



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

May 17, 2019

Blue Nile Residential Nursing Care LLC
Blue Nile Residential Nursing Care LLC
20409 Crawford Road
Lynnwood, WA 98036

RE: Blue Nile Residential Nursing Care LLC License #753288

Dear Provider:

On May 17, 2019 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 April 8, 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:
Hang Lu, Licensor

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Jennifer Witman, Field Manager
Region 2, Unit B
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 3906-172nd St NE, Suite #100, Arlington, WA 98223

RECEIVED
 APR 22 2019
 ALTA/RCS ARLINGTON

Statement of Deficiencies	License #: 753288	Completion Date
Plan of Correction	Blue Nile Residential Nursing Care LLC	April 8, 2019
Page 1 of 3	Licensee: Blue Nile Residential Nursing Care 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.

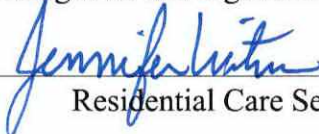
The department has completed data collection for the unannounced on-site full inspection of:
 4/4/2019

Blue Nile Residential Nursing Care LLC
 20409 Crawford Road
 Lynnwood, WA 98036

The department staff that inspected the adult family home:
 Hang Lu, BSN, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

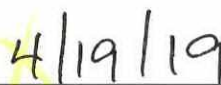
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 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

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

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? Unless exempt under WAC 246-980-070 , the following individuals must be certified by the department of health as a home care aide within the required time frames:

(1) All long-term care workers, within two hundred days of the date of hire;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure one of two caregivers (Staff C) obtained the home care aid certification (HCAC) within 200 days of hire. This failure placed the residents at risk of being cared for by someone who was not fully qualified.

Findings included...

On 04/04/19, record review showed Staff C was hired on 09/04/18. Record review showed Staff C had a 75-hour long term care training certificate dated 09/18/18. There was no evidence Staff C had obtained the HCAC since the completion of his training and within 200 days of hire.

During an interview on 04/04/19 at approximately 10:30 AM, Staff A, Provider, stated that Staff C was a live-in caregiver. When interviewed at approximately 11:00 AM, Staff B stated that Staff C had passed the written test but he did not pass the skills test for the HCAC. During an interview at approximately 11:10 AM, Staff A stated that Staff C did not give medications to the residents.

During a phone interview on 04/05/19 at 3:00 PM, Staff A stated that Staff C had been scheduled to retake the skills test to obtain the HCAC. Staff A stated that he would not let Staff C work again until he (Staff C) had the HCAC.

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, Blue Nile Residential Nursing Care LLC is or will be in compliance with this law and / or regulation on (Date) 5/10/19 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Alembator
Provider (or Representative)

4/19/19
Date

WAC 388-76-10275 Tuberculosis No testing. The adult family home is not required to have a person tested for tuberculosis if the person has:

(2) A documented history of a previous positive blood test; or

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure one of two caregivers (Staff C) had documentation of a positive Tuberculosis (TB) skin test on record. This failure placed the residents at risk of being exposed to a communicable disease.

Findings included...

On 04/04/19, record review showed Staff C was hired on 09/04/18. Record review showed he had a chest Xray done on 10/30/18 indicating no evidence of TB. Record review showed he did not have documentation of a positive TB skin test prior to the chest Xray (on 10/30/18) in order to be exempt from obtaining a TB skin test when he was hired.

During an interview on 04/04/19 at approximately 11:15 AM, Staff A, Provider, stated that Staff C had had a positive skin test prior to coming to the United States last year. Staff A stated that he would ask Staff C to look for his positive skin test documentation and send a copy to the department by 10:00 AM on 04/05/19.

On 04/05/19, no positive TB skin test documentation was received from the home.

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, Blue Nile Residential Nursing Care LLC is or will be in compliance with this law and / or regulation on (Date) 5/10/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Alemator

Provider (or Representative)

4/19/19

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

April 10, 2019

CERTIFIED MAIL

9489 0090 0027 6080 8345 86

Blue Nile Residential Nursing Care LLC
Blue Nile Residential Nursing Care LLC
20409 Crawford Road
Lynnwood, WA 98036

RE: Blue Nile Residential Nursing Care LLC License #753288

Dear Provider:

The Department completed a full inspection of your Adult Family Home on April 8, 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":
 - 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 first page with your plan; 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 388-76-10250 Medical emergencies Contacting emergency medical services Required.

(3) The home must inform the resident of the requirements in this section.

The adult family home did not inform six of six residents of the policy for contacting emergency medical services (EMS). Staff A, Provider, stated that he would review the EMS policy with the residents and/or their representatives and obtain signatures for

record keeping soon.

WAC 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.

(4) The home must ensure that the resident and home sign and date an acknowledgement in writing stating that the resident has received a disclosure required under subsection (2) of this section. The home must retain a copy of the disclosure and acknowledgement.

The adult family home did not have proof of giving a copy of the disclosure of charges (DOC) form to the representatives of two of six residents (Resident #4 and 6) to sign and date. Staff A, Provider, stated that he would give the residents' representatives a copy of the DOC form to sign and date soon.

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

The adult family home did not have directives regarding the use of [REDACTED] in the negotiated care plan (NCP) for Resident #3. Staff A, Provider, promptly updated the NCP to document the use of [REDACTED] and sent a copy to the department on 04/05/19.

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:

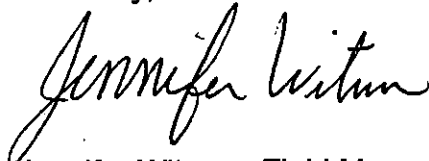
- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

Blue Nile Residential Nursing Care LLC
Blue Nile Residential Nursing Care LLC License #753288
April 10, 2019
Page 3

If You Have Any Questions:

- Please contact me at (360) 651-6872.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Witman". The signature is written in a cursive style with a large initial "J".

Jennifer Witman, Field Manager
Region 2, Unit B
Residential Care Services

Enclosure