



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 21, 2019

Aging Well Senior Care LLC  
Aging Well Senior Care LLC  
615 SE 104th Ave  
Vancouver, WA 98664

RE: Aging Well Senior Care LLC License #753453

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 17, 2019 for the deficiency or deficiencies cited in the report/s dated April 5, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Rochelle Bobbe, NCI AFH/ALF CI

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

Sincerely,

*C. Burinsky for:*

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



### Residential Care Services Investigation Summary Report

**Provider/Facility:** Aging Well Senior Care LLC (1113240) **Intake ID(s):** 3628334, 3630498  
**License/Cert. #:** AF753453  
**Investigator:** Bobbe, Rochelle **Region/Unit:** RCS Region 3/Unit E **Investigation Date(s):** 03/22/2019 through 04/05/2019  
**Complainant Contact Date(s):** 03/21/2019, 03/22/2019

**Allegations:**

1. Quality of care and treatment.
2. Admission, Transfer and D/C Rights

**Investigation Methods:**

<input checked="" type="checkbox"/> <b>Sample:</b>	3 residents	<input checked="" type="checkbox"/> <b>Observations:</b>	General environment, residents rooms, resident-resident interactions, staff-resident interactions, resident verbal/non-verbal behaviors, and resident appearance.
<input checked="" type="checkbox"/> <b>Interviews:</b>	Named and sampled residents, staff, collateral contact, and others not associated with the home.	<input type="checkbox"/> <b>Record Reviews:</b>	Resident records.

**Allegation Summary:**

#1 and #2. An onsite investigation was conducted for allegations identified in the intakes related to quality of care and Admission, Transfer and D/C Rights. Resident care and treatment were reviewed There was sufficient evidence to support failed practice.

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

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



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

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RECEIVED

APR 29 2019

DSHS RCS  
 REGION 3

Statement of Deficiencies	License #: 753453	Completion Date
Plan of Correction	Aging Well Senior Care LLC	April 5, 2019
Page 1 of 3	Licensee: Aging Well Senior 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 complaint investigation of: 3/22/2019

Aging Well Senior Care LLC  
 615 SE 104th Ave  
 Vancouver, WA 98664

This document references the following complaint numbers: 3628334 , 3630498

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

Rochelle Bobbe, MSN, RN, NCI AFH/ALF CI

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.

*C. Burinsky for Karyl Ramsey*  
 Residential Care Services

04/19/2019  
 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.

*[Signature]*  
 Provider (or Representative)

04/26/19  
 Date

*6/2/19 RB*

*05/20/19*

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

**WAC 388-76-10225 Reporting requirement.**

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(f) The resident's case manager if the resident is a department client.

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

Based on interview and record review, the facility failed to make the required report to the department's case manager (CM) when one of three sampled residents (Resident #1) had an injury requiring transport to the hospital and emergency department (ED) for treatment. This failure placed the at risk for unmet care needs from not ensuring required reporting was completed.

**Findings included:**

Interview and record review occurred on 03/22/2019 unless noted otherwise.

Resident #1 has been a resident of the adult family home (AFH) since [REDACTED] 2014. On 03/14/2019 Resident #1 obtained a laceration (tear on the skin) of her left lower leg requiring treatment (seven stitches) at the ED. On 03/18/2019, Resident #1 was taken to urgent care for wound check. On [REDACTED] 2019, Resident #1 was admitted in the hospital from [REDACTED] 2019 to [REDACTED] 2019 for wound infection.

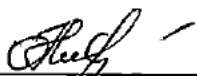
Record review of Resident #1's incident report and progress note did not indicate notification of the department's CM regarding the incident on 03/14/2019, 03/18/2019 urgent care visit and [REDACTED] 2019 hospital admission.

On interview, the Provider confirmed they had not reported Resident #1's 03/14/2019 ED visit, 03/18/2019 Urgent Care visit and 03/19/19 ED revisit, to the department's CM. The Provider stated the department CM called on 03/20/2019 concerning Resident #1's hospitalization.

Interview with the department's CM showed she was not notified regarding Resident #1's ED visit on 03/14/2019, Urgent Care visit on 03/18/2019 and [REDACTED] 19 hospital admission. The CM stated she had received a call from the Provider on 03/20/2019 regarding Resident #1's hospital admission.

**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, Aging Well Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 04-26-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency:

  
 \_\_\_\_\_  
 Provider (or Representative)

04-26-19  
 \_\_\_\_\_  
 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 ensure residents' negotiated care plans (NCP) reflected residents' current care and service needs. This failure placed one of six residents (Resident #1) at risk for not having their care needs met.

**Findings included:**

Interview and record review occurred on 03/22/2019 unless noted otherwise.

Record review of Resident #1's (NCP) created on 04/21/2017, reviewed/revised on 04/11/2018, indicated Resident #1 "uses wheelchair for mobility. She is able to walk with a walker few steps with a stand by assist from the caregiver. She is dependent on caregiver for mobility outside of home."

Interview with the Provider showed Resident #1's decline in mobility was observed in the months of December 2018 and January 2019. According to the Provider, Resident #1's family and primary care physician were made aware of the issue. The Provider confirmed not updating Resident #1's NCP when the change in mobility was noted.

Collateral contact (CC) interview showed Resident #1's inability to walk and bear their own weight started since being cared for by previous the adult family home (AFH) provider (AFH had a change of ownership in 10/15/2018). The CC stated they accompanied Resident #1 on her doctor's appointments and had difficulty assisting with mobility and transfer.

**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, Aging Well Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 4-26-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*TC w/Provider 5/2/19 @ 1:45  
For BIC date*

Provider (or Representative)

04-26-19

Date

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