



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

October 7, 2020
CERTIFIED MAIL
70172400000060418202

Austreberto Gonzalez
Raquel Gonzalez
A Loving Heart AFH
919 SE 119th Ave
Vancouver, WA 98683

RE: A Loving Heart AFH License #753521

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on October 5, 2020 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:
Shawn Swanstrom, Licensor

Consultation:

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

The Adult Family Home (AFH) failed to screen one essential visitor before allowing entry into the home. Screening items and were made readily available and infection control protocols were followed to correct this issue. The Provider said no visitors had come to the home since mid-March, 2020.

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

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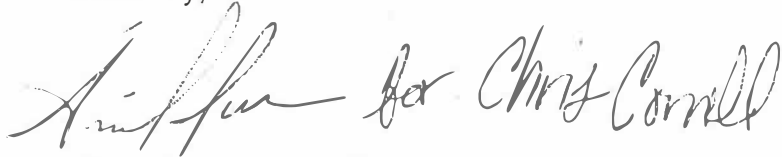
Dispute Resolution" instructions; and

- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

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

Sincerely,

A handwritten signature in black ink that reads "Chris Cornell". The signature is written in a cursive style and is positioned above the printed name and title.

Chris Cornell, Field Manager
Region 3, Unit E
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: A Loving Heart AFH (1118330) **Intake ID(s):** 3727670

License/Cert. #: AF753521

Investigator: Swanstrom, Shawn **Region/Unit:** RCS Region 3/Unit F

Investigation Date(s): 09/21/2020 through 10/05/2020

Complainant Contact Date(s): 09/21/2020, 10/01/2020

Allegations:

1 Quality of Care:

1. Named Caregiver # 1 (NCG#1) is eating the residents' food.
2. NCG#1 is verbally abusive- telling residents to shut up.
3. Residents have to wait for the NCG# 1 to get off the phone for assistance.
4. NCG#1 does not provide fluids-food makes the residents sick.
5. NR # 3 was given extra laxatives causing diarrhea.

Investigation Methods:

Sample: Three Named Residents and one sampled resident.

Observations: General environment, noon meal preparation, fluids, and resident rooms.

Interviews: Named and sampled Residents and staff.

Record Reviews: Resident and staff records.

Allegation Summary:

1. Quality of Care 1. Sampled residents did not report NCG#1 was eating their food.
2. Two of the four sampled residents stated they have been told to shut up by NCG#1. NCG# 1 stated they have not told residents to shut up. Other sampled residents stated they had not heard NCG# 1 telling anyone to shut up.
3. Two of four sampled resident were satisfied with the care at the home and stated they did not have to wait for services. Two sampled residents stated they have to wait when NCG#1 is working. Both the Resident Manager and NCG#1 stated at time they are busy with other residents' care and the residents did not like to wait.
4. Two sampled residents were satisfied with the food and fluids offered. Two sampled residents stated they were unhappy with the food and fluids - they stated at times they have to wait for fluids. All four residents had fresh fluids at bedside. Lunch was homemade with fresh vegetables, fruit, and meat. Residents stated they have not gone without food. 5. NR # 3 stated they were not given extra laxatives. Failed practice was not substantiated.

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



**Residential Care Services
Investigation Summary Report**

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

An issue not identified on the original compliant was identified.

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

Technical assistance was provided related to WAC 388-76-10135 Caregiver Qualifications.
Consultation was written for WAC 388-76-10255 - Infection Control.

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