



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

June 25, 2019

MCGEE GUEST HOME INC
MCGEE GUEST HOME
21520 82ND AVE E
SPANAWAY, WA 98387

RE: MCGEE GUEST HOME License #800

Dear Administrator:

The Department completed a follow-up inspection of your assisted living facility on June 25, 2019 for the deficiency or deficiencies cited in the report/s dated May 6, 2019 and found no deficiencies.

The Department staff who did the follow-up inspection:
Woodetta Maulana

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: MCGEE GUEST HOME (686096) **Intake ID(s):** 3636872
License/Cert. #: AL800
Investigator: Maulana, Woodetta **Region/Unit:** RCS Region 3/Unit A **Investigation Date(s):** 04/23/2019 through 05/06/2019
Complainant Contact Date(s):

Allegations:

- 1. Resident provided improper discharge notice.

Investigation Methods:

Sample: 2 sampled residents

Observations: staff to resident interaction
residents
general observation of the facility

Interviews: staff and residents

Record Reviews: resident records

Allegation Summary:

- 1. The assisted living facility failed to include in the written discharge notices, the ombudsman contact information for 2 residents, to include named resident.

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

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

RCW 70.129.110 3



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Statement of Deficiencies	License #: 800	Completion Date
Plan of Correction	MCGEE GUEST HOME	May 6, 2019
Page 1 of 3	Licensee: MCGEE GUEST HOME INC	

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: 3636872

The department has completed data collection for the unannounced on-site complaint investigation on 4/23/2019 of:

MCGEE GUEST HOME
 21520 82ND AVE E
 SPANAWAY, WA 98387

The following sample was selected for review during the unannounced on-site complaint investigation : 2 of 40 current residents and 0 former residents.

The department staff that inspected and investigated the assisted living facility:
 Woodetta Maulana

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit A
 PO Box 98907
 Lakewood, WA 98496
 (253)983-3826

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	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)	Date

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

RCW 70.129-110 Disclosure, transfer, and discharge requirements.

(5) The written notice specified in subsection (3) of this section must include the following:

(d) The name, address, and telephone number of the state long-term care ombudsman;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF), failed to include in the written discharge notices the ombudsman contact information for 2 of 2 sample residents (#'s 1 & 2). This failure placed residents at risk of not having access to resources that could assist with mediation and/or resolution prior to being discharged.

Findings included:

RESIDENT #1

On 04/23/19, at 9:13 a.m. during a phone interview, Resident #1 stated he believed he was given an improper discharge notice. Resident #1 stated the administrator (Staff A) did not attempt to accommodate his request to have additional equipment in his room. When asked, Resident #1 stated he did not want to move.

Review of Resident #1's discharge notice dated [REDACTED] 19, documented the discharge notice was given in part, because when Staff A would inform Resident #1 that he could not have something, he would then ask others. The discharge notice did not include the name, address and telephone number of the state long-term care ombudsman.

RESIDENT #2

Review of Resident #2's discharge notice dated [REDACTED] 19, documented in part, that Resident #2 does not keep his area free of garbage which attracted sugar ants that was time consuming to clean and costly for the facility. The discharge notice did not include the name, address and telephone number of the state long-term care ombudsman.

On 05/06/19, at 7:30 a.m. during a phone interview, the administrator (Staff A), stated Resident #1's and Resident #2's discharge notices were rescinded.

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, MCGEE GUEST HOME is or will be in compliance with this law and / or regulation on (Date)_____. 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)

Date