STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

STEVENSON GROUP INC
BETTER OPTIONS FOR ELDER CARE
15214 NE 25TH CIR
VANCOUVER, WA 98684

RE: BETTER OPTIONS FOR ELDER CARE License # 64503

Dear Provider:

This letter addresses Compliance Determination(s) 42874 (Completion Date 06/18/2024) and 40913 (Completion Date 05/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/18/2024 and found that you have corrected the violations listed in the Complaint report dated 05/26/2024. Your home is back in compliance as of 05/24/2024 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 388-76-10490-1, WAC 388-76-10490-2, WAC 388-76-10490

The Department staff who did the on-site verification:
Robert Hennig, NCI ALF Complaint Investigator

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 64503	Compliance Determination # 40913
Plan of Correction	BETTER OPTIONS FOR ELDER CARE	Completion Date
Page 1 of 3	Licensee: STEVENSON GROUP INC	05/26/2024

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 an unannounced on-site complaint investigation on 05/07/2024 and 06/14/2024 of:

BETTER OPTIONS FOR ELDER CARE
15214 NE 25TH CIR
VANCOUVER, WA 98684

This document references the following complaint number(s): 129339, 128590

The following sample was selected for review during the unannounced on-site visit: 2 of 7 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Robert Hennig, NCI ALF Complaint Investigator
Michael Burdick, AFH Nurse Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

06.14.2024
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.

Statement of Deficiencies	License #: 64503	Compliance Determination # 40913
Plan of Correction	BETTER OPTIONS FOR ELDER CARE	Completion Date
Page 2 of 3	Licensee: STEVENSON GROUP INC	05/26/2024

F Stevenson
Provider (or Representative)

6/18/2024
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

(2) Residents who have left the home.

This requirement was not met as evidenced by:

Based on interviews and record review, the adult family home (AFH) failed to dispose of Resident medications in a safe manner. The failure resulted in five of five Residents, Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), Resident 4 (R4), and Resident 5 (R5), medications being left in a public, unsecured location with a risk for harm to the public and all Resident identity.

Findings include...

During a telephone interview with Collateral Contact 1 (CC1) on 05/07/2024 at 12:35 PM, CC1 stated a staff person at a pharmacy location, managed by CC1, discovered a large box and a bag with multiple medications abandoned next to an unsecured dumpster behind the pharmacy. CC1 stated the medications were labeled with names, medications, and the name and address of the named AFH. CC1 stated the medications were brought into the pharmacy and destroyed appropriately the following day. CC1 stated there was an unknown number of medications and unknown number of resident names.

On 05/07/2024 at 12:48 PM, CC1 emailed pictures of bags of unidentifiable medications, and one picture of R5's medication packet with name of Resident, Prescription number, name of AFH with address, and medication that reads DOK 100 MG Tablet, Take 1 tablet by mouth twice daily (crush).

During a telephone interview with Staff 1 (S1) on 05/07/2024 at 3:00 PM, S1 stated they were aware of the incident occurring with medications being left behind a pharmacy. S1 stated they were angry the incident occurred because there is a policy in place that states appropriate medication disposal practices. S1 stated they are currently conducting an internal investigation and will be notifying all Residents and/or Resident representatives about the incident.

On 05/24/2024 at 1:45 PM, an unannounced on-site investigation was conducted at the

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

(2) Residents who have left the home.

This requirement was not met as evidenced by:

Based on interviews and record review, the adult family home (AFH) failed to dispose of Resident medications in a safe manner. The failure resulted in five of five Residents, Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), Resident 4 (R4), and Resident 5 (R5), medications being left in a public, unsecured location with a risk for harm to the public and all Resident identity.

Findings include...

During a telephone interview with Collateral Contact 1 (CC1) on 05/07/2024 at 12:35 PM, CC1 stated a staff person at a pharmacy location, managed by CC1, discovered a large box and a bag with multiple medications abandoned next to an unsecured dumpster behind the pharmacy. CC1 stated the medications were labeled with names, medications, and the name and address of the named AFH. CC1 stated the medications were brought into the pharmacy and destroyed appropriately the following day. CC1 stated there was an unknown number of medications and unknown number of resident names.

On 05/07/2024 at 12:48 PM, CC1 emailed pictures of bags of unidentifiable medications, and one picture of R5's medication packet with name of Resident, Prescription number, name of AFH with address, and medication that reads DOK 100 MG Tablet, Take 1 tablet by mouth twice daily (crush).

During a telephone interview with Staff 1 (S1) on 05/07/2024 at 3:00 PM, S1 stated they were aware of the incident occurring with medications being left behind a pharmacy. S1 stated they were angry the incident occurred because there is a policy in place that states appropriate medication disposal practices. S1 stated they are currently conducting an internal investigation and will be notifying all Residents and/or Resident representatives about the incident.

On 05/24/2024 at 1:45 PM, an unannounced on-site investigation was conducted at the

Statement of Deficiencies	License #: 64503	Compliance Determination # 40913
Plan of Correction	BETTER OPTIONS FOR ELDER CARE	Completion Date
Page 3 of 3	Licensee: STEVENSON GROUP INC	05/26/2024

adult family home. During the on-site investigation, Staff 2 (S2) stated they acknowledged the error occurred with inappropriate disposal of medications behind a pharmacy. S2 stated a staff person was responsible for the incident and has since been terminated because of additional past reprimands. S2 stated S1 has contacted all the Residents and/or Resident representatives affected by the incident. S2 stated all staff have since been re-educated on the medication disposal policy and procedures already in place by the home.

On 05/26/2024 at 12:04 PM, S1 provided a copy of Resident names affected by the inappropriate medication disposal that included R1, R2, R3, R4, and R5, with additional acknowledgement of contacting all Residents and/or Resident representatives affected by the inappropriate medication disposal.

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, BETTER OPTIONS FOR ELDER CARE is or will be in compliance with this law and / or regulation on (Date) 5/24/2024.

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

F Stevenson — Provider (or Representative)

6/18/2024 — Date

adult family home. During the on-site investigation, Staff 2 (S2) stated they acknowledged the error occurred with inappropriate disposal of medications behind a pharmacy. S2 stated a staff person was responsible for the incident and has since been terminated because of additional past reprimands. S2 stated S1 has contacted all the Residents and/or Resident representatives affected by the incident. S2 stated all staff have since been re-educated on the medication disposal policy and procedures already in place by the home.

On 05/26/2024 at 12:04 PM, S1 provided a copy of Resident names affected by the inappropriate medication disposal that included R1, R2, R3, R4, and R5, with additional acknowledgement of contacting all Residents and/or Resident representatives affected by the inappropriate medication disposal.

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, BETTER OPTIONS FOR ELDER CARE 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 _____