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

JORGE FLOREZ
MILLCREEK ADULT FAMILY HOMES II
16000 75th Pl W
EDMONDS, WA 98026

RE: MILLCREEK ADULT FAMILY HOMES II License # 520702

Dear Provider:

This letter addresses Compliance Determination(s) 35778 (Completion Date 01/26/2024) and 31671 (Completion Date 12/06/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/26/2024 and found that you have corrected the violations listed in the Complaint report dated 12/06/2023. Your home is back in compliance as of 12/06/2023 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 388-76-10435-2-a

The Department staff who did the on-site verification:
Ellen Schooler, NCI Nurse Consultant Instituation

If you have any questions, please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: MILLCREEK ADULT FAMILY HOMES II
License/Cert.#: 520702
Compliance Determination #: 31671
Investigator: Ellen Schooler
Provider Type: Adult Family Home
Intake ID: 103618
Region/Unit #: RCS Region 2 / Unit K
Investigation Date(s): 10/26/2023 through 12/06/2023
Complainant Contact Date(s):

Allegation(s):

The Adult Family Home failed to ensure that Named Resident received an important routine psychoactive medication from the pharmacy in a timely manner, and substituted an as needed medication instead.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	Adult Family Home Environment Identified resident Residents Activities Resident care equipment Resident rooms Staff to resident interactions
Interviews:	Identified resident Residents AFH staff and Provider
Record Reviews:	Facility policies Negotiated Care plans Psych progress notes Behavioral Health flow sheets

Investigation Summary:

Observation showed that AFH provided care and services to residents. Residents were comfortable and well-groomed. Residents were treated with respect and dignity. Observation of Named Resident's medication storage bin showed that they had two Risperidone 2mg pill cards--one labeled AM for the 8:00AM dose and one for HS for the Bedtime/ 8:00PM dose. Interviews with AFH staff and AFH Provider indicated that AFH staff placed multiple calls to the pharmacy to request that the AM Risperidone 2mg pill card be refilled and sent to the AFH for the Named Resident; however, the AFH staff stated they had not called the Medical Provider to report the missed doses of the

medication. Record reviews exhibited that AFH had abuse/ neglect/ mistreatment prevention and reporting policy and procedures. Record review indicated that an as needed (PRN) medication was given twice daily routinely to help manage Named residents behaviors. Failed practice identified.

Conclusion / Action:

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

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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 10/26/2023 and 10/26/2023 of:

MILLCREEK ADULT FAMILY HOMES II
504 N 179th Pl
Shoreline, WA 98133

This document references the following complaint number(s): 100466, 103618, 101053

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 investigated the Adult Family Home:

Ellen Schooler, NCI Nurse Consultant Instituation

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.

Residential Care Services _____ 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.

Statement of Deficiencies	License #. 520702	Compliance Determination # 31671
Plan of Correction	MILLCREEK ADULT FAMILY HOMES II	Completion Date
Page 2 of 3	Licensee. JORGE FLOREZ	12/06/2023

Provider (or Representative) 12/06/23 Date

WAC 388-76-10435 Medication refusal.

(2) If the adult family home is assisting with or administering a resident's medications and the resident refuses to take or does not receive a prescribed medication:

(a) The home must notify the resident's practitioner, unless

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to notify the prescribing physician when 1 of 2 sampled residents (Resident 1) did not receive prescribed medication. This failure placed Resident 1 at risk for unmet medical needs.

Findings included...

Review of the AFH records showed the AFH admitted Resident 1 on [redacted]/2021.

Review of the Negotiated Care Plan (NCP) dated 08/16/2023, showed that Resident 1 admitted to AFH with diagnoses to include [redacted] The NCP stated that Resident 1 required medication administration under nurse delegation. The NCP listed the following instructions for caregivers when administering medications, take medications to resident at appropriate scheduled time and observe resident swallow the medications, document medication taken, put medication in lockbox, re-order medication, report adverse reactions, and cue to swallow medications as needed.

Review of Resident 1's October 2023 Medication Log (ML), dated 10/01/2023 showed that Resident 1 had been prescribed Risperidone (a medication which belongs in a group of medications called antipsychotics which work by affecting chemical messengers in the brain). Resident 1's October 2023 ML was reviewed and showed that Resident 1 had an order for Risperidone 2mg (milligram)--Take one tablet by mouth daily in the morning for psychosis (a severe mental condition in which thoughts and emotions are so affected that contact is lost with external reality). The October 2023 ML showed that the 8:00 AM dose of Risperidone 2mg was signed with the initials NS (for no supply) and encircled as not given 10/6 through 10/18/2023.

Review of Resident 1's October 2023 Medication Log (ML), dated 10/01/2023 showed that Resident 1 had been prescribed Ingrezza (a medication used for adults with involuntary movements) 40mg Capsule—take 1 capsule by mouth daily for involuntary movements.

Observation on 10/26/2023 at 12:20PM of Resident 1's medication storage bin showed that there was no supply of Ingrezza 40mg capsules.

In an interview on 10/26/2023 at 12:23 PM, Staff B (Resident Manager) Staff B was asked about the Ingrezza 40mg Capsules not being in Resident 1's medication storage bin, and they stated Ingrezza was not covered by insurance. Staff B was asked if the Physician was aware that resident was not receiving this medication due to Resident 1's insurance not approving the medication and Staff B stated that they would call the physician to notify of the situation.

In an interview on 10/26/2023 at 3:21 PM with Staff B (Resident Manager), Staff B was asked what date they notified the medical practitioner that the AM Risperidone 2mg was not available. Staff B stated that they had not notified the medical practitioner.

In an interview on 10/26/2023 at 4:00 PM, Staff A (Provider) stated that they did not notify the medical provider that Resident 1 had not been receiving their AM dose of Risperidone 2mg from 10/06/2023 to 10/18/2023.

In an interview 12/06/2023 at 2:33 PM, CC1 (Mental Health Practitioner) stated that they were not notified of Resident 1's missed AM Risperidone 2mg doses from 10/06/2023 to 10/18/2023 until they visited Resident 1 at the AFH on 10/22/2023. CC1 stated that Staff B told them that Resident 1's AM Risperidone 2mg pill card did not come on schedule from the pharmacy and that Resident 1 had missed over a week of their 8:00 AM Risperidone doses and had an increase in behavioral concerns.

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, MILLCREEK ADULT FAMILY HOMES II is or will be in compliance with this law and / or regulation on (Date) 12/06/23

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

Provider (or Representative) — Date: 12/06/23