STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

May 28, 2019

Helping Hands AFH LLC
Helping Hands AFH LLC
1126 SE Ellsworth RD
Vancouver, WA 98664

RE: Helping Hands AFH LLC License #753255

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 28, 2019 for the deficiency or deficiencies cited in the report/s dated March 1, 2019 and found no deficiencies.

The Department staff who did the inspection:
Shawn Swanstrom, Licensor

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services

Investigation Summary Report

Provider/Facility: Helping Hands AFH LLC (1011984) **Intake ID(s):** 3615834

License/Cert. #: AF753255

Investigator: Swanstrom, Shawn **Region/Unit:** RCS Region 3/Unit E **Investigation Date(s):** 02/28/2019 through 03/01/2019

Complainant Contact Date(s): 02/25/2019, 03/01/2019

Allegations:

1 Quality of Care

Investigation Methods:

[X] **Sample:**	3 residents	[X] **Observations:**	General environment, general appearance of resident, resident bedrooms, resident equipment, and staff-to-resident interactions.
[X] **Interviews:**	Named and sampled residents, family members, facility staff, and others not associated with the home.	[X] **Record Reviews:**	Resident record.

Allegation Summary:

1 An on-site investigation was conducted for the allegations identified in the intake related to Quality of Care. Named and sampled residents stated they were satisfied with care provided by the staff. The staff were not following order given by the home health agency.

Unalleged Violation(s): [X] **Yes** [ ] **No**

Additional deficiencies not related to the original compliant were identified. Please refer to the Statement of Deficiencies dated 03/01/2019.

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

WAC 388-76-10400 Care and Services was identified as failed practice. Please refer to the Statement of Deficiencies dated 3/1/2019.

Residential Care Services

Investigation Summary Report

Residential Care Services

Investigation Summary Report

Provider/Facility: Helping Hands AFH LLC (1011984) **Intake ID(s):** 3617582

License/Cert. #: AF753255

Investigator: Swanstrom, Shawn **Region/Unit:** RCS Region 3/Unit E **Investigation Date(s):** 02/28/2019 through 03/01/2019

Complainant Contact Date(s): 02/27/2019

Allegations:

1 Quality of Care

Investigation Methods:

[X] **Sample:**	3 residents	[X] **Observations:**	General environment, general appearance of resident, resident bedrooms, resident equipment, and staff-to-resident interactions.
[X] **Interviews:**	Named and sampled residents, family members, facility staff, and others not associated with the home.	[X] **Record Reviews:**	Resident record.

Allegation Summary:

1 An on-site investigation was conducted for the allegations identified in the intake related to Quality of Care. Named and sampled residents stated they were satisfied with care provided by the staff. The staff were not following order given by the home health agency.

Unalleged Violation(s): [X] **Yes** [ ] **No**

Additional deficiencies not related to the original compliant were identified. Please refer to the Statement of Deficiencies dated 03/01/2019.

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

WAC 388-76-10400 Care and Services was identified as failed practice. Please refer to the Statement of Deficiencies dated 3/1/2019.

Residential Care Services

Investigation Summary Report

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45600, Olympia, Washington 98504-5600

Statement of Deficiencies	License #: 753255	Completion Date
Plan of Correction	Helping Hands AFH LLC	March 1, 2019
Page 1 of 6	Licensee: Helping Hands AFH LLC	AMENDED

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: 2/28/2019

Helping Hands AFH LLC
1126 SE Ellsworth RD
Vancouver, WA 98664

This document references the following complaint numbers: 3615834 , 3617582

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

Shawn Swanstrom, RN, BSN, Licensor

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit E
800 NE 136th Avenue, Suite#220
Vancouver, WA 98684
(360)397-9549

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.

10:26 PM for Reg 3E — July 1, 2019

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 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:
(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:
Based on observation, interview, and record review the provider failed to update the negotiated care plan (NCP) for one of three sampled residents when a part of the plan did not address a change for Resident # 1. This deficient practice resulted in staff not being aware of changes in care for Resident # 1.

Findings include:

All observations, interviews, and record review occurred on 2/28/2019 unless otherwise noted.

