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

RAE LORRAINE SPAH
SPAH
2500 25TH ST SE
AUBURN, WA 98002

RE: SPAH License # 575600

Dear Provider:

This letter addresses Compliance Determination(s) 54892 (Completion Date 02/12/2025) and 50726 (Completion Date 12/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/12/2025 and found that you have corrected the violations listed in the Full report dated 12/16/2024. Your home is back in compliance as of 12/19/2024 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 388-76-10255-1, WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10490-1, WAC 388-76-10380-2

The Department staff who did the on-site verification:
Marites Gatan, NCI

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

Sincerely,

Dahl Kim
Dahl Kim, Field Manager
Region 2, Unit G
Residential Care Services

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

Statement of Deficiencies	License #: 575600	Compliance Determination # 50726
Plan of Correction	SPAH	Completion Date
Page 1 of 8	Licensee: RAE LORRAINE SPAH	12/16/2024

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 11/19/2024 and 11/19/2024 of:
SPAH
2500 25TH ST SE
AUBURN, WA 98002

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

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

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

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 — 12-17-2024 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 11/19/2024 and 11/19/2024 of:

SPAH
2500 25TH ST SE
AUBURN, WA 98002

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

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

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

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 #: 575600	Compliance Determination # 50726
Plan of Correction	SPAH	Completion Date
Page 2 of 8	Licensee: RAE LORRAINE SPAH	12/16/2024

Rae Lorraine Spah
Provider (or Representative)

12/17/2024
Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 3 staff (Staff A, Provider) used correct infection control procedures when they provided care for residents in the AFH. This failure placed all current residents at risk of acquiring infectious disease.

Findings included...

In an interview on 11/19/2024 at 9:06 AM, Staff A stated that they had two residents (Resident 1 and 2) who lived and received care from the AFH Staff.

Changing Gloves

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" was a guideline for Hand Hygiene and Staff Education. In the link for "When to change gloves and clean hands" it stated that to change gloves if moving from work on a soiled body site, to a clean body site on the same patient.

Observation on 11/19/2024 at 11:34 AM showed Staff A pulled down Resident 1's pants, used disposable wipes for perineal care and removed the soiled incontinent underwear. Staff A took a new clean incontinent underwear when asked to stop the procedure.

In an interview on 11/19/2024 at 11:35 AM, Staff A stated that they did not know the reason they were asked to stop the procedure. Department staff informed Staff A that their gloves were contaminated from removing the soiled incontinent underwear, performed perineal care and should have not been used to obtain new clean incontinent underwear. Staff A stated that they have not heard of changing their gloves for every step.

Hand Hygiene

Provider (or Representative) Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 3 staff (Staff A, Provider) used correct infection control procedures when they provided care for residents in the AFH. This failure placed all current residents at risk of acquiring infectious disease.

Findings included…

In an interview on 11/19/2024 at 9:06 AM, Staff A stated that they had two residents (Resident 1 and 2) who lived and received care from the AFH Staff.

Changing Gloves

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under “AFH Standard Precaution Table” was a guideline for Hand Hygiene and Staff Education. In the link for “When to change gloves and clean hands” it stated that to change gloves if moving from work on a soiled body site, to a clean body site on the same patient.

Observation on 11/19/2024 at 11:34 AM showed Staff A pulled down Resident 1’s pants, used disposable wipes for perineal care and removed the soiled incontinent underwear. Staff A took a new clean incontinent underwear when asked to stop the procedure.

In an interview on 11/19/2024 at 11:35 AM, Staff A stated that they did not know the reason they were asked to stop the procedure. Department staff informed Staff A that their gloves were contaminated from removing the soiled incontinent underwear, performed perineal care and should have not been used to obtain new clean incontinent underwear. Staff A stated that they have not heard of changing their gloves for every step.

Hand Hygiene

Statement of Deficiencies	License #: 575600	Compliance Determination # 50726
Plan of Correction	SPAH	Completion Date
Page 3 of 8	Licensee: RAE LORRAINE SPAH	12/16/2024

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" is a guideline for Hand Hygiene and Staff Education. In the link "Hand Hygiene" step number four stated to rinse hands with water and use disposable towels to dry. To use towel to turn off the faucet after hand washing.

