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

NDIDI ODOEMENE
NDS ADULT FAMILY HOME
2123 S 248th St
Kent, WA 98032

RE: NDS ADULT FAMILY HOME License # 432001

Dear Provider:

This letter addresses Compliance Determination(s) 58071 (Completion Date 05/06/2025) and 51302 (Completion Date 02/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/06/2025 and found that you have corrected the violations listed in the Complaint, Full report dated 02/13/2025. Your home is back in compliance as of 04/15/2025 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 388-76-10015-1, WAC 388-76-10015-3, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10485-1, WAC 388-76-10485-2, WAC 388-76-10485-3, WAC 388-76-10485, WAC 388-76-10490, WAC 388-76-10490-1, WAC 388-76-10490-2

The Department staff who did the on-site verification:
Ivy Mordo, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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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 and complaint investigation on 12/06/2024 of:
NDS ADULT FAMILY HOME
2123 S 248th St
Kent, WA 98032

This document references the following complaint numbers: 155887.

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:

Ivy Mordo, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.

Dahl Kim
Residential Care Services

02/19/2025
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.

Ndidi Odoemene
Provider (or Representative)

3/8/25
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW), a license required to perform certain medical tests in the AFH. This failure placed 1 of 1 resident (Resident 4) at risk for harm as the AFH conducted medical tests on Resident 4 without an MTSW.

Findings included...

Updated Dear Provider letter which superseded 2022 letter was sent on 11/15/2024. It stated that the DOH Medical Test Site Waiver (MTSW) licensure is required when the AFH, ESF or ALF administers a medical test (such as a COVID-19 test or blood glucose test), or interprets the test result, or acts upon the test results. Examples of activities performed by providers or staff that require a MTSW license are when a provider: • Uses rapid COVID-19 tests for residents. • Tests blood glucose for a resident. • Dips test sticks in urine to test for ketones or other analytes. • Reports a test result to a medical provider who may adjust a resident's diet or medication in response to a test result.

In an unannounced visit on 12/06/2024 at 8:00AM, observation showed five residents (Residents 1, 2, 3, 4, and 5) resided and received care in the AFH.

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Review of Resident 4's December 2024 generated Medication Administration Record (MAR), showed Resident 4 was prescribed Humalog 100 unit/milliliter Flex pen to be injected three times daily before meals as directed per sliding scale, and Glargine Insulin 100unit/milliliter which is a long-acting insulin to be injected two times a day.

During an interview on 12/06/2024 at 12:00 PM Staff A, Entity Representative, stated that Resident 4 had Diabetes (a disease caused when the body does not produce enough insulin). Staff A further stated that glucose testing was conducted in the AFH by caregivers. Staff A stated that they did not know what a medical test site waiver was and that they were not aware it was a requirement. Additionally, Staff A stated they would apply for a medical test site waiver.

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, NDS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/15/25.

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

odoemene ndidi — Provider (or Representative)

3/8/25 — 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:

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

(d) Receives medications as required.

(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:

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Based on observations, interviews and record review, the Adult Family Home (AFH) failed to have a medication system in place to ensure that 2 of 2 residents (Residents 1, and 4) received medications in a safe manner. This failure placed Residents 1 and 4 at risk for harm.

Findings included…

In an unannounced visit on 12/06/2024 at 8:00AM, observation showed five residents (Residents 1, 2, 3, 4, and 5) resided and received care in the AFH.

On 12/06/2024 at 08:05 AM, in an interview with Staff A, Entity Representative stated that all the residents needed assistance with medications.

Resident 1

Review of December 2024 pharmacy generated Medication Administration Record (MAR) at 1:15 PM, 12/06/2024 showed Guaifenesin 100milligrams/5milliliters take 10mls for cough three times a day was updated on the MAR. Observation showed medication was not available in the home.

Further Review of December 2024 MAR also showed the following medications were also updated in the MAR: Tylenol 1000mg by mouth three times a day for pain management, Metformin 500mg 1 tablet by mouth 2 times a day for Diabetes management (Diabetes is a chronic disease that occurs when your body doesn't produce enough insulin or can't use it properly) and Sinemet 50/200mg 1 tablet by mouth three times a day for Parkinson's Disease (Parkinson's disease is a chronic brain disorder that causes movement problems, including tremors, stiffness, and balance issues).

