STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

ARCHITON AND LUCILA ESCOBIDO
BETHEL HOME 1
7724 94TH AVE SW
LAKEWOOD, WA 98498

RE: BETHEL HOME 1 License # 567800

Dear Provider:

This letter addresses Compliance Determination(s) 31900 (Completion Date 12/20/2023) and 26647 (Completion Date 09/01/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/20/2023 and found that you have corrected the violations listed in the Full report dated 09/01/2023. Your home is back in compliance as of 10/02/2023 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 388-76-10191, WAC 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10430-1, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

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Statement of Deficiencies	License #: 567800	Compliance Determination # 26647
Plan of Correction	BETHEL HOME 1	Completion Date
Page 1 of 4	Licensee: ARCHITON AND LUCILA ESCOBIDO	09/01/2023

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 07/13/2023 and 07/13/2023 of:
BETHEL HOME 1
7021 97TH AVE SW
LAKEWOOD, WA 98498

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

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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

09/05/2023
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.

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Statement of Deficiencies	License #: 567800	Compliance Determination # 26647
Plan of Correction	BETHEL HOME 1	Completion Date
Page 2 of 4	Licensee: ARCHITON AND LUCILA ESCOBIDO	09/01/2023

Provider (or Representative) — Date: 09/14/23

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to maintain required liability insurance. This failure placed all residents (Residents 1, 2, 3, 4, 5, and 6) at risk of not being covered by the required liability insurance in the event of an insurance claim.

Findings included...

On 07/13/2023, administrative record review showed the AFH did not have evidence of required liability insurance policies.

During an exit interview on 07/13/2023 at 2:30 P.M., the Provider confirmed they were unable to find evidence of current liability insurance.

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, BETHEL HOME 1 is or will be in compliance with this law and / or regulation on (Date) 9/30/23 .

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

Provider (or Representative) — Date: 09/14/23

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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:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 4 of 6 residents (Resident 1 [R1], Resident 4 [R4], Resident 5 [R5] and Resident 6 [R6]). This failure placed R1, R4, R5 and R6 at risk for a medication error.

Findings included...

R1
Record review on 07/13/2023 at 12:10 P.M. of R1's Medication Administration Record (MAR) dated July 2023 showed they were prescribed Lorazepam (for anxiety) and Diabetic Tussin (for cough). R1's MAR showed these medications were as needed (PRN).

Observation of R1's medication supply on 07/13/2023 at 12:10 P.M. showed these medications were missing from R1's supply.

R4
Record review on 07/13/2023 at 12:25 P.M. of R4's MAR dated July 2023 showed they were prescribed Vitamin B-12 (supplement) daily. R4's MAR also showed they were prescribed PRN medications including Acetaminophen (for pain), Bisac Evac (for constipation), Docusate Sodium (for constipation), Ondansetron (for nausea), Oxycodone-Acetaminophen (for pain), and Sooze Pads/Witch Hazel (for incontinence).

Observation of R4's medication supply on 07/13/2023 at 12:40 P.M. showed these medications were missing from R4's supply.

R5
Record review on 07/13/2023 at 12:43 P.M. of R5's MAR dated July 2023 showed they were prescribed PRN Oxycodone (for pain).

Observation of R5's medication supply on 07/13/2023 at 12:51 P.M. showed this

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medication was missing from R5's supply.

R6
Record review on 07/13/2023 at 12:52 P.M. of R6's MAR dated July 2023 showed they were prescribed PRN Dextromethorphan Polistriex (for cough) and PRN Lidocaine-Hydrocortisone (for hemorrhoids).

Observation of R6's medication supply on 07/13/2023 at 12:59 P.M. showed these medications were missing from R6's supply.

During an interview on 07/13/2023 at 1:10 P.M., Staff A, Caregiver confirmed the missing medications for R1, R4, R5, and R6 were not in the home.

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, BETHEL HOME 1 is or will be in compliance with this law and / or regulation on (Date) 10/2/23 .

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

Provider (or Representative) 09/14/23 Date

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Plan of Correction

Agency Name	Citation Date
Regional Care Services, Region 3	09/05/2023
Submitted by	**Date of POC Submission**
Lucila Escobido	09/14/2023
☐ Complaint Citation ☐ Certification Citation	

Citation: (WAC 388-76-10191) Liability Insurance Required	
What *initial or immediate actions* were taken to address concerns affecting clients?	Proof of liability insurance was sent on a follow up email on 07/17/2023.
How will you apply the correction to all clients you support?	**System or Operational Changes:** A calendar reminder will be set annually to print and post up to date liability insurance information.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Task will be owned by Raniel Rivera, Resident Manager of Bethel Homes 1 Additional oversight will be owned by Lucila Escobido, Provider of Bethel Homes 1.
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. 9/30/2023
Additional Information	See attached proof of liability insurance

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

Region3:
rcsregion3email@dshs.wa.gov

Lakewood
Lakewood, WA 98499
Fax: (253) 589-7240

Tumwater
6639 Capital Blvd. SW
Tumwater, WA 98501
Fax: (360) 664-8451

Vancouver
800 NE 136th Avenue, Suite 220
Vancouver, WA 98684
Fax: (360) 992-7969

IDR
Lacey
PO Box 45600
Olympia, WA 98504-5600
RCSIDR@dshs.wa.gov

RN
Bethel Homes Provider

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Plan of Correction

Agency Name	Citation Date
Residential Care Services, Region 3	09/05/2023
Submitted by	**Date of POC Submission**
Lucila Escobido	09/14/2023
☐ Complaint Citation ☐ Certification Citation	

Citation: (WAC 388-76-10430)	
What *initial or immediate actions* were taken to address concerns affecting clients?	**Refill requests for the PRN medications were sent to partner pharmacy as well as discontinue requests to PCP.**
How will you apply the correction to all clients you support?	**System or Operational Changes include:** 1.Full Monthly Medication Audits 2.Review **WAC 388-76-10430** Medication System with staff 3.Review Electronic MAR system specifically around its medication reordering feature. 4.Implement a 60-day Reassessment of PRN Medications Policy
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Tasks will be owned by: Raniel Rivera, Resident Manager Bethel Homes 1 Marie Sto. Domingo, Caregiver Zenaida Budano, Caregiver Meg Perkins, Caregiver Maricel Yamut, Caregiver Maybelle Mago, Caregiver Additional support and oversight by Lucila Escobido, Provider Bethel Homes 1
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. 10/2/2023
Additional Information	See attached Reassessment of PRN Policy

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

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