



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

February 28, 2019

Blessed Heart Adult Family Home LLC
Blessed Heart Adult Family Home LLC
4512 N.E 102nd St.
Vancouver, WA 98686

RE: Blessed Heart Adult Family Home LLC License #753514

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on February 22, 2019 for the deficiency or deficiencies cited in the report/s dated January 10, 2019 and found no deficiencies.

The Department staff who did the inspection:
Alixandria Cortez, LTC- MH Community 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

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Blessed Heart Adult Family Home LLC **Intake ID(s):** 3601032, 3601802
(1118323)
License/Cert. #: AF753514
Investigator: Cortez, Alixandria **Region/Unit:** RCS Region 3/Unit E **Investigation Date(s):** 01/09/2019 through 01/10/2019
Complainant Contact Date(s): 01/07/2019, 01/09/2019

Allegations:

- 1. Quality of Care and Services

Investigation Methods:

Sample: 3 residents

Observations: General environment, resident rooms, medications, general appearance of residents, noon meal and staff-to-resident interactions.

Interviews: Named and sampled residents, staff, and others not associated with the home.

Record Reviews: Resident Records.

Allegation Summary:

An onsite investigation was conducted for allegations identified in the intake related to quality of Care. There was sufficient evidence to support failed facility practice for reporting a resident going missing to the Complaint Resolution Unit.

Unalleged Violation(s): Yes No

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

WAC 388-76-10225-1-b-iii Reporting Requirements- Reporting a missing resident was identified as failed practice. Please refer to the Statement of Deficiencies dated 1/09/2018.



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Statement of Deficiencies	License #: 753514	Completion Date
Plan of Correction	Blessed Heart Adult Family Home LLC	January 10, 2019
Page 1 of 2	Licensee: Blessed Heart Adult Family Home 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: 1/9/2019

Blessed Heart Adult Family Home LLC
 4512 N.E 102nd St.
 Vancouver, WA 98686

This document references the following complaint numbers: 3601032 , 3601802

The department staff that inspected and investigated the adult family home:
 Alixandria Cortez, LTC- MH Community 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

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 REGION 3

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

01/16/2019
 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)

01/20/2019
 Date

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

02/24/19

WAC 388-76-10225 Reporting requirement.

- (1) The adult family home must ensure all staff:
 (b) Report the following to the department by calling the complaint toll-free hotline number:
 (iii) A missing resident.

This requirement was not met as evidenced by:

Based on interview and record review the home failed to report to the Compliant Resolution Unit (CRU) when one of three sampled residents (Resident #3) walked away from the home. By not notifying CRU, the Department was unable to evaluate systems were in place to protect residents who are at risk for elopement.

Findings include:

All interviews and record review took place on 1/10/2018 unless otherwise noted.

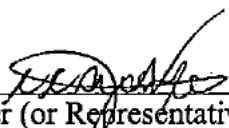
At 10:15 AM Resident #3 was observed ambulating independently through the adult family home from their room to the living room. Resident #3 was observed at 11:45 AM ambulating independently to the dining room table from the living room. During an interview Resident #3 stated they had no recollection of getting lost. When asked if they would tell a caregiver that they wanted to go for a walk Resident #3 said yes, but that they do not need the caregivers to go or approve an outing.

The incident log for [REDACTED] 2018 stated Resident #3 had left the home without the caregiver's knowledge. According to the incident log the Provider went to wake up Resident #3 and they were not in their room. The Provider searched the home for the resident but was unable to locate them. The incident log explains the Provider called 911 and received a call back that Resident #3 had been found by a neighbor outside and taken to the hospital. No other wandering incidents were outlined in the incident log.

At 10:55 AM the Provider stated Resident #3 left the home on [REDACTED] 2018 without her knowledge sometime during the night. The provider stated they called the police, the case manager, ECS personnel, and a Residential Care Services personnel who informed her to call the CRU. The Provider stated she attempted to do so but was disoriented by the promptings on the phone. The Provider is now aware of the process of reporting an incident through the CRU.

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, Blessed Heart Adult Family Home 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)

6/20/2019

 Date