STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

AVIS CARTIER
CARTIERS ADULT FAMILY HOME
PO Box 98072
Lakewood, WA 98496

RE: CARTIERS ADULT FAMILY HOME License # 663200

Dear Provider:

This letter addresses Compliance Determination(s) 43568 (Completion Date 07/17/2024) and 42290 (Completion Date 06/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/17/2024 and found that you have corrected the violations listed in the Follow up report dated 06/07/2024. Your home is back in compliance as of 07/10/2024 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, WAC 388-76-10430-2-c, WAC 388-76-10430-1

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Jody Just Jody Just Field Services Administrator signing for Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 663200	Compliance Determination # 42290
Plan of Correction	CARTIERS ADULT FAMILY HOME	Completion Date
Page 1 of 3	Licensee: AVIS CARTIER	06/07/2024

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 follow-up on 06/05/2024 and 06/05/2024 of:

CARTIERS ADULT FAMILY HOME
10920 101ST AVE SW
LAKEWOOD, WA 98498

This document references the following SOD dated: 06/07/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 1 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Clinton Fridley RN
Residential Care Services

06/12/2024
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.

Avis J. Cartier Sadler
Provider (or Representative)

6/25/2024
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:

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a medication was available for administration for 1 of 4 residents (Resident 2 (R2)). This resulted in R2 not having medications available for administration and placed R2 at risk for not receiving accurate medication administration.

Findings included...

During a record review on 06/05/2024 at 12:01 PM, R2's Medical Administration Record (MAR) dated June 2024 showed Dicyclomine (medication used for an upset stomach) prescribed "as needed" was missing from R2's medication supply.

On 06/05/2024 at 12:12 PM, Staff E (caregiver) stated they were unsure why the medication was missing from R2's medication supply.

On 06/05/2024 at 12:18 PM, Staff E was observed looking for the missing medication but was unable to locate it. Further review of R2's June 2024 physician's order included Dicyclomine as a PRN or as needed medication.

This is an uncorrected deficiency previously cited on 01/03/2024, 04/01/2024 and 05/15/2024 for subsections (1) and (2) only.

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, CARTIERS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on

(Date) July 10, 2024 The physician discontinued the medication in question . However, the pharmacist had not removed it from the MAR. It is now off of the MAR. The documentation of the discontinuation is on file.

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

Avis J. Cartier Sadler — 6/25/2024

Provider (or Representative) — Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 663200	Compliance Determination # 41050
Plan of Correction	CARTIERS ADULT FAMILY HOME	Completion Date
Page 1 of 3	Licensee: AVIS CARTIER	05/15/2024

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 follow-up on 05/09/2024 and 05/09/2024 of:

CARTIERS ADULT FAMILY HOME
10920 101ST AVE SW
LAKEWOOD, WA 98498

This document references the following SOD dated: 05/15/2024

The following sample was selected for review during the unannounced on-site visit: 1 of 0 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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 — 05/15/2024 (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.

Avis J. Cartier Sadler
Provider (or Representative)

May 29, 2024
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:

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to keep an up-to-date medication log for 1 of 4 residents (Resident 2 (R2)). This resulted in R2 not having accurate medication logs and placed both R1 and R2 at risk for not receiving accurate medication administration.

Findings included...

During record review on 05/09/2024 at 11:44 AM, R2's Medical Administration Record (MAR), dated May 2024, showed Maalox (for upset stomach), Dicyclomine (for upset stomach) and Lidoderm (for rash) prescribed as PRN or as needed. These medications were missing from R2's medication supply.

At 11:47 AM, Staff E (caregiver) stated they were unsure why the PRN's were missing from R2's medication supply.

At 11:48 AM Staff E was observed looking for R2's recent physician order. Staff E reported R2 had a recent emergency room visit on 04/27/2024 and Ondansetron was given at that time.

This is an uncorrected deficiency previously cited on 12/12/2023 and 03/14/2024.

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, CARTIERS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) June 10, 2024 .

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

Avis J. Cartier Sadler

Provider (or Representative)

May 29, 2024

Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 663200	Compliance Determination #38339
Plan of Correction	CARTIERS ADULT FAMILY HOME	Completion Date
Page 1 of 5	Licensee: AVIS CARTIER	04/01/2024

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 follow-up on 03/14/2024 and 03/14/2024 of:
CARTIERS ADULT FAMILY HOME
10920 101ST AVE SW
LAKEWOOD, WA 98498

This document references the following SOD dated: 04/01/2024

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

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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: 04/09/2024

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

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 follow-up on 03/14/2024 and 03/14/2024 of:

CARTIERS ADULT FAMILY HOME
10920 101ST AVE SW
LAKEWOOD, WA 98498

This document references the following SOD dated: 04/01/2024

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

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Provider (or Representative) — April 22, 2024 (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:

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure a system was in place to meet the medication needs of 2 of 4 residents (Resident 1 [R1] and Resident 2 [R2]). The AFH also failed to keep an up-to-date medication log for 2 of 4 residents (R1 and R2). This failure resulted in R1 and R2 not having accurate medication logs and placed both R1 and R2 at risk for not receiving accurate medication administration.

