



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

July 9, 2019

UNITED FRIENDS GROUP HOMES
BEVERLY PARK GROUP HOME
PO BOX 17017
SEATTLE, WA 98127

RE: BEVERLY PARK GROUP HOME License #606

Dear Administrator:

The Department completed a follow-up inspection of your assisted living facility on July 5, 2019 for the deficiency or deficiencies cited in the report/s dated April 18, 2019 and found no deficiencies.

The Department staff who did the follow-up inspection:
Pauline American Horse, Licensors

If you have any questions please, contact me at (253) 234-6020.

Sincerely,

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: BEVERLY PARK GROUP HOME (686078) **Intake ID(s):** 3623429

License/Cert. #: AL606

Investigator: Johnson, Shauna **Region/Unit:** RCS Region 2/Unit D **Investigation Date(s):** 04/04/2019 through 04/18/2019

Complainant Contact Date(s): 04/03/2019, 04/10/2019

Allegations:

It was reported a named resident had unexplained bruising on his arms and chest.

Investigation Methods:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Sample: | Named Resident and 4 other residents | <input checked="" type="checkbox"/> Observations: | General resident appearance, hygiene, limited skin observations, staff to resident care and interactions, facility environment |
| <input checked="" type="checkbox"/> Interviews: | Residents, staff, others not associated with facility | <input checked="" type="checkbox"/> Record Reviews: | Resident records, roster, abuse, neglect policy, investigation, incident report, photos |
-

Allegation Summary:

The facility failed to ensure the abuse policy was followed by staff for a resident when there were bruises noted, during care. The facility failed to ensure a current back ground check was completed for a sampled staff.

Unalleged Violation(s): Yes No

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

See Statement of Deficiencies, completion date 04/18/19.



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Statement of Deficiencies	License #: 606	Completion Date
Plan of Correction	BEVERLY PARK GROUP HOME	April 18, 2019
Page 1 of 4	Licensee: UNITED FRIENDS GROUP HOMES	

You are required to be in compliance at all times with all licensing laws and regulations to maintain your assisted living facility license.

This document references the following complaint number: 3623429

The department has completed data collection for the unannounced on-site complaint investigation on 4/4/2019 of:

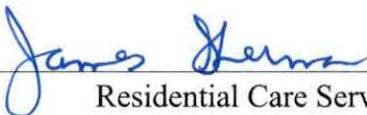
BEVERLY PARK GROUP HOME
 150 SW 114TH ST
 SEATTLE, WA 98146

The following sample was selected for review during the unannounced on-site complaint investigation : 5 of 8 current residents and 0 former residents.

The department staff that inspected and investigated the assisted living facility:
 Shauna Johnson, RN, MSN, Complaint Investigator

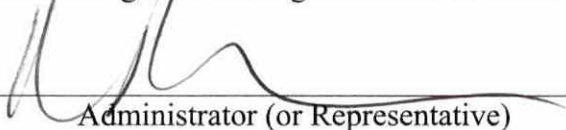
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit D
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6020

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.


 Residential Care Services

04/30/19
 Date

I understand that to maintain an assisted living facility license I must be in compliance with all the licensing laws and regulations at all times.


 Administrator (or Representative)

5/14/19
 Date

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SCR/ASLTI/SHSD

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure the abuse, neglect policy was followed for 1 of 5 sampled residents (Resident #1) when the resident had unexplained bruises on 02/25/19 and the 1-800-562-6078, Complaint Resolution Unit Hotline (CRU) was not notified until 03/07/19. This failure placed Resident #1 and potentially other residents at risk of abuse, neglect.

Findings included...

Note: RCW 74.34.035

Reports-Mandated and permissive-Contents-Confidentiality.

(1) When there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, mandated reporters shall immediately report to the department.

The Department's current Facilities Management System (electronic database) showed the facility is licensed for 8 residents and serves a developmentally disabled population.