Observation on 11/19/2024 at 11:38 AM, observed Staff A washed their hands with soap and water in the bathroom. Staff A turned on the faucet, wet their hands and scrubbed their hands for 20 seconds. Staff A turned off the faucet with the paper towel and dried their hands.

In an interview on 11/19/2024 at 11:39 AM, Staff A had no response when department staff informed them of the incorrect step performed. Department staff pointed out a posted paper "How to Wash Hands" in the bathroom. The handwashing procedure indicated to dry hands thoroughly then turn off the faucet.

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, SPAH is or will be in compliance with this law and / or regulation on (Date) 12/19/2024.

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

Rae Spah 12/17/2024
Provider (or Representative) 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:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not follow medication laws and rules related to medications when they administered

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under “AFH Standard Precaution Table” is a guideline for Hand Hygiene and Staff Education. In the link “Hand Hygiene” step number four stated to rinse hands with water and use disposable towels to dry. To use towel to turn off the faucet after hand washing.

Observation on 11/19/2024 at 11:38 AM, observed Staff A washed their hands with soap and water in the bathroom. Staff A turned on the faucet, wet their hands and scrubbed their hands for 20 seconds. Staff A turned off the faucet with the paper towel and dried their hands.

In an interview on 11/19/2024 at 11:39 AM, Staff A had no response when department staff informed them of the incorrect step performed. Department staff pointed out a posted paper “How to Wash Hands” in the bathroom. The handwashing procedure indicated to dry hands thoroughly then turn off the faucet.

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, SPAH 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

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 observation, interview and record review, the Adult Family Home (AFH) did not follow medication laws and rules related to medications when they administered

medication for 1 of 2 sampled residents (Resident 1). In addition, the AFH failed to ensure that medication ordered for 1 of 2 sampled residents (Resident 1) was available at the home. These failures placed Resident 1 at risk of medication errors.

Findings included…

In an interview on 11/19/2024 at 9:06 AM, Staff A, Provider stated that they had two residents (Resident 1 and 2) who lived and received care from the AFH Staff.

Review of Resident 1's AFH records showed that they were admitted to the home on [redacted]/2001. Review of Resident 1's November 2024 pharmacy generated log showed they were prescribed Calcium Carbonate (treat symptoms caused by too much stomach acid such as heartburn, upset stomach, or indigestion) two milliliter (500 mg) via G-tube (small flexible tube that is surgically inserted into the stomach through the abdomen used to provide nutrition fluids and medication for person who are unable to eat or drink safely by mouth) every evening and Carbamazepine (help to prevent or treat seizure) 10 ml (200 mg) via G-tube three times daily. Resident 1 was also prescribed of Lamictal (prevent or control seizure) two tablets (400 mg) via G-tube twice daily. Resident 1 was prescribed of MAPAP (treat minor aches and pain and reduces fever) 500 mg via G-tube as needed every four hours for fever and pain.

Observation on 11/19/2024 at 11:04 AM showed that Resident 1 did not have the MAPAP medication.

In an interview on 11/19/2024 at 11:06 AM, Staff A stated that Resident 1 took the MAPAP medication when they received their first COVID-19 (an infectious disease caused by a respiratory virus) vaccine in 2021. Staff A added that was the last time Resident 1 received the MAPAP.

Observation on 11/19/2024 at 2:41 PM, Staff C, Caregiver had medications ready to be administered for Resident 1. In the kitchen counter, was a pharmacy dispensed bubble pack (medications placed within small, clear plastic bubbles secured by a strong, paper-backed foil that protects the pills until dispensed) of Lamictal, bottle of Carbamazepine and a bottle of Lamictal. Staff C did not cross check these medications with the medication log.

In an interview on 11/19/2024 at 2:43 PM, Staff C stated that they knew what medication to give Resident 1 as they have been doing it for years. When asked how to they knew that they were giving the right medication, Staff C stated that Resident 1's medication had not changed for years.

In an interview on 11/19/2024 at 2:44 PM, Staff A, confirmed that Resident 1's medication had not changed for years. Staff A stated that they were trained by nurse delegator (registered nurse that provided training to allow nursing assistants in certain

Statement of Deficiencies	License #: 575600	Compliance Determination # 50726
Plan of Correction	SPAH	Completion Date
Page 5 of 8	Licensee: RAE LORRAINE SPAH	12/16/2024

setting like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurses) on medication administration.

