STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

AMENDED

MORNINGSIDE RESIDENCE INC
MORNINGSIDE INC AFH
3239 NE 96th St
Seattle, WA 98115

RE: MORNINGSIDE INC AFH License # 355400

Dear Provider:

This letter addresses Compliance Determination(s) 41160 (Completion Date 05/13/2024) and 38891 (Completion Date 04/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/13/2024 and found that you have corrected the violations listed in the Full report dated 04/15/2024. Your home is back in compliance as of 04/16/2024 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 388-76-10430-2-d, WAC 388-76-10430-2-c

The Department staff who did the on-site verification:
Alfredo Brown, Allied Health Field Manager
Stacy Kinnunen, CRU Intake Worker

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K
Residential Care Services

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Statement of Deficiencies	License #: 355400	Compliance Determination # 38891
Plan of Correction	MORNINGSIDE INC AFH	Completion Date
Page 1 of 3	Licensee: MORNINGSIDE RESIDENCE INC	04/15/2024

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 the unannounced on-site full inspection on 03/26/2024 and 03/26/2024 of:
MORNINGSIDE INC AFH
3246 NE 96TH STREET
SEATTLE, WA 98115

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Alfredo Brown, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

04/18/2024
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.

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Provider (or Representative)

5.8.24
Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the medication logs for 1 of 2 sampled residents (Resident 2) were accurate and current, with the prescribed medication available in the home. This failure placed Residents 2 at risk for medication errors and not receiving their medication as prescribed.

Findings included...

Record review showed Resident 2 was admitted to the AFH on [redacted]2022. Resident 2's Negotiated Care Plan (NCP) dated 10/10/2023, showed medication management was needed.

Record review of Resident 2's March 2024 Medication Log (ML) showed physician orders, written on 01/26/2024, for polyethylene glycol (medication used to treat constipation) powder. The polyethylene glycol powder was scheduled for twice a day (8:00 AM and 8:00 PM). The ML for March 2024 was initialed as being given by staff, from March 1st to the morning of March 26.

Observation, on 03/26/2024 at 12:04 PM, showed Resident 2's polyethylene glycol powder was not in Resident 2's medication bin and was not available in the AFH.

During an interview, on 03/26/2024 at 12:04 PM, Staff A (Entity Representative) stated that Resident 2's polyethylene glycol powder was not available in the AFH. Staff A stated Resident 2 had not used the prescribed polyethylene glycol powder in a while. Staff A was not sure why the AFH staff kept initialing the ML if the polyethylene glycol powder was not available.

During an interview, on 04/11/2024 at 11:15 AM, Staff A stated that Resident 2's polyethylene glycol powder had been reordered, but they were not sure when the AFH

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initially ran out of Resident 2'S polyethylene glycol powder.

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, MORNINGSIDE INC AFH is or will be in compliance with this law and / or regulation on (Date) 4-16-2024.

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

Elizabeth Benedetto
Provider (or Representative)

5-8-2024
Date