



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504

January 21, 2020

Service of Solace LLC
Service of Solace LLC
7223 20th Ave SE
Lacey, WA 98503

RE: Service of Solace LLC License #754174

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on January 21, 2020 for the deficiency or deficiencies cited in the report/s dated November 25, 2019 and found no deficiencies.

The Department staff who did the inspection:
Jennifer LeMaster, NCI Community Complaint Investigator
Cheryl Everett, Licensor

If you have any questions please, contact me at (360) 664-8421.

Sincerely,

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Service of Solace LLC (1169124) **Intake ID(s):** 3679487
License/Cert. #: AF754174
Investigator: LeMaster, Jennifer **Region/Unit:** RCS Region 3/Unit D **Investigation Date(s):** 11/22/2019 through 11/25/2019
Complainant Contact Date(s): 11/20/2019

Allegations:

Quality of Care/Treatment - the adult family home (AFH) was reported to:

- 1) have policies that violate resident rights;
- 2) not have negotiated care plans for any residents;
- 3) have an inaccurate assessment for Named Resident;
- 4) have a medication system that does not meet resident needs; and
- 5) have a staff member who does not have all required qualifications.

Investigation Methods:

Sample: Named Resident, sample resident

Observations: Named Resident, sample resident, care and services, meal time, staff interaction with residents, environment and safety measures

Interviews: Named Resident, sample resident, AFH staff, others not associated with the AFH

Record Reviews: Assessments, medication administration records, and physician orders for Named Resident and sample resident; AFH admission policies; staff credentials and background checks

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



**Residential Care Services
Investigation Summary Report**

Allegation Summary:

Quality of Care/Treatment - Observations, interviews and record review showed:

- 1) AFH admission policies violated resident rights; the Provider has updated these policies as of 11/25/19.
 - 2) No negotiated care plans have been created for any residents;
 - 3) AFH staff is working with the physician for Named Resident to obtain documentation to correct the incorrect element of the assessment;
 - 4) The AFH does not have a medication system in place that meets current resident needs;
 - 5) Named Staff Member does not have all required qualifications.
- Failed practice was identified.

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

See SOD dated 11/25/19.

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

Quality of Care/Treatment - There was sufficient evidence to support failed facility practice. See SOD dated 11/25/19.

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



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504

RECEIVED
 DEC 26 2019
 DSHS RCS
 REGION 3

Statement of Deficiencies	License #: 754174	Completion Date
Plan of Correction	Service of Solace LLC	November 25, 2019
Page 1 of 9	Licensee: Service of Solace 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 and full inspection of: 11/22/2019

Service of Solace LLC
 5416 22nd Ave SE
 Lacey, WA 98503

This document references the following complaint number: 3679487

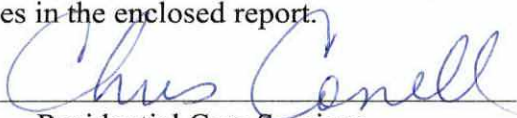
The department staff that inspected the adult family home:

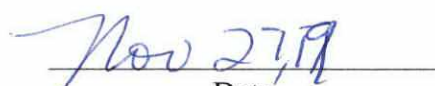
Cheryl Everett, Licensor
 Jennifer LeMaster, MSN, RN, NCI Community Complaint Investigator

From:

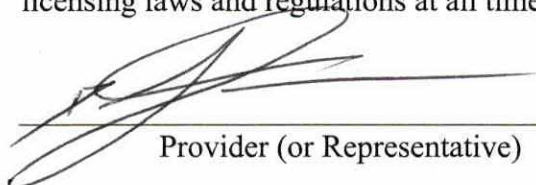
DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit D
 PO Box 45819
 Olympia, WA 98504
 (360)664-8421

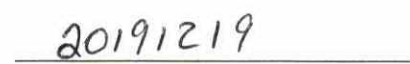
As a result of the on-site complaint investigation and full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 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.


 Provider (or Representative)


 Date

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

WAC 388-76-10620 Resident rights Quality of life General.

(2) Within reasonable home rules designed to protect the rights and quality of life of residents, the home must ensure the resident's right to:

(c) Make choices about aspects of his or her life in the home that are significant to the resident;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Entity Representative's policies failed to promote the rights of residents to make life choices significant to them. This failure restricted and violated the rights for three of three residents (Residents #1, Resident #2 and Resident #3) living in the home.

Findings included...

During interview when asked what he was told about how early or late at night he could watch TV Resident #1 responded you cannot watch anything they do not approve of or the news.

