



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

October 16, 2019

All Care AFH, LLC  
All Care AFH LLC  
10015 25th Ave SE  
Everett, WA 98208

RE: All Care AFH LLC License #753403

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on October 15, 2019 for the deficiency or deficiencies cited in the report/s dated September 4, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Patricia Johnson, 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



**Residential Care Services**  
**Investigation Summary Report**

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**Provider/Facility:** All Care AFH LLC (1080175)      **Intake ID(s):** 3660059  
**License/Cert. #:** AF753403  
**Investigator:** Bolo, Toni      **Region/Unit:** RCS Region 2/Unit B      **Investigation Date(s):** 07/30/2019 through 09/04/2019  
**Complainant Contact Date(s):** 07/22/2019, 07/23/2019, 08/28/2019

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**Allegations:**

1. The named resident moved out of the adult family home (AFH) because he/she was bullied by the Provider and AFH staff.
  2. The named resident's medications were expired.
  3. The named resident was filthy, wore the same clothes for several days and had dried food on his/her clothes.
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**Investigation Methods:**

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> <b>Sample:</b>     | Six residents (including the named resident)            | <input checked="" type="checkbox"/> <b>Observations:</b>   | Exterior/interior environment, staff to resident interactions, resident to staff interactions, medication storage |
| <input checked="" type="checkbox"/> <b>Interviews:</b> | Residents, staff and others not affiliated with the AFH | <input checked="" type="checkbox"/> <b>Record Reviews:</b> | Resident records, progress notes, medical records, MAR, AFH records, staff records                                |
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**Allegation Summary:**

1. The named resident denied that the AFH Provider and staff bullied him/her. Residents reported no concerns regarding the AFH Provider or staff bullying them. No failed Provider practice identified.
2. Medications were stored in a locked closet with shelves and were not expired. No failed Provider practice identified.
3. The named resident no longer lived at the AFH. Residents in the AFH were dressed appropriately and did not present any foul odors or filthy clothes. No failed Provider practice identified.



**Residential Care Services  
Investigation Summary Report**

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

1. The Provider failed to ensure a named resident's negotiated care plan reflected a named resident's assessed needs.

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

WAC 388-76-10355

Negotiated care plan.

The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan.

The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;



**Residential Care Services**  
**Investigation Summary Report**

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<b>Provider/Facility:</b>	All Care AFH LLC (1080175)	<b>Intake ID(s):</b>	3660546	
<b>License/Cert. #:</b>	AF753403			
<b>Investigator:</b>	Bolo, Toni	<b>Region/Unit:</b>	RCS Region 2/Unit B	
<b>Complainant Contact Date(s):</b>	07/22/2019, 07/23/2019, 08/05/2019, 09/03/2019		<b>Investigation Date(s):</b>	07/30/2019 through 09/04/2019

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**Allegations:**

1. The named resident developed wounds.
  2. The named resident had the same clothes on for two days with food stains.
  3. The adult family home (AFH) menu did not reflect food that was served.
  4. The AFH had medication issues, gave medications incorrectly or not giving medications as directed.
  5. The AFH staff did not use a safety belt.
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**Investigation Methods:**

**Sample:** Six residents (including the named resident)

**Observations:** Exterior/interior environment, staff to resident interactions, resident to staff interactions, medication storage

**Interviews:** Residents, staff and others not affiliated with the AFH

**Record Reviews:** Resident records, progress notes, medical records, MAR, AFH records, staff records



**Residential Care Services  
Investigation Summary Report**

**Allegation Summary:**

1. The named resident presented with skin breakdown when he/she was sent to the hospital from the AFH. The named resident was his own decision maker. The named resident stated he was repositioned frequently and his bed mattress was comfortable. The named resident's family member removed the air mattress from the resident's bed. The AFH Provider and staff were aware the air mattress was removed. The named resident's assessment stated he/she required an air mattress on their bed to prevent pressure injuries. The named resident's negotiated care plan failed to reflect his/her need for the air mattress. Failed Provider practice identified.
2. The named resident no longer lived at the AFH. Residents in the AFH were dressed appropriately and did not present any foul orders or filthy clothes. No failed Provider practice identified.
3. Residents in the AFH reported no concerns regarding the meals and snacks served at the AFH. No failed Provider practice identified.
4. Residents in the AFH reported no concerns with medication assistance. Medication log and medication storage showed no discrepancies. No Provider practice identified.
5. The named resident no longer lived at the AFH. Residents in the AFH reported no concerns with staff assistance. None of the current residents in the AFH required safety belt for transfers. No failed Provider practice identified.

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

None

<b>Conclusion / Action:</b>	<input checked="" type="checkbox"/> <b>Failed Provider Practice Identified / Citation(s) Written</b>	<input type="checkbox"/> <b>Failed Provider Practice Not Identified / No Citation Written</b>
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WAC 388-76-10355  
 Negotiated care plan.  
 The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:  
 (7) If needed, a plan to:  
 (c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;



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 3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 753403	Completion Date
Plan of Correction	All Care AFH LLC	September 4, 2019
Page 1 of 3	Licensee: All Care AFH, 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: 7/30/2019 and 8/13/2019

All Care AFH LLC  
 10015 25th Ave SE  
 Everett, WA 98208

RECEIVED  
 SEP 30 2019  
 Aging and Long-Term Support Administration

This document references the following complaint numbers: 3660059 , 3660546

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

Toni Bolo, RN, BSN, Complaint Investigator

From:

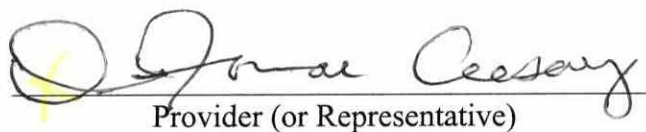
DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit B  
 3906-172nd St NE, Suite #100  
 Arlington, WA 98223  
 (360)651-6872

As a result of the on-site 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

9/10/19  
 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)

9/26/2019  
 Date

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

**WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:**

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, Staff A (Provider) failed to ensure the negotiated care plan (NCP) for one of six residents (Resident #1) addressed Resident #1's special needs for an air mattress as identified on his assessment. This failure placed Resident #1 at risk for unmet care needs and pressure injury.

**Findings included...**

Resident #1 was admitted to the adult family home (AFH) on [REDACTED] 19 with diagnoses including [REDACTED] and [REDACTED]. Resident #1's assessment dated 03/06/19 showed he required pressurized air mattress to preserve skin integrity.

On 07/23/19 at 10:09AM, Collateral Contact #1 (CC#1) stated that she removed the air mattress off Resident #1's bed.

On 07/30/19 at 1:30PM, Resident #1's room was observed and an air mattress overlay was rolled up in the bedroom closet. Staff B (caregiver) stated that CC#1 changed Resident #1's mattress about two weeks after Resident #1 moved to the AFH. Staff A and Staff B stated they did not ask CC#1 about the removal of the air mattress.

Resident #1's NCP dated 04/22/19, under the section titled, "Positioning," did not show Resident #1's assessed special need for a pressurized air mattress to preserve skin integrity.

Medical records showed that Resident #1 was hospitalized on 07/17/19 and presented with a bruise on his right heel and deep tissue injury on his buttocks.

On 08/13/19 at 3:45PM, Staff A stated that he did not realize that Resident #1 was required to have the air mattress on his bed.



**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, All Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/15/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Dejane Ceesay  
Provider (or Representative)

09/26/2019  
Date