The provider stated Resident # 1 had returned from the hospital on [redacted] 2019 with a new diagnosis of [redacted] Resident # 1 did have an indwelling urinary catheter.

Record review revealed Resident # 1 had been admitted to the home on [redacted] 2018 with a diagnosis of an [redacted] The assessment dated 9/21/2018 identified Resident # 1 had a retention catheter, a [redacted] diagnosis was not identified. Resident # 1 had been admitted to the hospital in [redacted] 2019 for a urinary tract infection and returned to the home on [redacted] 2019.

The negotiated care plan dated 11/5/2018 identified Resident #1 had a urinary catheter, though did not identify the [redacted] diagnosis for the staff or any precautions to prevent the spread of the infection.

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

Provider (or Representative) _____ Date _____

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;
(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

This requirement was not met as evidenced by:
Based on observation, interview, and record review the provider failed to use standard infection control practices for one of three sampled residents (Resident # 1) with [redacted] diagnosis. This deficient practice placed all residents at risk (Resident # 1 - 6) for cross contamination from improper infection control measures.

Findings include:

All observations, interviews, and record review occurred on 2/28/2019 unless otherwise noted.

At 9:50 am Resident # 1 was observed sitting at the dining room table with other residents. Caregiver A assisted Resident # 1 to his private room. Caregiver A stated Resident # 1 had returned from the hospital on [redacted]/2019 with a new diagnosis of [redacted]

Resident # 1 was noted to have an indwelling catheter. Caregiver A washed her hands and stated she would have to go to the kitchen area (through entire adult family home) to get a new pair of gloves. Caregiver A stated gloves were not kept in residents rooms, only in the kitchen.

At 10:15 am Caregiver A assisted Resident # 1 with transferring via [redacted] peri-care, and toileting. During peri-care it was noted Resident # 1 had a moderate amount of drainage on the incontinence briefs. Caregiver A stated this was drainage from the insertion site of the catheter. The color was a beige/yellow/brown. A light amount of blood and mucus was noted on the catheter tubing. After completing peri-care Caregiver A assisted Resident # 1 back into the [redacted], and then onto the toilet in the resident's room. Gloves were not changed following peri-care. The [redacted] device was also used for the other two sampled residents.

Following observation of care this licensor attempted to wash her hands. The liquid soap dispenser in Resident # 1's room was almost empty and the soap was difficult to obtain. Following the hand washing only a common use towel was available for drying hands. The towel had been previously used and was moist. Caregiver A was asked about infection control precautions and replied the provider did not supply gloves and paper towels in the resident rooms. When asked if a protective barrier (disposable gown) to protect clothing was available when providing direct care, catheter care, and emptying the retention catheter bag, the caregiver responded "no."

The provider was interviewed and stated when Resident # 1 returned from the hospital on [redacted]2019 the hospital staff called and reported Resident # 2 had [redacted] This was a new diagnosis for Resident # 1. When asked about standard infection control practices, the provider stated staff were informed of the new diagnosis and reminded to wash their hands frequently.

Record review revealed Resident # 1 had been admitted to the home on [redacted]2018 with a diagnosis of an [redacted] The assessment, dated 9/21/2018, identified Resident # 1 had a retention catheter. The

assessment was not updated when a new diagnosis of [redacted] was given.

The negotiated care plan dated 11/5/2018 identified Resident #1 had a urinary catheter, did not identify the new [redacted] diagnosis for the staff, and did not identify precautions to prevent the spread of the infection. (See citation 388-76-10380.)

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

_____ _____

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 provider failed to ensure one of three sampled residents (Resident # 1) received necessary and recommended services as directed by the Home Health team. This deficient practice caused Resident # 1 to be at risk of urinary tract infections, unsafe transfers, and choking.

Findings include:

All observations, interviews, and record review occurred on 2/28/2019 unless otherwise noted.

At 9:50 am Resident # 1 was observed sitting at the dining room table with other residents. Resident # 1 was drinking water from a water bottle. At times Resident #1 would stop and clear his throat. Caregiver A assisted Resident # 1 to his room in the wheelchair. Foot rests were not connected to the wheelchair and Residents # 1's feet were dangling, and not dragging on the floor.