During an interview at 9:45 AM, Resident #2 stated they were not allowed to watch the news on the AFH TV but could watch the news on their cell phone.

In a 1:15 PM discussion on the home's TV policy the Entity Representative said the TV policy was in place to avoid resident arguments and because of Resident #1's potential for violence. He said he took the policy off.

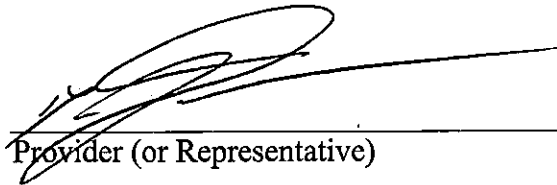
Review of the Entity Representative's admission agreement showed the following violations of resident rights listed under Exhibit 3:

1. The Facility requests that meals not be eaten in the living room or other common areas of the home
2. Shoes used outside will be removed at the front door
3. Regular bathing or showers every other day
4. Avoid taking food outside the kitchen, dining or picnic areas
5. Keep your living area safe, clean and organized (staff will assist)
6. Be at the right place, right time and wearing the right clothes
7. Be cautious of, or avoid, potentially inflammatory subjects such as: religion and politics
8. Under unacceptable behavior: Poor hygiene (shower every other day)

In an exit interview at approximately 2:10 PM the Entity Representative pointed out that the initial licensing unit approved his admission policies. In an email received on 11/25/19 at 7:15 PM, the Entity Representative provided the AFH's revised admission policies and had corrected these concerns.

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, Service of Solace LLC is or will be in compliance with this law and / or regulation on (Date) 27 Jan 2020. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

20191219

 Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (a) Assessment indicates the amount of medication assistance needed by the resident;
- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observations, interviews, and record review, the adult family home (AFH) failed to keep accurate medication records and failed to ensure a system was in place to meet the medication needs of one of two sampled residents (Resident #2). This failure caused Resident #2 to receive medication without a physician's order and placed Resident #2 at risk for receiving incorrect medications.

Findings included...

Record review of the November 2019 medication administration record (MAR) for Resident #2 showed the following three medications on the MAR that did not have a physician's order:

1. Benzonatate 100 mg (cough suppressant)
2. Cyclobenzaprine 10 mg (muscle spasms)
3. Loperamide 2 mg (anti-diarrheal)

Record review of the most recent physician's orders dated 10/21/19 for Resident #2 showed the following eight medications were ordered by a physician but not included on the MAR:

4. Epinephrine 0.3 mg/0.3 ml injector (allergic reactions)
5. Guaifenesin 600 mg (cough/congestion)
6. Guaifenesin-codeine 100-10mg/5 ml (cough/congestion)
7. Ketotifen 0.025% eye drops

8. Lidocaine viscous 2% oral solution (pain-relieving mouthwash)
9. Promethazine 25 mg (anti-nausea)
10. Pseudoephedrine 30 mg (decongestant)
11. Sodium chloride-aloe vera nasal spray

Record review of the most recent physician's orders dated 10/21/19 showed the following medication is ordered daily. Resident #2's MAR indicates this medication is to be taken as needed:

12. Fexofenadine 180 mg (allergies)

On 11/22/19 at approximately 2:00 PM, observations of the medication bin for Resident #2 showed the following two medications that did not have a physician's order and were not on the MAR:

13. Prednisolone 1% eye drops
14. Acetaminophen 500 mg (pain reliever)

Interviews with Resident #2 and the Entity Representative on 11/22/19 at 2:10 PM showed the following information for the numbered medications above:


1. Will get order from Resident #2's doctor
2. Resident #2 no longer taking
3. Will get order from Resident #2's doctor
4. Resident #2 no longer using
5. Resident #2 no longer taking
6. Resident #2 no longer taking
7. Resident #2 no longer taking
8. Will get order from Resident #2's doctor
9. Resident #2 no longer taking
10. Will add to MAR
11. Resident #2 no longer taking
12. Resident #2 taking as needed; will get clarification order from Resident #2's doctor
13. Resident #2 no longer using
14. Will get order from Resident #2's doctor

Interview on 11/22/19 at 09:55 AM showed Resident #2 self-administers as-needed medications when away from the AFH. Record review showed Resident #2 was assessed to require medication assistance.

In an interview on 11/22/19 at 2:10 PM, the Entity Representative stated Resident #2 had a doctor appointment scheduled for 12/04/19 to clarify the current medication orders. The Entity Representative stated they would also be asking for a physician's order to allow Resident #2 to self-administer medications when away from the AFH.