Additional review of Resident 1's December 2024 MAR at 1:20 PM, 12/06/2024 showed Staff B, Caregiver had initialed the MAR for Tylenol, Metformin and Sinemet for the times 5:00 PM and 8:00 PM as medications given whiles it was not yet time.

Resident 4

Review of December 2024 pharmacy generated Medication Administration Record (MAR) at 1:25 PM, 12/06/2024 showed the following medications were updated in the MAR as given:
-Norco 5/325mg take 1 tablet by mouth at 6:30 PM.
- Lorazepam 0.5mg 1 tablet by mouth at 6:30PM.

Review of these medications on 12/06/2024 at 1:30PM, showed staff B had initialed

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Norco and Lorazepam as given at 6:30 PM while it was not yet time.

During an interview on 12/06/2024 at 1:36PM, Staff B stated that they initialed the medications ahead of time out of habit at the beginning of the shift.

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, NDS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/15/25.

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

Odoemene ndidi — Provider (or Representative)

3/8/25 — Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(2) In the original container with legible and original labels; and

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interviews the Adult Family Home (AFH) failed to ensure medications for 1 of 2 residents (Resident 4) in a box in the refrigerator was kept locked and place 2 of 2 residents' (Residents 2 and 4) medications in a locked storage. These failures placed Residents 2 and 4 at risk for worsening condition from improper use of the over the counter and prescribed medications. These failures also placed ambulatory residents (Residents 1, 3 and 5) at risk for worsening condition if they accessed and used medications not belonged to them inappropriately.

Findings included...

In an unannounced visit on 12/06/2024 at 8:00AM, observation showed five residents (Residents 1, 2, 3, 4, and 5) resided and received care in the AFH.

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In an interview with Staff A, Entity Representative on 12/06/2024 at 8:05AM, they stated that all five residents in the home required assistance with their medications.

Observation at 8:15AM, 12/06/2024 showed three residents (Residents 1, 3 and 5) ambulated in the AFH.

On 12/06/2024 at 9:05 AM, observation showed Resident 2 had the following medications in their bedroom on their nightstand:
- Chlorhexidine 0.12% mouth wash, swish and spit after brushing teeth every morning and evening.
- Ketoconazole cream apply to affected areas for skin issues.
- Diclofenac Sodium topical gel 1%, apply to affected areas for arthritic pain.

On 12/06/2024 at 9:10 AM, observation showed Resident 4 had the following medications in the refrigerator in a box that was not locked.

- Glargine Insulin 100units/milliliters Flex pen to be injected two times a day for Diabetes (a disease caused when the body does not produce enough insulin).
- Humalog 100 unit/milliliter Flex pen to be injected three times daily before meals as directed per sliding scale.

During an interview on 12/06/2024 at 9:20 AM Staff A, Entity Representative, stated that they were not aware Resident 2 had these medications in their rooms. Staff A added that staff was good at locking up the medication box in the fridge whenever they finish administering insulin for Resident 4, they somehow forgot to do so this time.

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, NDS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/15/25.

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

Odoemene Ndidi — Provider (or Representative)

3/8/25 — Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired

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medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

(2) Residents who have left the home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement their written policy addressing the disposal of medications for 1 of 1 current resident (Resident 4) when medication expired. This failure led to the AFH keeping medications that had expired and placed resident s at risk taking less effective or harmful medications.

Findings included…

In an unannounced visit on 12/06/2024 at 8:00 AM, observation showed five Residents 1, 2, 3, 4 and 5 resided and received care in the AFH.

Review of records on 12/06/2024 at 1:30 PM, showed the AFH had their medication disposal policy in place which stated that medications expired should be disposed of immediately.

Review of Resident 4's medications at 12/06/2024 at 1:30 PM, showed Docusate Sodium expired 9/18/2024 and Tizanidine HCL expired 8/23/2024.

During an interview on 12/06/2024 at 1:40 PM, Staff A, Entity Representative stated that they were not aware these medications were expired. Staff A said they would dispose the medications off and call the pharmacy to replace them as soon as possible.

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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, NDS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/15/25.

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

odoemene ndidi — Provider (or Representative)

3/15/25 — Date

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