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 AFH III
16000 75th Pl W
EDMONDS, WA 98026

RE: MILLCREEK AFH III License # 649300

Dear Provider:

This letter addresses Compliance Determination(s) 39559 (Completion Date 04/09/2024) and 38392 (Completion Date 03/27/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/09/2024 and found that you have corrected the violations listed in the Full report dated 03/27/2024. Your home is back in compliance as of 04/08/2024 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 388-76-10485-1

The Department staff who did the on-site verification:
Alfredo Brown, AFH Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit K
Residential Care Services

STATE OF WASHINGTON
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 649300	Compliance Determination # 38392
Plan of Correction	MILLCREEK AFH III	Completion Date
Page 1 of 3	Licensee: JORGE FLOREZ	03/27/2024

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 03/15/2024 and 03/15/2024 of:
MILLCREEK AFH III
17734 2ND PL NE
SHORELINE, WA 98155

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Alfredo Brown, AFH Licensor

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.

Jeb Korzilius
Residential Care Services

04/04/2024
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 #: 649300	Compliance Determination # 38392
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Page 2 of 3	Licensee: JORGE FLOREZ	03/27/2024

Jorge Florez
Provider (or Representative)

04-08-2024
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medications were stored in a locked storage for 1 of 3 residents (Resident 1). This failure placed 2 of 3 residents (Resident 1 and 3)at risk for accidental ingestion or improper use of medication.

Findings included ..

Record Review of Resident 1's Negotiated Care Plan (NCP), dated 05/20/2023, showed Resident 1 needed assistance with medications and stated that medications should be locked

Record review of Resident 3's. Interim Assessment, dated 02/15/2024, showed Resident 3 needed medications to be administered. Resident 3 needed limited assistance when ambulating in the home.

Observation, on 03/15/2024 at 10:18 AM, showed Resident 3 utilizing a walker to ambulate from their bedroom to the living room. Resident 3 ambulated without any staff assistance.

Observation, on 03/15/2024 at 11:53 AM, showed unlocked medications in Resident 1's bedroom. One medication was on Resident's 1 dresser, the rest were placed in a plastic bin on top of Resident 1's desk.

During an interview, on 03/15/2024 at 11:53 AM, Resident 1 stated that the medications in the plastic bin and on their dresser, belonged to them.

Observation, on 03/15/2024 at 12:14 PM, showed Resident 1 medication log for March 2024 contained an order for Aquaphor ointment (moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritation). Staff B was notified that the Aquaphor was not found in Resident 1's medication bin. Staff B was observed going into Resident 1's bedroom to pull the Aquaphor out of the plastic bin on Resident 1's desk.

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During an interview, on 03/15/2024 at 12:14 PM, Staff B stated that Resident 1 bought all the medications in the plastic bin. Staff B stated that Resident 1 was bringing these medications into the AFH without notifying the staff. Staff B did not know the medications Resident 1 was bringing into the AFH needed to be locked.

A joint observation with Staff A and Staff B, on 03/15/2024 at 12:14 PM, showed a total of 17 unlocked medications being stored in Resident 1's bedroom. Medications included: one Aquaphor cream; one spray bottle of Ethyl Chloride (prevents pain caused by injections and minor surgical procedures); one Triamcinolone Acetonide cream (used to treat a variety of skin conditions); three clotrimazole creams (antifungal medication), four Lidocaine and Prilocaine Creams (anesthetic that causes loss of feeling in the skin and surrounding tissues); two bottles of Pepcid (used to treat and prevent ulcers in the stomach and intestines, and neutralize amount of acid produced in the stomach); one bottle of Hydrocortisone (to help relieve redness, itching, swelling, or other discomfort caused by skin conditions); one bottle of Antacid (used to treat the acid in your stomach and to relieve indigestion and heartburn); one bottle of Acetaminophen (used to treat minor aches and pains, and reduces fever); one bottle of Daytime Cold and Flu Relief (used to treat aches, fever, sore throat, cough and nasal congestion); and one box of Imodium (used to treat diarrhea).

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 AFH III is or will be in compliance with this law and / or regulation on (Date) 04-08-2024 .

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

Jorge Florez — 04-08-2024

Provider (or Representative) — Date

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

04/04/2024

JORGE FLOREZ
MILLCREEK AFH III
16000 75th Pl W
EDMONDS, WA 98026

RE: MILLCREEK AFH III # 649300

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/27/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jeb Korzilius, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

The Adult Family Home (AFH) failed to ensure the AFH pet had an up-to-date rabies vaccination. The rabies vaccination for the AFH pet expired on 02/06/2024. The AFH pet predominantly resides outside, in a caged portion of the AFH backyard. The AFH obtained an up-to-date rabies vaccination.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

The Adult Family Home failed to ensure the Negotiated Care Plan (NCP) was reviewed and signed yearly by 2 of 2 sampled residents (Resident 1 and Resident 2) and their representative's (Resident 2). The AFH had a current NCP in place for Resident 1 and Resident 2. Resident 1 and Resident 2's NCP were signed by the resident (Resident 1 was their own representative), and Resident 2's representative.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (425)599-5235.

Sincerely,
Jeb Korzilius

Jeb Korzilius, Field Manager
Region 2, Unit K
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Jeb Korzilius, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600