In an interview on 11/19/2024 at 2:46 PM, Staff A acknowledged that that they did not use the medication log with the medication administration.

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, SPAH is or will be in compliance with this law and / or regulation on (Date) 12/19/2024 .

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

Rae Spah — Provider (or Representative)

12/19/2024 — 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 medication must be disposed of in a safe manner for:

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a written plan on how to dispose unused or expired medication for 2 of 2 sampled residents (Resident 1 and Resident 2). This failure placed the residents of harm from receiving expired medication.

Findings included...

Record review of the AFH's undated Medication disposal policy stated that "medication will be safely disposed of thru a community take back programs for proper disposal." Attached to the policy was an article titled "A Safer Way to Dispose of Unwanted Household Medicines. The policy did not address unused or expired medications for current residents in the AFH.

In an interview on 11/19/2024 at 9:06 AM, Staff A, Provider stated that they had two residents (Resident 1 and 2) who lived and received care from the AFH Staff.

setting like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurses) on medication administration.

In an interview on 11/19/2024 at 2:46 PM, Staff A acknowledged that that they did not use the medication log with the medication administration.

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, SPAH 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

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 medication must be disposed of in a safe manner for:

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a written plan on how to dispose unused or expired medication for 2 of 2 sampled residents (Resident 1 and Resident 2). This failure placed the residents of harm from receiving expired medication.

Findings included…

Record review of the AFH's undated Medication disposal policy stated that "medication will be safely disposed of thru a community take back programs for proper disposal." Attached to the policy was an article titled "A Safer Way to Dispose of Unwanted Household Medicines. The policy did not address unused or expired medications for current residents in the AFH.

In an interview on 11/19/2024 at 9:06 AM, Staff A, Provider stated that they had two residents (Resident 1 and 2) who lived and received care from the AFH Staff.

Resident 1

Review of Resident 1's AFH records showed that they were admitted to the home on [redacted]/2001. Review of Resident 1's November 2024 pharmacy generated log showed they were prescribed Lorazepam (medication for anxiety, trouble sleeping, severe agitation and seizure) one milligram (mg) via G- tube (small flexible tube that is surgically inserted into the stomach through the abdomen used to provide nutrition fluids and medication for person who are unable to eat or drink safely by mouth) as needed for Seizures greater than one minute.

Observation on 11/19/2024 at 11:10 AM showed Resident 1's pharmacy dispensed bubble pack (medications placed within small, clear plastic bubbles secured by a strong, paper-backed foil that protects the pills until dispensed) with label of Lorazepam (slows activity in the brain to allow for relaxation) one mg, RX 4140753 with an expiration date of 01/30/2024. The bubble pack had 15 bubbles that were filled with circle shaped white tablets. The bubbles marked one to four were punched out and had no tablets.

In an interview on 11/19/2024 at 11:11 AM, Staff A stated that the medication supply was overlooked as there were not used routinely. Staff A stated that they had another pharmacy dispensed bubble pack of the medication that was not expired.

Resident 2

Review of Resident 2's AFH records showed that they were admitted to the home on [redacted]/2001. Review of Resident 2's November 2024 pharmacy generated log showed they were prescribed Amoxicillin (medication that treats bacterial infection) 2,000 mg one hour before dental procedure.

Observation on 11/19/2024 at 12:32 PM, showed Resident 2's pharmacy dispensed bubble pack card labelled with 10/25/2022, Amoxicillin 2,000 mg, RX 9457358 with an expiration date of 04/25/2023. The bubble pack had four capsules.

In an interview on 11/19/2024 at 12:33 PM, Staff A stated that Resident 2 did have dental procedures for years.

Attestation Statement

Statement of Deficiencies	License #: 575600	Compliance Determination # 50726
Plan of Correction	SPAH	Completion Date
Page 7 of 8	Licensee: RAE LORRAINE SPAH	12/16/2024

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, SPAH is or will be in compliance with this law and / or regulation on (Date) 12/19/2024.