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, Service of Solace LLC is or will be in compliance with this law and / or regulation on (Date) 27 Jan 2020. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

2019/2/19

Date

WAC 388-76-10325 Resident record Legal documents If available. When available, the adult family home must obtain copies of the following legal documents for the resident's records:

- (1) Any powers of attorney granted by the resident, including for health care decision making and financial; and

This requirement was not met as evidenced by:

Based on interview and record review the Entity Representative failed to ensure he obtained a copy of 1 of 2 sampled residents' (Resident #1) Power of attorney. Failure to obtain required legal documents placed the resident at risk for not having his designated representative available to make decisions on his behalf in the event of a medical emergency.

Findings included...

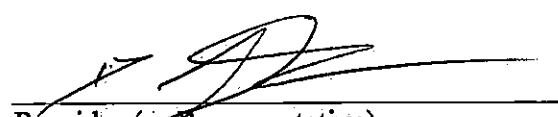
Record review showed Resident #1 had a Power of Attorney.

Missing from Resident #1's record was a copy of his designated Power of Attorney.

When the lack of documentation of Resident #1's Power of Attorney was pointed out to the Entity Representative at 12:05 PM he stated, "O.k."

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, Service of Solace LLC is or will be in compliance with this law and / or regulation on (Date) 27 Jan 2020. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

2019/2/19

Date

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

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on interview and record review the Entity Representative failed to develop a negotiated care plan for 2 of 2 sampled residents (Resident #1 and #2) within 30 days of their admission. This failure placed residents at risk for unmet care needs.

Findings included...

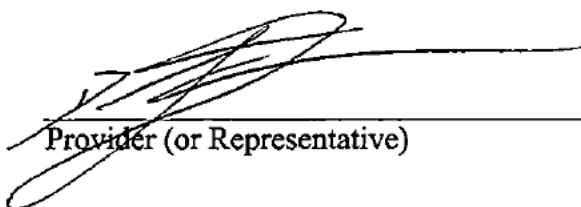
The adult family home was licensed on 08/07/19. Resident #1 lived in the home prior to 08/07/19 and received care and services from the Entity Representative as an Individual Provider. Resident #2 was admitted to the home on [redacted] 19.

Review of Resident #1's and #2's records showed no completed negotiated care plans. Only the face sheets of the negotiated care plans were completed, containing Resident #1's and #2's admission dates, birthdates, names of interested parties, physician and dentist information, medical history, specialty training and evacuation levels.

During interview at 11:30 AM the Entity Representative confirmed the face pages of the negotiated care plans were all he had.

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, Service of Solace LLC is or will be in compliance with this law and / or regulation on (Date) 10 Jan 2020 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

20191219

Date

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

- (1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:
- (b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to have written documentation of the character, competence and suitability for a staff member who had a previous criminal conviction. This failure placed three of three residents (Residents #1 - #3) at risk for receiving care from staff with unknown character, competence and suitability to work

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

with vulnerable adults.

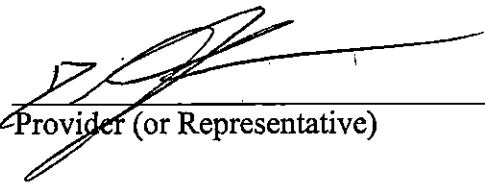
Findings included...

Record review of the national fingerprint background check results for the Entity Representative dated 06/07/19 showed that review was required due to a previous criminal conviction. No character, competence and suitability (CCS) evaluation was available during the licensing visit.

In an interview on 11/22/19 at 1:15 PM, the Entity Representative stated they have had a CCS evaluation completed and would place a copy in their records.

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, Service of Solace LLC is or will be in compliance with this law and / or regulation on (Date) 27 JAN 2020. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

20191220

 Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure all staff members had tuberculosis (TB) skin testing performed per requirements. This failure placed three of three residents (Residents #1 - #3) at risk for contracting a communicable disease.

Findings included...

The AFH was licensed on 08/07/19. Record review showed the Entity Representative did not have their second TB skin test performed until 11/21/19.

Record review showed Caregiver #1 was hired on 08/07/19 and had their first TB skin test performed on 07/24/19. No record of a second TB skin test was available during the licensing visit.

Record review showed Caregiver #2 was hired on 09/23/19, had their first TB skin test performed on 09/23/19, and had their second TB skin test performed on 11/21/19.

