiene, resident nails

Interviews: residents, caregiver, provider, four persons not associated with the home

Record Reviews: resident assessments, care plans

Allegation Summary:

1. The named resident was observed during the inspection, his nails were at an appropriate length, but thick and misshaped. Per interview, the resident's nails were recently cut by the provider. However, per further interview, the resident's nails had grown to an excessive length and staff had not assisted him with trimming them. The provider was interviewed and stated the resident was independent with his care. The resident's care plan was not updated to assist the resident with nail care. Other residents were observed and concerns were identified regarding nail care and a plan had not been developed to assist staff in dealing with resistance of nail care. Deficient practice was identified related to this issue.

Unalleged Violation(s): Yes No

none

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

A citation was written related to the lack of care and services, WAC 388-76-10400. The citation may be found on the Statement of Deficiencies dated January 2, 2019.



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

Statement of Deficiencies	License #: 753094	Completion Date
Plan of Correction	Affinity Adult Family Home	January 2, 2019
Page 1 of 3	Licensee: Damian Okechukwo Unogu	

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: 11/27/2018 and 1/2/2019

Affinity Adult Family Home
 1617 E 17th Ave
 Spokane, WA 99203

This document references the following complaint numbers: 3583889 , 3585032 , 3585808 , 3593660

The department staff that inspected and investigated the adult family home:

Rose Anderson, RN, BSN, Licensor

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


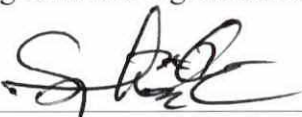
RECEIVED
 JAN 15 2019
 DSHS ADSA RCS
 SPOKANE WA

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


 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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to provide care/services related to toenail care for two of six sample residents (#4,5). The deficient practice resulted in Resident #5 having excessively long, discolored and misshaped toenails and placed residents at risk of pain and skin issues. Findings include:

1. Resident #5, per review of the August 2018 assessment, had some memory problems, walked independently, dressed himself, and had diagnoses including [REDACTED]. According to the assessment, the provider (A) was a registered nurse and trimmed the resident's toenails when the resident was unable.

The resident's August 2018 care plan identified staff should assist the resident with nail care as needed.

The resident's toenails were observed by the investigator on 12/27/18 at 9:35 AM while he was at an outside program. The resident's nails were thick and discolored. The big toenail on one foot was black and the resident said the provider told him it would need to be removed. He said the provider recently cut his toenails. The resident said he had sensitive skin, but the nails were not that uncomfortable, even prior to them being clipped.

A nurse from the same agency was interviewed at that time and stated the resident's toenails were so long that they were growing into the resident's toes. She said she had contacted the provider regarding the issue and had been trying to get the provider to take action since March 2018.

Per review of the outside agencies' records, the nurse at the agency observed the resident's toes in March, October, and December 2018. The notes described the residents' toenails as long, thick, digging into the resident's toes, toes were misshaped, and the skin on his feet was dry and flaky.

The agency took pictures of the resident's toenails on 12/06/18 that showed the resident's toenails were excessively long, grew over and around the end of the resident's toes, some touching the floor. The nails were thick, discolored and some were causing pressure to the adjacent toes. The toenail cuticles were red and appeared irritated.

The provider was interviewed on 01/02/19 at approximately 1:30 PM regarding the resident's toenails. He stated the resident was independent and had not requested assistance with his toenails. The provider was unaware the nails were long until the outside agency representative contacted him in December 2018 and he cut the nails at that time.

2. Resident #4, per the August 2018 assessment, had memory problems, required assistance with activities of daily living and had behavioral issues including resisting care.

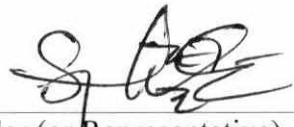
The resident's 09/10/18 care plan indicated the resident was independent and also required assistance with body care. According to the plan, the resident needed foot care, but there were no interventions to assist staff in performing the task, including how to intervene when he declined assistance.

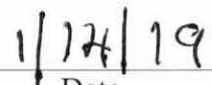
On 01/02/19 at approximately 1:30 PM, the resident was observed in bed and had socks on. He removed the socks independently and his toenails were long, extending over the end of his toes. The provider offered to trim the resident's nails, he said no and commented he would do it himself. The resident was given clippers and was unable to trim his nails independently. The resident said he would wait until they were longer and easier to clip.

The provider was interviewed at the time and stated the resident refused assistance with most cares. He verified the care plan did not address the resident's specific needs or how staff should assist him with nail care.

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, Affinity Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 1/16/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)


Date



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

January 9, 2019

CERTIFIED MAIL

7018 0680 0002 0148 1712

Damian Unogu
Affinity Adult Family Home
1617 E 17th Ave
Spokane, WA 99203

RE: Affinity Adult Family Home License #753094

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on January 2, 2019 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
 - o Indicating the date you have or will correct each deficiency; and
 - o Signing and dating after each citation to certify that you have or will take corrective measures to correct each cited deficiency, and
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction within 45 days, or sooner if directed by the Department; and
- Sign and date the first page of the enclosed report; and
- Return the report to the department; and
- Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

Damian Unogu
Affinity Adult Family Home License #753094
January 9, 2019
Page 2

Resident #4's October 2018 medication log identified he was to receive an antiviral medication (Valtrex) three times a day for seven days (21 doses). Staffs' initials indicated he only received four doses of the medication. The provider was interviewed on 11/27/18 at approximately 3:30 PM and stated the resident received the complete antibiotic regime and he was unsure why staff had not initialed the log.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

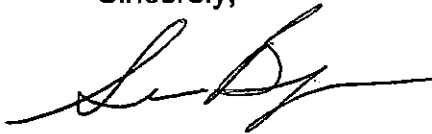
You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (509) 323-7324.

Sincerely,



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

Enclosure