Review on 04/04/19 of the "Abuse or Neglect of Residents Policy" dated 01/01/19, outlined mandatory reporting and showed, all staff and volunteers are Mandated Reporters who must report all incidents or suspected incidents of resident neglect, abuse, exploitation (financial or otherwise) or injury. The policy made reference to the department's "Assisted Living Facility Guidebook" which showed to report immediately. The facility's policy further showed failure of a staff to report an incident will result in disciplinary action, up to termination.

Observation on 04/04/19 at 10:00 AM showed Resident #1 lying on his bed in his room, sometimes closing his eyes. Resident #1, (non-verbal) had a small, (approximate) 2x3 cm purplish, round bruise under his right eye in the upper cheekbone of his face. Staff E requested Resident #1 raise up his shirt to show the investigator his chest, back, and both arms which showed dry, intact skin without any marks or bruises.

Record review of Resident #1's "Negotiated Service Plan", dated 11/15/17 showed Resident #1 was non-verbal with an autism disorder; and, "because of both of these combined, makes him high risk for abuse, neglect and or exploitation...all staff are mandatory reporters." It showed Resident #1 had behavioral issues and an extensive history of self-directed, physical aggression characterized as hitting himself in the head and or face repeatedly. It showed Resident #1 required extensive assistance with daily care including toileting, showering, and dressing. Resident #1 was also 1:1 care on a shift to shift basis.

Review of a, "T-Log, facility incident log" dated 02/25/19, by Staff B, caregiver, showed, "At 6 AM while giving a shower, I noticed multiple little bruises and scratches up and down his right arm also on his torso and stomach. They are all less than an inch in size, all marks appear

fresh..." Staff B then took 4 - 5 photos of Resident #1's skin issues and uploaded them with the report. Staff B did not report this information to anyone on duty and then filed a mandated report on 03/07/19, 12 days after the event.

In an interview on 04/03/19 at 9:00 AM with Staff B, he stated that he did not ask permission to take the 02/25/19 photos of Resident #1 but said he put them in the computer to show what happened. Staff B stated that he was Resident #1's "favorite" and he and Staff C were counseled by Staff A and he thought Staff C was suspended related to the incident. Staff B provided examples of abuse and mandatory reporting but had no specific explanation for the late report.


Record review on 04/10/19 at 12:00 PM, of the investigation from Staff A, Executive Director confirmed the late report and no real explanation from Staff B. It showed that during the investigation Staff A discovered that there were different answers from staff "about what to do after calling the abuse/neglect hotline, so I set up an urgent staff meeting on 03/21/19 to go over the procedures and importance of everything happening in a timely manner."

On 04/11/19 at 10:00 AM in an interview with Staff A, he stated that Staff C had resigned and the abuse policy was not followed and the call should have been completed in a timely manner.

Plan/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, BEVERLY PARK GROUP HOME is or will be in compliance with this law and / or regulation on (Date) 5-14-19. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

I understand that to maintain an assisted living facility license, the facility must be in compliance with the licensing laws and regulations at all times.



Administrator (or Representative)

5-14-19

Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a current background check

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(system in place for review) for 1 of 5 sampled staff (Staff C). This failure placed all the residents at risk of harm.

Findings included...

The Department's current Facilities Management System (electronic database) showed the facility serves a developmentally disabled population.

Review of staff records showed Staff C, caregiver was hired 01/02/17. Staff C's most recent background check was 01/19/17 (valid for two years). There was no evidence Staff C submitted a new background check authorization form.

In an interview on 04/04/19 at 11:15 AM with Staff E, House Manager, she stated that previous House Manager had recently left and the staff files and information may be behind.

In an interview on 04/11/19 at 1:00 PM with Staff A, Executive Director, he stated that he would be updating the files and was aware of the two year background requirement.

Plan/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, BEVERLY PARK GROUP HOME is or will be in compliance with this law and / or regulation on (Date) 5-14-19. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

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Administrator (or Representative)

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