Findings included...

R1
Record review of R1's Medication Administration Record (MAR) dated March 2024 showed they were prescribed Iprat-Albut (respiratory medication) and Benzonatate (cough medication). R1's MAR showed these medications were as-needed (PRN) medications.

Observation of R1's medication supply on 03/14/2024 at 10:28 A.M. showed Iprat-Albut and Benzonatate were not in supply.

In an interview on 03/14/2024 at 1:00 P.M., Staff D (Caregiver) reported Iprat-Albut and Benzonatate were supposed to be discontinued but that was never taken care of.

In an email to the department on 04/04/2024, the Provider stated that R1's MAR was provided by their pharmacy, and they were working with the pharmacy to correct the MAR.

R2
Observation of R2's medication supply on 03/14/2024 at 10:39 A.M. showed Lorazepam

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:

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure a system was in place to meet the medication needs of 2 of 4 residents (Resident 1 [R1] and Resident 2 [R2]). The AFH also failed to keep an up-to-date medication log for 2 of 4 residents (R1 and R2). This failure resulted in R1 and R2 not having accurate medication logs and placed both R1 and R2 at risk for not receiving accurate medication administration.

Findings included...

R1
Record review of R1's Medication Administration Record (MAR) dated March 2024 showed they were prescribed Iprat-Albut (respiratory medication) and Benzonatate (cough medication). R1's MAR showed these medications were as-needed (PRN) medications.

Observation of R1's medication supply on 03/14/2024 at 10:28 A.M. showed Iprat-Albut and Benzonatate were not in supply.

In an interview on 03/14/2024 at 1:00 P.M., Staff D (Caregiver) reported Iprat-Albut and Benzonatate were supposed to be discontinued but that was never taken care of.

In an email to the department on 04/04/2024, the Provider stated that R1's MAR was provided by their pharmacy, and they were working with the pharmacy to correct the MAR.

R2
Observation of R2's medication supply on 03/14/2024 at 10:39 A.M. showed Lorazepam

(anxiety medication) was in supply.

Record review of R2's MAR dated March 2024 did not show Lorazepam listed.

In an interview on 03/14/2024 at 1:15 P.M., Staff D stated that R2 had a recent doctor appointment on 02/16/2024 and Lorazepam was added at that time.

In an email to the department on 04/04/2024, the Provider stated that the Lorazepam would be added to R2's MAR once their insurance company approved the medication.

This is an uncorrected deficiency previously cited on 01/03/2024.

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, CARTIERS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) April 30, 2024 The correction has been made, but I will review everything again by April 30, 2024 to ensure compliance.

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

Avis R. Cartier Sadler — April 22, 2024

Provider (or Representative) — Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(b) Cardiopulmonary resuscitation;

(c) First aid; and

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff had training results on file for cardiopulmonary resuscitation (CPR) and first aid for 1 of 4 staff (Caregiver B). This failure prevented the Department from determining whether caregiving staff had completed required training and placed residents at risk for care from potentially unqualified staff.

(anxiety medication) was in supply.

Record review of R2's MAR dated March 2024 did not show Lorazepam listed.

In an interview on 03/14/2024 at 1:15 P.M., Staff D stated that R2 had a recent doctor appointment on 02/16/2024 and Lorazepam was added at that time.

In an email to the department on 04/04/2024, the Provider stated that the Lorazepam would be added to R2's MAR once their insurance company approved the medication.

This is an uncorrected deficiency previously cited on 01/03/2024.

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, CARTIERS ADULT FAMILY HOME 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(b) Cardiopulmonary resuscitation;

(c) First aid; and

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff had training results on file for cardiopulmonary resuscitation (CPR) and first aid for 1 of 4 staff (Caregiver B). This failure prevented the Department from determining whether caregiving staff had completed required training and placed residents at risk for care from potentially unqualified staff.

Findings included...

Record review on 03/14/2024 at 10:37 A.M. of Caregiver B's records did not show evidence of certification for CPR or first aid.

During an interview on 03/14/2024 at 10:42 A.M., Staff D (caregiver) stated that they were unsure if the CPR and first aid training had been completed for Caregiver B. Staff D said they were unable to locate Caregiver B's staff records.

In an email to the department on 04/04/2024, the Provider stated that Caregiver B's records had been misfiled and said there had never been a lapse in Caregiver B's CPR or first aid certification.

This is an uncorrected deficiency previously cited on 01/03/2024.

