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

PREMIER GENTLE CARE LLC

PREMIER GENTLE CARE LLC
809 238TH AVE NE
SAMMAMISH, WA 98074

RE: PREMIER GENTLE CARE LLC License # 641300

Dear Provider:

This letter addresses Compliance Determination(s) 51792 (Completion Date 12/13/2024) and 45240 (Completion Date 09/17/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/13/2024 and found that you have corrected the violations listed in the Full report dated 09/17/2024. Your home is back in compliance as of 08/06/2024 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

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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Statement of Deficiencies	License # 641300	Compliance Determination # 45240
Plan of Correction	PREMIER GENTLE CARE LLC	Completion Date
Page 1 of 4	Licensee: PREMIER GENTLE CARE LLC	09/17/2024

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 08/06/2024 and 08/08/2024 of:
PREMIER GENTLE CARE LLC
609 238TH AVE NE
SAMMAMISH, WA 98074

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Karen Beardsley, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 — 09/19/2024 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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Residential Care Services _____ Date _____

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Statement of Deficiencies	License # 641300	Compliance Determination # 45240
Plan of Correction	PREMIER GENTLE CARE LLC	Completion Date
Page 2 of 4	Licensee: PREMIER GENTLE CARE LLC	09/17/2024

Provider (or Representative) 09/28/24 Date

WAC 388-76-10430 Medication system.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure medication supply was available for 1 of 4 residents (Resident 2). This placed the resident at risk of not receiving appropriate medications as needed.

Findings included:

On 09/06/2024 at 12:04 PM, observation of medication supply showed Resident 2 had a bottle of three milligram (mg) over the counter sleeping pills in medication supply.

Review of the Medication Administration Record (MAR) showed Resident 2 was prescribed five mg of the over the counter sleeping pills. The MAR showed the five mg sleeping medication was marked as administered 07/01/2024 to 08/08/2024. Review of Physician's orders dated July 2024 and August 2024 showed Resident 2 was prescribed five mg of the sleeping medication on 07/17/2024.

On 08/06/2024 at 12:06 PM, in an interview with Staff C, Caregiver, stated that they did not have any other bottles of the over the counter sleeping pills for Resident 2 and had not kept the previous five mg bottle.

On 08/06/2024 at 2:40 PM, Staff A, Provider, stated that family dropped off melatonin (over the counter sleeping pills) on 07/30/2024 when provider was on vacation, so provider was unaware of the issue during that time.

On 08/09/2024 at 3:50 PM, in an interview with Staff A, stated that they did not retain the previous bottle of melatonin.

Provider (or Representative) Date

WAC 388-76-10430 Medication system.

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(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure medication supply was available for 1 of 4 residents (Resident 2). This placed the resident at risk of not receiving appropriate medications as needed.

Findings included…

On 08/06/2024 at 12:04 PM, observation of medication supply showed Resident 2 had a bottle of three milligram (mg) over the counter sleeping pills in medication supply.

Review of the Medication Administration Record (MAR) showed Resident 2 was prescribed five mg of the over the counter sleeping pills. The MAR showed the five mg sleeping medication was marked as administered 07/01/2024 to 08/06/2024. Review of Physician's orders dated July 2024 and August 2024 showed Resident 2 was prescribed five mg of the sleeping medication on 07/17/2024.

On 08/06/2024 at 12:06 PM, in an interview with Staff C, Caregiver, stated that they did not have any other bottles of the over the counter sleeping pills for Resident 2 and had not kept the previous five mg bottle.

On 08/06/2024 at 2:40 PM, Staff A, Provider, stated that family dropped off melatonin (over the counter sleeping pills) on 07/30/2024 when provider was on vacation, so provider was unaware of the issue during that time.

On 08/09/2024 at 3:50 PM, in an interview with Staff A, stated that they did not retain the previous bottle of melatonin.

Statement of Deficiencies	License #: 641300	Compliance Determination # 45240
Plan of Correction	PREMIER GENTLE CARE LLC	Completion Date
Page 3 of 4	Licensee: PREMIER GENTLE CARE LLC	09/17/2024

On 08/26/2024 at 1:15 PM while interviewing Collateral Contact 1 they stated that they had purchased and brought in the new bottle of sleeping pills for Resident 2 and were aware it was the incorrect dose but did not believe it would be a problem as they did not think it would harm the resident.

The deficiency was corrected the same day. New medication of 5mg was brought in and ~~dispensed~~ dispensed to the resident directly from container. Family agreed to have the pharmacy providing the OTC medication together with the other medication. That will eliminate any error from their part.

Veronica Mart 09/24/24.
425 836-1661.

On 08/26/2024 at 1:15 PM while interviewing Collateral Contact 1 they stated that they had purchased and brought in the new bottle of sleeping pills for Resident 2 and were aware it was the incorrect dose but did not believe it would be a problem as they did not think it would harm the resident.

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Plan of Correction	PREMIER GENTLE CARE LLC	Completion Date
Page 4 of 4	Licensee: PREMIER GENTLE CARE LLC	09/17/2024

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, PREMIER GENTLE CARE LLC is or will be in compliance with this law and / or regulation on (Date) 08/06/24.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement, Family agreed to have all OTC meds filled by pharmacy with other medication

Provider (or Representative) — Date: 9/28/24.

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, PREMIER GENTLE CARE LLC 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