



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave Ste 170, Spokane, WA 99201

February 12, 2020

Compassionate In-Home Care LLC
Saint Rahab Compassionate Home
8104 E Indiana Ave
Spokane Valley, WA 99212

RE: Saint Rahab Compassionate Home License #754095

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on February 10, 2020 for the deficiency or deficiencies cited in the report/s dated January 9, 2020 and found no deficiencies.

The Department staff who did the inspection:
Scott Sorensen, AFH Licenser

If you have any questions please, contact me at (509) 323-7321.

Sincerely,

Carmen Church, Field Manager
Region 1, Unit E
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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 316 W Boone Ave Ste 170, Spokane, WA 99201

Statement of Deficiencies	License #: 754095	Completion Date
Plan of Correction	Saint Rahab Compassionate Home	January 9, 2020
Page 1 of 3	Licensee: Compassionate In-Home Care 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:
 1/7/2020

Saint Rahab Compassionate Home
 8104 E Indiana Ave
 Spokane Valley, WA 99212

The department staff that inspected the adult family home:
 Scott Sorensen, RN, BSN, AFH Licensors

RECEIVED

JAN 27 2020

DSHS ADSA RCS
 SPOKANE WA

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit E
 316 W Boone Ave Ste 170
 Spokane, WA 99201
 (509)323-7321

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.

Sue Bayne for Carmen Church
 Residential Care Services

1/21/2020
 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.

* *Anastasia Hakegwa*
 Provider (or Representative)

101-24-2020
 Date

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

WAC 388-76-10610 Resident rights Waiver of liability. The adult family home must not ask the resident for, or make the resident sign waivers of:

(1) Potential liability for losses of personal property or injury; and

This requirement was not met as evidenced by:

Based on record review and interview, the home had one of two sample residents (#2) sign a waiver releasing the home of liability while being transported in the home's private vehicle. This placed the resident at risk of not being covered in case of an injury or property damage caused by an act/omission by the home's staff. Findings included...

Review of Resident #2's admission records showed a waiver releasing the home of liability while being transported in the home's private vehicle. The document was signed and dated by the resident's representative on 11/27/19.

During an interview on 01/07/20 at 4:00 PM, Staff A, Provider, stated that she did not realize the form was a violation of the resident's rights and would remove the document from the resident's record.

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, Saint Rahab Compassionate Home is or will be in compliance with this law and / or regulation on (Date) 01-24-2020. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Anastasia Ndegeva.
Provider (or Representative)

01-24-2020
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on observation and interview, the home failed to initial medication log for one of two sample residents (#1), reviewed for medication administration. This placed resident at risk for medication errors. Findings included...

During an interview on 01/07/20 at 9:25 AM, Staff A, Provider, stated that Residents #1 required assistance with medications.

Observation on 01/07/20 at 11:20 AM showed Staff A prepared and gave Resident #1 an as needed medication trazodone (medication used to decrease agitation) and did not initial the medication log.

Observation on 01/07/20 at 2:55 PM showed Staff A prepared and gave Resident #1 a routine

medication Tylenol (medication used to decrease pain) and did not initial the medication log.

During an interview on 01/07/20 at 4:00 PM, Staff A stated that she forgot to initial the log after the medications were given.

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, Saint Rahab Compassionate Home is or will be in compliance with this law and / or regulation on (Date) 01-24-2020 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Anastasia Mdeqwa
Provider (or Representative)

01-24-2020
Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave Ste 170, Spokane, WA 99201

January 21, 2020

CERTIFIED MAIL

7019 2280 0001 8894 5280

Compassionate In-Home Care LLC
Saint Rahab Compassionate Home
8104 E Indiana Ave
Spokane Valley, WA 99212

RE: Saint Rahab Compassionate Home License #754095

Dear Provider:

The Department completed a full inspection of your Adult Family Home on January 9, 2020 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 388-76-10320 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.

The home failed to complete a belonging list for one resident. There were no concerns expressed by the residents. The Provider stated that she would complete the document.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:

- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

The Home failed to ensure the Medicaid policy document did not exceed one page. Review of the policy showed the designated signature space was located on a third page. The Provider stated that she would shorten the document to meet the requirement. There was no negative resident outcome identified.

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.

Compassionate In-Home Care LLC
Saint Rahab Compassionate Home License #754095
January 21, 2020
Page 3

If You Have Any Questions:

- Please contact me at (509) 323-7321.

Sincerely,



Carmen Church, Field Manager
Region 1, Unit E
Residential Care Services

Enclosure