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

Rae Spah — Provider (or Representative)

12/19/2024 — Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Resident 1 and Resident 2) when parts of the plan no longer addressed their care needs. This failure placed Resident 1 and Resident 2 for unmet care needs.

Findings included...

In an interview on 11/19/2024 at 9:06 AM, Staff A, Provider stated that they had two residents (Resident 1 and 2) who lived and received care from the AFH Staff.

Resident 1

Review of Resident 1's AFH records showed that they were admitted to the home [redacted]/2001. Resident 1's 04/26/2024 annual Developmental Disabilities Administration (DDA) assessment, showed that resident had passive range of motion exercises once daily. Resident 1's 05/23/2024 NCP did not address their passive range of motion. The AFH last updated and signed Resident 1's NCP on 05/23/2024.

In an interview on 11/19/2024 at 11:52 AM, Staff A stated that Resident 1 was provided range of motion exercises with their daily caring routine. Staff A had agreed that they needed to update the Resident 1's care plan to include the passive range of motion exercises.

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, SPAH 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

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Resident 1 and Resident 2) when parts of the plan no longer addressed their care needs. This failure placed Resident 1 and Resident 2 for unmet care needs.

Findings included…

In an interview on 11/19/2024 at 9:06 AM, Staff A, Provider stated that they had two residents (Resident 1 and 2) who lived and received care from the AFH Staff.

Resident 1

Review of Resident 1's AFH records showed that they were admitted to the home [redacted]/2001. Resident 1's 04/26/2024 annual Developmental Disabilities Administration (DDA) assessment, showed that resident had passive range of motion exercises once daily. Resident 1's 05/23/2024 NCP did not address their passive range of motion. The AFH last updated and signed Resident 1's NCP on 05/23/2024.

In an interview on 11/19/2024 at 11:52 AM, Staff A stated that Resident 1 was provided range of motion exercises with their daily caring routine. Staff A had agreed that they needed to update the Resident 1's care plan to include the passive range of motion exercises.

Statement of Deficiencies	License #: 575600	Compliance Determination # 50726
Plan of Correction	SPAH	Completion Date
Page 8 of 8	Licensee: RAE LORRAINE SPAH	12/16/2024

Resident 2

Review of Resident 2's AFH records showed that they were admitted to the home [redacted]/2001. Resident 1's 01/25/2024 annual Developmental Disabilities Administration (DDA) assessment, showed that resident had passive range of motion exercises once daily. Resident 2's 01/25/2024 NCP did not address their passive range of motion. The AFH last updated and signed Resident 1's NCP on 01/25/2024.

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, SPAH is or will be in compliance with this law and / or regulation on (Date) 12/19/2024 .

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

Rae Spah — Provider (or Representative)

12/19/2024 — Date

Resident 2

Review of Resident 2's AFH records showed that they were admitted to the home [redacted]/2001. Resident 1's 01/25/2024 annual Developmental Disabilities Administration (DDA) assessment, showed that resident had passive range of motion exercises once daily. Resident 2's 01/25/2024 NCP did not address their passive range of motion. The AFH last updated and signed Resident 1's NCP on 01/25/2024.

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, SPAH 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

SPAH HOME

Plan of Correction

1. Staff 1 and 3 have reviewed standard precautions for adult family home. Gloves will be changed when moving from soiled site to clean site. Hand washing will done or hand sanitizer will be used with glove changes.
2. When washing hands staff will turn faucet off with paper towel.
3. Medication MARS will be compared to medication for name, dosage, times and route, and expiration dates before dispensing to client.
4. Medications have been checked for expiration dates and PRN's if not needed have been DC by doctor. Clients have two locking med cabinets in each room. I am downsizing to one locking cabinet in each room to make it easier to control meds and dates.
5. My safe medication return plan is enclosed with this paperwork.
6. Resident (2) had dental work in 2022. Also had shunt replacement at Harborview. Resident 2 has dental appointment at D-Code dental clinic at UW on

1/30/2025. Also has Neurology appointment on 1/15/2025. Amoxicillin will be ordered prior.

7. I have updated care plans for client 1 and client 2 to meet all care needs including range of motion prescribed by doctor. Care plans will be emailed to case manager.

Rae L. Spah 12/23/2024