STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

LOY AND NENE LIMITED LIABILITY COMPANY
BROWNS POINT ADULT FAMILY HOME
5128 BEVERLY AVE NE
TACOMA, WA 98422

RE: BROWNS POINT ADULT FAMILY HOME License # 661000

Dear Provider:

This letter addresses Compliance Determination(s) 46052 (Completion Date 08/22/2024) and 43874 (Completion Date 07/09/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/22/2024 and found that you have corrected the violations listed in the Full report dated 07/09/2024. Your home is back in compliance as of 08/13/2024 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, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-11055, WAC 388-76-11055-1, WAC 388-76-11055-1-a, WAC 388-76-11055-1-b, WAC 388-76-10320, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 07/08/2024 and 07/08/2024 of:

BROWNS POINT ADULT FAMILY HOME
5128 BEVERLY AVE NE
TACOMA, WA 98422

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

The department staff that inspected the Adult Family Home:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Lisa Cramer
Residential Care Services

07/10/2024
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.

Amelita Saarenas
Provider (or Representative)

8/9/2024
Date

WAC 388-76-10430 Medication system.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the adult family home (AFH) failed to ensure 2 of 3 Residents' (Resident 1 and Resident 2) medication logs were kept current. This failure placed Resident 1 and Resident 2 at risk of not having their medication needs met, and for medical complications.

Findings included...

Resident 1
On 07/08/2024, record review of Resident 1's (R1) medication log showed they received a 25 MG dose of Spironolactone (a medication for high blood pressure) on 07/01/2024 through 07/08/2024 at 8 AM.

On 07/08/2024 at 12:30 PM, observation showed there was no Spironolactone medication in R1's medication storage. On 07/08/2024 at 12:47 PM, observation showed the Provider called the Pharmacy and asked why the Spironolactone was not included in R1's medication pack.

On 07/08/2024 at 12:50 PM, the Provider stated a different pharmacy was supposed to fill the Spironolactone prescription.

On 07/08/2024 at 1:05 PM, when asked what pharmacy was supposed to fill this prescription, why the Spironolactone was missing from R1's medication storage, and why the medication was marked as being given, the Provider did not answer.

Resident 2
On 07/08/2024, record review of Resident 2's (R2) medication log showed they received a 2 MG dose of Diazepam (anxiety medication) 07/01/2024 through 07/08/2024 at 8:00 AM.

On 07/08/2024 at 12:35 PM, observation showed there was no Diazepam medication in R1's medication storage. On 07/08/2024 at 1:00 PM, observation showed the Provider called the Pharmacy and asked why the Diazepam was not included in R2's medication pack.

On 07/08/2024 at 1:05 PM, when asked why the Diazepam medication for R2 was missing, the Provider stated the Pharmacy had not received the refill order from the primary care provider (PCP). The Provider was told by the pharmacy, R2's PCP was out of the office last week. When asked why the Diazepam was marked as given on 07/01/2024 through 07/08/2024, the Provider did not answer.

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, BROWNS POINT ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7/9/2024 .

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

Amelita Saarenas — Provider (or Representative)

8 / 6 / 2024 — Date

WAC 388-76-11055 Management agreements Adult family home.

(1) The adult family home is responsible for:

(a) The daily operations and provision of care and services to residents;

(b) Compliance with all applicable laws and rules;

This requirement was not met as evidenced by:

Based on observation, interviews, and record review, the adult family home (AFH) failed to have documentation of the Medical Testing Site Waiver (MTSW). This failure placed 1 of 3 residents (Resident 1) at risk of staff make decisions based on the results from blood glucose checks without having a waiver allowing this.

Findings included...

On 07/08/2024, record review showed Resident 1 (R1) was admitted to the AFH on [redacted]/2024. A review of R1's medication log showed they received blood glucose checks

at 8 AM, 12 PM, and 5 PM for the entire month of June 2024, and 07/01/2024 through 07/08/2024.

On 07/08/2024 at 12:37 PM, observation showed R1 had their blood glucose level checked.

On 07/08/2024 at 12:52 PM, when asked how often they get their blood glucose level checked, R1 stated at every meal.

On 07/08/2024 at 2:00 PM, when asked why the AFH did not apply for the MTSW, the Provider stated they did not know about the MTSW.

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, BROWNS POINT ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8/13/2024 .

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

Amelita Saarenas — Provider (or Representative)

8 / 6 / 2024 — Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 3 of 3 residents (Resident 1, Resident 2, and Resident 3) did not have a current inventory of the their personal belongings that was dated and signed by the Resident and the AFH. This failure placed all residents at risk of having personal belongings missing.

Findings included...

On 07/08/2024, record review showed Resident 1 (R1) was admitted to the AFH on [redacted]/2024, Resident 2 (R2) was admitted to the AFH on [redacted]/2023, and Resident 3 (R3) was admitted to the AFH on [redacted]/2016. There was no documentation R1, R2, and R3 had current inventories of personal belongings completed, signed, and dated by each Resident and the AFH.

On 07/08/2024 at 1:51 PM, observation showed the Provider pulled out a blank personal belongings inventory form and stated they will fill them out.

On 07/08/2024 at 2:00 PM, when asked why R1, R2, and R3 did not have personal belongings inventories completed and signed by the Resident and the AFH, the Provider stated they will work on it.

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, BROWNS POINT ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7/9/2024 .

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

Amelita Saarenas — Provider (or Representative)

8/9/2024 — Date