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, CARTIERS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) April30, 2024

Note: Copies of the CPR and First Aid training documentation was sent to MS, Gill in letters dated April 4 and 7, 2024. The documentation was on file at the time of inspection. I will audit my files again by April 30, 2024.

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

Avis G. Cartier Sadler

Provider (or Representative)

April 22, 2024

Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

Findings included...

Record review on 03/14/2024 at 10:37 A.M. of Caregiver B’s records did not show evidence of certification for CPR or first aid.

During an interview on 03/14/2024 at 10:42 A.M., Staff D (caregiver) stated that they were unsure if the CPR and first aid training had been completed for Caregiver B. Staff D said they were unable to locate Caregiver B’s staff records.

In an email to the department on 04/04/2024, the Provider stated that Caregiver B's records had been misfiled and said there had never been a lapse in Caregiver B's CPR or first aid certification.

This is an uncorrected deficiency previously cited on 01/03/2024.

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, CARTIERS ADULT FAMILY HOME 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure national fingerprint background checks were completed for 2 of 4 staff (Provider and Caregiver C). This failure resulted in 4 of 4 residents receiving care from individuals with unknown criminal backgrounds.

Findings included...

Record review on 03/14/2024 showed that staff records for the Provider and Caregiver C contained no evidence of a national fingerprint background check.

During an interview on 03/14/2024 at 10:42 A.M., Staff D (caregiver) stated that they were unsure where those records were located.

In an email to the department on 04/04/2024, the Provider stated that they had previously submitted the missing fingerprint background checks to the department by mail.

Record review of documentation received from the Provider via mail on 12/26/2023 showed they submitted Interim Fingerprint results for the Provider and Caregiver C, not final fingerprint background check results.

This is an uncorrected deficiency previously cited on 01/03/2024 for subsection 2 only.

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, CARTIERS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) April 30, 2024 .

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

Avis G. Cartier-Sadler — April 22, 2024

Provider (or Representative) — Date

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure national fingerprint background checks were completed for 2 of 4 staff (Provider and Caregiver C). This failure resulted in 4 of 4 residents receiving care from individuals with unknown criminal backgrounds.

Findings included...

Record review on 03/14/2024 showed that staff records for the Provider and Caregiver C contained no evidence of a national fingerprint background check.

During an interview on 03/14/2024 at 10:42 A.M., Staff D (caregiver) stated that they were unsure where those records were located.

In an email to the department on 04/04/2024, the Provider stated that they had previously submitted the missing fingerprint background checks to the department by mail.

Record review of documentation received from the Provider via mail on 12/26/2023 showed they submitted Interim Fingerprint results for the Provider and Caregiver C, not final fingerprint background check results.

This is an uncorrected deficiency previously cited on 01/03/2024 for subsection 2 only.

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, CARTIERS ADULT FAMILY HOME 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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 663200	Compliance Determination # 33814
Plan of Correction	CARTIERS ADULT FAMILY HOME	Completion Date
Page 1 of 7	Licensee: AVIS CARTIER	01/03/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

Note: We began working on this issue immediately after inspection was done.

The department completed data collection for the unannounced on-site full inspection on 12/12/2023 and 12/12/2023 of:

CARTIERS ADULT FAMILY HOME
10920 101ST AVE SW
LAKEWOOD, WA 98498

8, 2024

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

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

01/11/2024
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.

Avis L. Cartier-Sadler
Provider (or Representative)

January 18, 2024
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:

(c) Medication log is kept current as required in WAC 388-76-10475; January 18, 2024

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to have a system in place to ensure residents received medications as ordered and failed to keep an up-to-date medication log for 2 of 4 residents (Resident 1 [R1] and Resident 2 [R2]). This failure resulted in R1 and R2 not having accurate medication logs and placed both R1 and R2 at risk for not receiving accurate medication administration.

Findings included...

Record review on 12/12/2023 at 12:30 P.M. of R2's Medication Administration Record (MAR) dated December 2023 showed they were prescribed Atorvastatin (cholesterol medication) to take in the evening. Atorvastatin was not signed on the MAR as given or taken since 12/01/2023.

R2's December 2023 MAR also showed they were prescribed Benztropine (mental health medication) in the evening. The evening dose was not signed on the MAR as given or taken since 12/01/2023.

In an interview on 12/12/2023 at 12:44 P.M., Staff A (caregiver) could not confirm if R2 was given their evening doses of these medications.

Record review on 12/12/2023 at 12:46 P.M. of R1's Medication Administration Record (MAR) dated December 2023 showed they were prescribed Iprat-Albut (inhaler for COPD) and Benzonatate (cough medication).

Observations on 12/12/2023 at 12:46 P.M. of R1's medication supply showed these medications were missing from R1's medication supply.

