STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

American Baby Boomers LLC

American Baby Boomers LLC
10017 NE 62nd Circle
Vancouver, WA 98662

RE: American Baby Boomers LLC License # 753320

Dear Provider:

This letter addresses Compliance Determination(s) 36230 (Completion Date 02/01/2024) and 32008 (Completion Date 12/20/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/01/2024 and found that you have corrected the violations listed in the Complaint report dated 12/20/2023. Your home is back in compliance as of 01/01/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10400-3-a, WAC 388-76-10400-3-b, WAC 388-76-10400-1, WAC 388-76-10400-2

The Department staff who did the on-site verification:
Priscilla Changa, Nursing Home Complaint Investigator

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: American Baby Boomers LLC
License/Cert.#: 753320
Compliance Determination #: 32008
Investigator: Priscilla Changa
Investigation Date(s): 11/02/2023 through 12/20/2023
Complainant Contact Date(s):

Provider Type: Adult Family Home

Intake ID: 103142
Region/Unit #: RCS Region 3 / Unit F

Allegation(s):
Resident neglect- Named resident was on the ground all night.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions General environment
Interviews:	Identified resident Residents Caregiver Provider Power of Attorney
Record Reviews:	Assessment, Negotiated care plan, progress note and hospital records

Investigation Summary:
Named resident reported fell at 10:30 PM, staff did not respond to call button and yelling from the resident, staff found resident on the floor at 7:30 AM. Staff reported resident was found on the floor at 7:30 AM. Record review showed incident did occur, hospital records showed named resident had medical condition related to fall and immobility. Failed practice was identified and a citation was written under WAC 388-76-10400 (3)(a)(b).

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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800 NE 136th Ave, Suite 200, Vancouver, WA 98684

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 11/02/2023 and 11/02/2023 of:

American Baby Boomers LLC
10017 NE 62nd Circle
Vancouver, WA 98662

This document references the following complaint number(s): 103142

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Priscilla Changa, Nursing Home Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

As a result of the on-site visit(s), 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.

Jennifer LeMaster
Residential Care Services

12/26/2023
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

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(1) The care and services identified in the negotiated care plan.

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

(3) The care and services in a manner and in an environment that:

(a) Actively supports, maintains or improves each resident's quality of life;

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure the necessary care and services were provided for one of three sampled residents, (Resident 1 [R1]) when R1 fell and was on the ground for approximately nine hours. This failure resulted in R1 having serious medical complications and unmet care needs.

Review of R1's Negotiated Care Plan, dated 01/15/2022, showed R1 was admitted to the home on [redacted]2016. The record showed R1 required assistance with mobility and transfers. The record instructed staff to assist R1 with transfers, "standby and observe client for any weakness and provide proper care as necessary."

Record review of R1's progress note, dated 10/18/2023, documented R1 was found lying on the floor. The record documented R1 expressed that they had called for help at night.

Record review of R1's hospital discharge summary, dated 10/20/2023, showed R1 was diagnosed with [redacted]. The record documented R1 fell, repeatedly pressed the call button throughout the night and no one came to help. The record documented R1 was on the ground for approximately 8-12 hours. The record documented that the staff at the AFH had turned off the call button system.

On 11/02/2023 at 2:21 PM, R1 stated that they fell at approximately 10:30 PM, they pressed their call button multiple times throughout the night, yelled, and no one came to help. R1 stated that they were unable to get themselves off the ground due to weakness

and that they needed assistance from staff. R1 said they could not reach the blankets and they felt cold throughout the night. R1 stated that Staff B, Caregiver, came into their room around 7:30 AM

On 11/02/2023 at 2:55 PM Staff B, Caregiver, stated that they last checked on the R1 at around 11:00 PM. Staff B said they were sleeping in the living room next to call button alert system and they did not hear the call button go off. Staff B said they check all residents between 2:00 AM and 3:00 AM. Staff B said their alarm did not go off at 2:00 AM and they did not check the residents as they should. Staff B said they found R1 on the ground at 7:30 AM. Staff B indicated it was possible that R1 was on the floor for a long time. Staff B stated that they sent R1 to the hospital due to weakness.

On 11/02/2023 at 3:50 PM Staff A, Provider, stated that it was expected for staff to respond to call buttons and emergencies at night. Staff A stated that staff checked on all the residents at 2:00 AM. Staff A stated that staff were to take the call button system upstairs when they go sleep. Staff A indicated that Staff B left the call button system downstairs and had turned off the call button system.

On 12/20/2023 at 11:15 AM, Collateral Contact 1 (CC1), Power of Attorney, stated that they spoke with Staff B, and they did not tell them that R1 was on the floor all night. CC1 stated that they met R1 at the hospital and R1 was cold, pale, and their voice was hoarse from yelling. CC1 stated that R1 told them they pressed the call button and yelled multiple times throughout the night, but no one came. CC1 stated that Staff B indicated that when they were tired, they cannot hear the call button alarming and their phone alarm. CC1 stated that Staff A indicated the call button system was turned off.

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, American Baby Boomers LLC is or will be in compliance with this law and / or regulation on (Date) 1/1/2024.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Brent Hunt
Provider (or Representative)

1/1/2024
Date

and that they needed assistance from staff. R1 said they could not reach the blankets and they felt cold throughout the night. R1 stated that Staff B, Caregiver, came into their room around 7:30 AM.

On 11/02/2023 at 2:55 PM Staff B, Caregiver, stated that they last checked on the R1 at around 11:00 PM. Staff B said they were sleeping in the living room next to call button alert system and they did not hear the call button go off. Staff B said they check all residents between 2:00 AM and 3:00 AM. Staff B said their alarm did not go off at 2:00 AM and they did not check the residents as they should. Staff B said they found R1 on the ground at 7:30 AM. Staff B indicated it was possible that R1 was on the floor for a long time. Staff B stated that they sent R1 to the hospital due to weakness.

On 11/02/2023 at 3:50 PM Staff A, Provider, stated that it was expected for staff to respond to call buttons and emergencies at night. Staff A stated that staff checked on all the residents at 2:00 AM. Staff A stated that staff were to take the call button system upstairs when they go sleep. Staff A indicated that Staff B left the call button system downstairs and had turned off the call button system.

On 12/20/2023 at 11:15 AM, Collateral Contact 1 (CC1), Power of Attorney, stated that they spoke with Staff B, and they did not tell them that R1 was on the floor all night. CC1 stated that they met R1 at the hospital and R1 was cold, pale, and their voice was hoarse from yelling. CC1 stated that R1 told them they pressed the call button and yelled multiple times throughout the night, but no one came. CC1 stated that Staff B indicated that when they were tired, they cannot hear the call button alarming and their phone alarm. CC1 stated that Staff A indicated the call button system was turned off.

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, American Baby Boomers LLC 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.

_____ _____

Provider (or Representative) Date