When assisting Resident # 1 to his room, Caregiver A stated Resident # 1 had returned from the hospital on [redacted] 2019 with a new diagnosis of [redacted]

AT 10:15 am Caregiver A assisted Resident #1 to bed with the use of a [redacted]

[redacted] The purpose of a [redacted] transfer is to assist the resident to stand using extra support from a [redacted] under the resident. Resident # 1 was able to grab on to the [redacted] though did not appear strong enough to bear any weight with his legs. Due to this weakness the [redacted] under his arms dug into his skin. Resident # 1 was in general pain prior to the transfer and when asked if the transfer was painful, answered, "I hurt all of the time."

Caregiver A assisted Resident #1 with catheter care once in bed. Caregiver A took a washcloth, applied liquid soap and completed peri-care. The color of the drainage was a beige, yellow, brown, and a light amount of blood and mucus was noted on the catheter tubing. Urine in the catheter tubing and collection bag appeared straw color without sediment. An odor was not detected.

Record review revealed Resident # 1 had been admitted to the home on [redacted] 2018 with a diagnosis of an [redacted] The assessment dated 9/21/2018 identified Resident # 1 had a retention catheter. The assessment was not updated when the new diagnosis of [redacted] was given.

Home Health (HH) progress notes for Resident #1's physical therapy (PT), nursing and speech therapy (ST) were reviewed.

A PT note dated 1/31/2019 documented: "New [redacted] needed for [redacted] [Resident # 1] sliding down when being pushed to the living room." On observation at 10:00 am the [redacted] appeared worn. When asked about the PT's note identifying a the need for a new [redacted] the provider stated she had ordered a new [redacted] The provider then went to the private area of the home and returned with the new [redacted] for the [redacted] The provider stated she had ordered a new [redacted] after the PT's recommendation, though had not replaced the [redacted] when the new one had arrived.

A PT note dated 2/6/2019 documented: "Please place the leg rests on the wheelchair." When entering the adult family home at 9:50 am, the leg rests were not on Resident # 1's wheelchair. Caregiver A stated she was not aware of PT's recommendations and placed the leg rests on Resident # 1's wheelchair.

A HH nurse note dated 2/5/2019 documented: "Please clean perineal area 3x each day to prevent urinary infections [UTI]." The HH nurse was interviewed on 2/25/2019 and stated HH was in the home weekly to monitor the urinary catheter. The HH nurse stated often there was drainage at the insertion site of the catheter, and she had written orders for peri-care to be completed at least three times each day. The HH nurse stated Resident # 1 had been admitted to the hospital for UTIs on three separate occasions since admission to the home in [redacted] 2018. The HH nurse stated they ordered peri-care be done more frequently in attempt to decrease hospital admissions for UTIs. Resident # 1 had just been readmitted to the adult family home on [redacted] 2019 from evaluation of a UTI. Caregiver A stated peri-care was usually provided when assisting Resident # 1 up in the morning and again at bedtime. The order to complete peri-care was reviewed with the provider. The provider stated the staff did not document peri-care being completed and was unable to verify peri-care was being completed three times each day.

A ST note dated 2/27/2019 documented: "Puree textures [blended food] - nectar thick liquids - safe swallow strategies." At 9:50 am on 2/28/2019 Resident # 1 was observed drinking water

from a water bottle. At times Resident #1 would stop and clear his throat. Following observation of care at 11:15 am, a chart review was conducted. ST notes were reviewed from 2/27/2019. Caregiver A stated she was unaware of the ST orders from 2/26/2019 for nectar thick liquids. Caregiver A stated the home did not have a thickening agent to add to Resident # 1's fluids to change to nectar thick consistency. The provider was interviewed at 11:30 am and stated she was aware ST had been to the home on 2/26/2019 in the afternoon, though was not aware of the new orders for Resident # 1's fluids to be nectar thick.

All therapy orders were reviewed with the provider. She stated she did not have a system in place to review Home Health orders for PT, ST, and nursing. The provider immediately went to a local pharmacy and purchased a thickening agent to add to Resident # 1's fluids.

Attestation Statement

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_____ _____

Provider (or Representative) Date