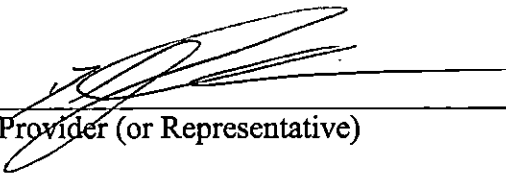
Record review showed Caregiver #3 was hired on 09/11/19 and had their first TB skin test

performed on 09/09/19. No record of a second TB skin test was available during the licensing visit.

In an email received on 11/25/19 at 7:15 PM, the Entity Representative stated all staff members have initiated another TB skin test.

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, Service of Solace LLC is or will be in compliance with this law and / or regulation on (Date) 21 Dec 2019 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

20191220

Date

WAC 388-112A-0400 What is specialty training and who is required to take it?

(2) Specialty training classes are different for each population served and are not interchangeable. Specialty training curriculum must be DSHS developed, as described in WAC 388-112A-0010 (3), or DSHS approved.

(a) In order for DSHS to approve a curriculum as a specialty training class, the class must use the competencies and learning objectives in WAC 388-112A-0430 , 388-112A-0440 , or 388-112A-0450 .

(i) Training entities that currently use classes approved as alternative curriculum for specialty training must update and submit their curricula for approval prior to June 30, 2018.

(ii) After July 1, 2018, training entities must not use classes approved as alternative curriculum for specialty training that are not using the competencies and learning objectives in WAC 388-112A-0430 , 388-112A-0440 , or 388-112A-0450 to meet the specialty training requirement.

(b) Curricula approved as specialty training may be integrated with basic training if the complete content of each training is included.

This requirement was not met as evidenced by:

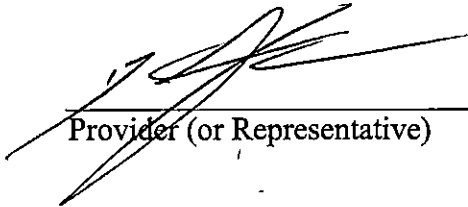
Based on interview and record review, the adult family home (AFH) failed to ensure all staff members had required specialty training prior to providing unsupervised care. This failure placed two of two sampled residents (Residents #1 and #2) at risk for receiving care that did not meet their specific needs.

Findings included...

Record review of hiring checklist dated 08/07/19 showed Caregiver #1 was hired on 08/07/19. Caregiver #1's training certificate for dementia and mental health did not meet department guidelines. In an interview on 11/22/19 at 1:15 PM, the Entity Representative stated they would have Caregiver #1 get the required department-approved training completed.

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, Service of Solace LLC is or will be in compliance with this law and / or regulation on (Date) 27 JAN 2020. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

20191220

Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure that all caregivers had current cardiopulmonary resuscitation (CPR) and first aid training. This failure placed three out of three residents (Residents #1-#3) at risk for receiving improper care in the event of a medical emergency.

Findings included...

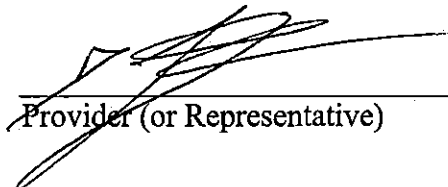
Record review of hiring checklist dated 09/11/19 showed Caregiver #3 was hired on 09/11/19. No proof of CPR or first aid training was available during the licensing visit.

Record review of hiring checklist dated 09/23/19 showed Caregiver #2 was hired on 09/23/19. No proof of CPR or first aid training was available during the licensing visit.

In an interview on 11/22/19 at 1:15 PM, the Entity Representative stated Caregiver #2 and #3 were scheduled to take CPR and first aid training on 11/27/19.

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, Service of Solace LLC is or will be in compliance with this law and / or regulation on (Date) Complete. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

20191220

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504

November 27, 2019
CERTIFIED MAIL
7016 2070 0000 6702 6756

Service of Solace LLC
Service of Solace LLC
7223 20th Ave SE
Lacey, WA 98503

RE: Service of Solace LLC License #754174

Dear Provider:

The Department completed a full inspection and complaint investigation of your Adult Family Home on November 25, 2019 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.

One of two sampled resident's (Resident #1's) personal belongings inventory had not been signed and dated by the resident or adult family home.

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:

(6) Be signed and dated by the resident and be kept in the resident record after signature.

One of two sampled resident's (Resident #1's) Medicaid payment policy had not been signed and dated by Resident #1. The policy was observed in Resident #1's room and the Entity Representative confirmed Resident #1 had not signed and returned it.

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.

If You Have Any Questions:

- Please contact me at (360) 664-8421.

Sincerely,



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

Enclosure