



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

April 5, 2019

CERTIFIED MAIL

7017 2400 0000 6041 6734

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 complaint investigation of your Adult Family Home on April 2, 2019 and found that your home does not meet the adult family home licensing requirements below.

The Department staff who did the investigation and provided consultation:
Rochelle Bobbe, NCI AFH/ALF CI

Consultation:

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

Resident #1's Negotiated Care Plan did not have a resident/representative signature.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

You May:

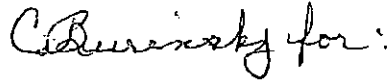
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

Blessed Heart Adult Family Home LLC
Blessed Heart Adult Family Home LLC License #753514
April 5, 2019
Page 2

If You Have Any Questions:

- Please contact me at (360) 397-9549.

Sincerely,

A handwritten signature in cursive script, appearing to read "Karyl Ramsey for:", is written above the typed name.

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Blessed Heart Adult Family Home LLC **Intake ID(s):** 3625474, 3627536
(1118323)
License/Cert. #: AF753514
Investigator: Bobbe, Rochelle **Region/Unit:** RCS Region 3/Unit E **Investigation Date(s):** 03/25/2019 through 04/02/2019
Complainant Contact Date(s): 03/25/2019

Allegations:

- 1 Quality of Care
- 2 Resident/Patient/Client Assessment

Investigation Methods:

Sample: 2 residents

Observations: General environment, residents rooms, resident-resident interactions, staff-resident interactions, resident verbal/non-verbal behaviors, and resident appearance

Interviews: Residents, staff, and Provider

Record Reviews: Resident records

Allegation Summary:

1. & 2. An on-site investigation was conducted on the allegation identified in the intake related to Quality of Care and Resident/Patient/Client Assessment. There was insufficient evidence to support failed practice. Additional residents were reviewed and interviewed with no reported concerns.

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

Deficiency not related to original allegation was identified.

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

See consultation for WAC 388-76-10375 Negotiated care plan Signature Required.

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