In an interview on 12/12/2023 at 1:00 P.M., Staff A stated Iprat-Albut had an expiration date of 02/18/2021 and was not needed. Staff A stated that the pharmacy was waiting for physician authorization for R1's Benzonatate.

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, CARTIERS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) January 3, 2024 . Note: We began working on this issue immediately after inspection was done.

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

Avis G. Cartier-Sadler — Provider (or Representative)

January 18, 2024 — Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(b) Cardiopulmonary resuscitation;

(c) First aid; and

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff had training results available for Cardiopulmonary resuscitation and First Aid for 5 of 5 staff (Provider, Resident Manager, Caregiver A, Caregiver B, and Caregiver C). This failure prevented the Department from determining required training completion for caregiving staff.

Findings included...

Record review of staff records on 12/12/2023 at 1:15 P.M. showed the Provider, Resident Manager, Caregiver A, Caregiver B and Caregiver C records contained no evidence of a current certification for Cardiopulmonary resuscitation and First Aid.

During an interview on 12/12/2023 at 1:35 P.M., Caregiver A stated the Cardiopulmonary

resuscitation and First Aid training for all staff had been completed and needed to be printed. The Provider was given until 5:00 P.M. on 12/14/2023 to locate and fax or E-mail the missing training certifications to the department. As of 12/20/2023, no training certifications had been received by the department.

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, CARTIERS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/18/2023

Note: Copies of the CPR and First Aid training for these individuals were sent to the Licenser on December 18, 2023. Both staff had their training on 7/21/2023.

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

Avis G. Cartier-Sadler — January 18, 2024

Provider (or Representative) — Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff had a current name and date of birth background check report on file for 4 of 5 staff (Provider, Resident Manager, Caregiver B, Caregiver C) and a national fingerprint background check report on file for 2 out of 5 staff (Caregiver B and Caregiver C). This failure prevented the Department from determining the criminal history of caregiving staff.

Findings included...

Administrative record review on 12/12/2023 at 1:15 P.M. showed staff records for the Provider, Resident Manager, Caregiver B and Caregiver C contained no evidence of a current name and date of birth background check report. Staff records for Caregiver B and Caregiver C contained no evidence of a National fingerprint background check report.

During an interview on 12/12/2023 at 1:35 P.M., Caregiver A said they were unsure where these records were located. The Provider was given until 5:00 P.M. on 12/14/2023 to locate and fax or E-mail the missing background checks to the department. As of 12/20/2023, no background checks had been received by the department.

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, CARTIERS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) December 18, 2023 . The background checks were at the home at the time of inspection. The staff responsible for filing these documents were not filing appropriately.

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

Avis Cartier Sadler — January 18, 2024

Provider (or Representative) — Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(3) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure proof of liability insurance was available for review for 4 out of 4 residents (Resident 1 [R1], Resident 2 [R2], Resident 3 [R3] and Resident 4 [R4]). This failure placed all residents at risk for potential harm in the event of injury or property damage in which the AFH was deemed legally liable.

Findings included...

Administrative record review on 12/12/2023 at 1:57 P.M. showed the AFH did not have a required Liability insurance document on file.

During an interview on 12/12/2023 at 2:09 P.M., Caregiver A said they were unable to find current insurance documents in the file. The Provider was given until 5:00 P.M. on

12/14/2023 to locate and fax or E-mail the missing and current liability insurance certificate to the department. As of 12/20/2023, no liability insurance documentation had been received by the department.

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, CARTIERS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) December 18, 2023 . Note: My Certificate of Liability insurance for Cartier's AFH was onsite and is dated November 29, 2023. I sent a copy to the licenser on Dec. 18, 2023. I also have the Protector Plus Home Owners Policy last renewed on 3/4/2023.

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

Avis G. Cartier-Sadler — January 18, 2024

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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure the Negotiated Care Plans were updated every 12 months for 2 of 4 residents (Resident 1[R1] and Resident 2 [R2]). This failure placed R1 and R2 at risk for unmet care needs.

Findings included...

Record review on 12/12/2023 at 11:50 A.M. showed R1's Negotiated Care Plan (NCP) had not been updated or marked as current. R1's NCP was last updated on 02/09/2022.

Record review on 12/12/2023 at 11:59 A.M. showed R2's Negotiated Care Plan (NCP) had not been updated or marked as current. R2's NCP was last updated on 11/30/2022.

During an interview on 12/12/2023 at 12:03 P.M., Staff A (caregiver) said they were unable to find the current NCPs for R1 and R2.

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, CARTIERS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) January 25, 2024 .

Note: We recieved copies of the Assessments that were done in November of 2023 on January 12, 2024 from Lorie Stanton. We are now working on the Negotiated Care Plans.

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

Avis G. Cartier Snider — January 18, 2024

Provider (or Representative) — Date