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

August 20, 2019

Odaa Adult Family Home LLC
Odaa Adult Family Home LLC
12012 NE 45th Ave
Vancouver, WA 98686

RE: Odaa Adult Family Home LLC License #753761

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 12, 2019 for the deficiency or deficiencies cited in the report/s dated June 21, 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,

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

Residential Care Services

Investigation Summary Report

Provider/Facility: Odaa Adult Family Home LLC (1133616) **Intake ID(s):** 3648087

License/Cert. #: AF753761

Investigator: Swanstrom, Shawn **Region/Unit:** RCS Region 3/Unit E **Investigation Date(s):** 06/11/2019 through 06/21/2019

Complainant Contact Date(s): 06/06/2019, 06/21/2019

Allegations:

Quality of Care

Investigation Methods:

☒ **Sample:**	3 residents	☒ **Observations:**	General environment, general appearance of residents, resident rooms, staff to resident interactions, and observations of Named Resident transfer.
☒ **Interviews:**	Named and sampled residents, staff, and collateral contacts.	☒ **Record Reviews:**	Resident and staff records.

Allegation Summary:

An onsite investigation was conducted for allegations identified in the intake related to quality of care. The provider failed to have a staff member available at all times who was physically able to meet the needs of the residents. Failed practice identified.

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

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

WAC 388-76-10195 Staff was identified as failed practice. Please refer to the Statement of Deficiencies dated 06/21/2019.

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Statement of Deficiencies	License #: 753761	Completion Date
Plan of Correction	Odaa Adult Family Home LLC	June 21, 2019
Page 1 of 3	Licensee: Odaa 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: 6/11/2019

Odaa Adult Family Home LLC
12012 NE 45th Ave
Vancouver, WA 98686

This document references the following complaint number: 3648087

The department staff that inspected and investigated the adult family home:
Shawn Swanstrom, RN, BSN, Licensor

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JUL 8 – 2019
DSHS RCS
REGION 3

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 — 06/27/2019

Residential Care Services — 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.

Sado Oriya — 7/8/2019

Provider (or Representative) — Date

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08/05/19

WAC 388-76-10195 Adult family home Staff Generally. The adult family home must ensure:
(1) When one or more residents are in the home, enough staff are available in the home to meet the needs of each resident, except as provided in WAC 388-76-10200 ;
(3) All staff are skilled and able to do the tasks assigned to meet the needs of each resident.

This requirement was not met as evidenced by:
Based on observation, interview, and record review the provider failed to ensure a staff member was available to meet the physical needs of two of three sampled residents (Resident # 1 and Resident # 2). This deficient caused Resident # 1's family member to perform tasks for Caregiver A and caused Resident # 2 to be left in bed and at risk in case of an emergency evacuation.

Findings included...

Upon entrance into the adult family home on 6/11/2019 at 10:15 am Caregiver B was the only staff member on duty and stated she was able to meet the needs of the residents including their transfer needs. Caregiver B stated two residents (Resident # 1 and Resident # 2) required physical assistance with transfers. Resident # 1 used a wheelchair for her mobility and needed the physical assistance of one caregiver and the use of a gait belt when transferring. (A gait belt is placed around a resident's waist for caregiver to hold onto when transferring). Resident # 2 required the assistance of a [redacted] to transfer from bed to a [redacted].

Observation on 6/11/2019 at 10:35 am showed Resident # 1 sitting in the common area in a wheelchair. Resident # 2 was able to make eye contact though was unable to answer question related to transfers due to a cognitive impairment.

Observation on 6/11/2019 at 11:30 am showed Caregiver B assisting Resident # 1 into the bathroom, placing a gait belt around the resident's waist, asking the resident to give her a hug on the shoulders, and requesting Resident # 1 to stand. Resident # 1 was able to complete Caregiver B's requests, was full weight bearing, and was able to pivot to the bathroom without incident.

Observation on 6/11/2019 at 10:40 am showed Resident # 2 sitting in the common area in a [redacted]. A [redacted] was noted under the resident. Resident # 2 stated staff were able to assist her getting in and out of her bed. Resident # 2 also had a call pendent necklace and stated she was able to activate the pendent if she needed to be transfer back into bed.

Review of Resident # 1's medical record on 6/11/2019 showed an assessment dated 8/30/2018 and the negotiated care plan dated 6/2019 identifying Resident # 1 needed physical assistance of one staff member to transfer.

Review of Resident # 2's medical record on 6/11/2019 showed an assessment dated 7/20/2018 and the negotiated care plan dated 6/2019 identifying Resident # 2 needed the use of a mechanical device to transfer with the assistance of one staff member.

On 6/21/2019 at 8:30 am Collateral Contact #1 (CC # 1) stated they visit Resident # 1 almost

daily. CC # 1 stated that Caregiver B works full time and is able to meet Resident # 1's physical needs. CC # 1 stated Caregiver B works on the weekends and is not able to help Resident # 1 with her transfers. CC # 1 stated another person has to come to the home to assist with the transfers.

On 6/21/2019 between 8:00 am and 8:40 am CC # 2 and CC # 3 stated they visit on the weekends, usually on Sunday when Caregiver A is working. Both CC # 2 and CC # 3 stated Caregiver A is not able physically to transfer Resident # 1 to the bathroom by herself. Both stated they have had to assist Caregiver A with the transfer or do the transfer without Caregiver A. CC # 3 stated it is frustrating that the family has to assist Resident # 1 when she is in need of care and Caregiver A is sitting on the couch on her phone. CC # 3 stated when she has assisted CC # 2 in transferring Resident # 1 to the bathroom, Resident # 1 has been totally saturated in urine. Both CC # 2 and CC # 3 stated Resident # 1 had had two different urinary tract infections within the last three months and they relate this to Resident # 1 not being toileted on the weekends.

CC # 2 stated she often stays for dinner on the weekends. CC # 2 reported when Caregiver B has been working over the last month Resident # 2 has not been transferred to her wheelchair for dinner.

During an interview on 6/11/2019 at 12:40 pm, Staff C, Resident Manager, stated she was aware Caregiver A had an injury that limited her from assisting Resident # 1 and Resident # 2 with their transfers. Staff C stated Resident # 1's family did help with the transfers. Staff C stated she would send another staff member from a different home to assist Caregiver A with the residents' transfers.

During an interview on 6/21/2019 at 8:20 am, Staff C stated she would work the upcoming Sunday (6/30/2019) and evaluate if Caregiver A was able to provide the care as need for all residents in the home.

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, Odaa Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/8/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Sado Oriya Genet — Provider (or Representative)

7/8/2019 — Date

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