



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

January 13, 2020

King David Care Homes, LLC
King David Care Homes LLC
21525 SE 254th Pl
Maple Valley, WA 98038

RE: King David Care Homes LLC License #753476

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on January 10, 2020 for the deficiency or deficiencies cited in the report/s dated September 10, 2019 and found no deficiencies.

The Department staff who did the inspection:
Adelle Walker, Licensor

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

for 

Elena Atanasova, Field Manager
Region 2, Unit G
Residential Care Services



RECEIVED

OCT 03 2019

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES DSHS/ALTA/RCS
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 753476	Completion Date
Plan of Correction	King David Care Homes LLC	September 10, 2019
Page 1 of 3	Licensee: King David Care Homes, 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: 9/4/2019

King David Care Homes LLC
21525 SE 254th Pl
Maple Valley, WA 98038

The department staff that inspected the adult family home:
Adelle Walker, BHS, Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032-2388
(253)234-6033

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.

James Derna Residential Care Services 09/23/19 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.

Manning Provider (or Representative) 9/29/19 Date

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

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

- (a) The resident; and
- (b) The adult family home.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home (AFH) failed to show one of five residents (Resident #3's) personal inventory list contained a signature and date it was signed by the resident and the family home. The AFH also failed to show one of five residents (Resident #4's) personal inventory list had been developed and placed in Resident #4's file. This failure placed the Resident #3 and Resident #4 at risk for loss of her personal belongings.

Findings included...

On 09/04/19 at 09:32 AM, observation of the home showed that Resident #3 occupied Bedroom #C and Resident #4 occupied Bedroom #D. Further observations of both bedrooms showed clothing hanging in the closet.

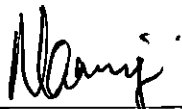
On 09/04/19 at 11:04 AM, record review showed that the AFH created Resident #3's personal inventory list but failed to show the AFH and the Resident #3 or Resident #3's Representative signed and dated Resident #3's personal inventory list.

On 09/04/19 at 11:48 AM, record review showed that the AFH created Resident #4's file did not show the AFH had developed a personal inventory list for Resident #4.

On 09/04/19 at 12:00 PM, Staff A, Provider, stated that Resident #3's power of attorney did not sign and date Resident #3's personal inventory and stated that the AFH had given Resident #4 a personal inventory list but was unable to locate it.

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, King David Care Homes LLC is or will be in compliance with this law and / or regulation on (Date) 9/29/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

9/29/19

Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

- (1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home (AFH) failed to show that all Over-The-Counter medications (OTC) were in locked storage. This failure placed five of five residents at risk of accessing and misusing the OTC medication.

Findings included...

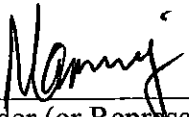
On 09/04/19 at 10:16 AM, observations of Bedroom #A which is occupied by Resident #1 showed a white small tub that contained a tube of Barrier Cream in the closet. On 09/04/19 at 10:20 AM, further observations of Bathroom #2's over the sink vanity showed a tube of Barrier Cream.

On 9/04/19 at 11:30 PM, record review of Resident #2's assessment dated 08/08/19, record review of Resident #5's assessment dated 8/13/19, and record review of Resident #1's assessment dated 1/16/19 showed all three of the residents were assessed to need medication administration.

On 9/04/19 at 11:45 PM, Staff #A, Provider stated that the AFH was unaware the items were in Resident #2's and Resident #5's bedroom closet and Resident #1's bedroom bathroom.

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, King David Care Homes LLC is or will be in compliance with this law and / or regulation on (Date) 9/29/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

9/29/19
Date



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388
DSHS/ALISA/RCS

September 23, 2019

CERTIFIED MAIL

9489 0090 0027 6021 0384 24

King David Care Homes, LLC
King David Care Homes LLC
21525 SE 254th Pl
Maple Valley, WA 98038

RE: King David Care Homes LLC License #753476

Dear Provider:

The Department completed a full inspection of your Adult Family Home on September 10, 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 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(4) At least every twelve months.

The adult family home failed to ensure Resident #4's assessment was completed within

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

twelve months of Resident #4's previous assessment date. Resident #4's initial assessment was on 7/15/18 and Resident #4's last assessment was completed on 7/29/19, which was thirteen days past due.

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

The adult family home (AFH) failed to ensure Resident #3's Negotiated Care Plan (NCP) was developed by the AFH within thirty days of Resident #3's admittance to the home. Resident #3 was admitted on [REDACTED] 19 and the NCP was developed on 5/24/19.

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.

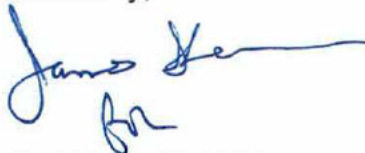
You May:

- 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.

If You Have Any Questions:

- Please contact me at (253) 234-6033.

Sincerely,



Dahl Kim, Field Manager
Region 2, Unit E
Residential Care Services

Enclosure