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

CASA DE ALEGRE LLC

CASA DE ALEGRE LLC
11509 88th Avenue Ct SW
Lakewood, WA 98498

RE: CASA DE ALEGRE LLC License # 702600

Dear Provider:

This letter addresses Compliance Determination(s) 50228 (Completion Date 11/21/2024) and 46659 (Completion Date 10/09/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/21/2024 and found that you have corrected the violations listed in the Complaint report dated 10/09/2024. Your home is back in compliance as of 10/20/2024 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 388-76-10750-7, WAC 388-76-10400-3-b, WAC 388-76-10400-3, WAC 388-76-10400, WAC 388-76-10195-1, WAC 388-76-10485-1, WAC 388-76-10485, WAC 388-76-10455-2, WAC 388-76-10455

The Department staff who did the on-site verification:
Laura Newberry

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

Sincerely,

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***



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 09/04/2024 and 09/04/2024 of:

CASA DE ALEGRE LLC
11509 88th Avenue Ct SW
Lakewood, WA 98498

This document references the following complaint number(s): 141910

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

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
Residential Care Services

10/10/2024
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.

Provider (or Representative) — 14 OCT 2024 Date

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

**This requirement was not met as evidenced by:**

Based on observation and interview, the adult family home (AFH) failed to secure toxic substance and hazardous material in locked storage for 5 of 5 residents (Resident 1, 2, 3, 4 & 5). This failure placed all residents at risk for harm from improperly stored hazardous materials.

Findings included...

On 09/04/2024 at 1:32 PM, observed toxic/hazardous substances (insect killer, laundry soap, anti-freeze, WD 40, and other car products) outside on the AFH back deck on a shelving unit. The shelving unit was not locked and open to all residents to access on the back deck where there was a table and chair area for resident use. Observed the AFH laundry room was not locked, and various cleaning products were exposed and unsecured.

On 09/04/2024 at 2:19 PM, Provider stated that the AFH cleaning supplies and other household chemicals are stored on the AFH back deck and in the laundry room.

**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, CASA DE ALEGRE LLC is or will be in compliance with this law and / or regulation on (Date) 20 OCT 2024

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

Provider (or Representative) — 14 OCT 2024 Date

Provider (or Representative) Date

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

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**This requirement was not met as evidenced by:**

Based on observation and interview, the adult family home (AFH) failed to secure toxic substance and hazardous material in locked storage for 5 of 5 residents (Resident 1, 2, 3, 4 & 5). This failure placed all residents at risk for harm from improperly stored hazardous materials.

Findings included...

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

Provider (or Representative) Date

**WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:**

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident; and

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the adult family home (AFH) failed to safely transport 1 of 6 residents (Resident 3 [R3]) when using a mechanical ([redacted]) lift. This failure placed R2 at risk of injury when being transferred.

Findings included....

Review of a September 2021 Health and Safety Alert from the New York Office for People with Developmental Disabilities showed, "...lifts are transfer devices, not transport devices. Staff should limit the individual's time suspended in the lift, completing the transfer safely and efficiently."

Review of R3's record, titled "Assessment", dated 09/05/2024, showed they required a two person assist with transfers including the use of a [redacted].

On 09/04/2024 at 1:32 PM, observed R3 in the AFH living room in a sling attached to a [redacted] suspended above the ground with a gait belt around them and their feet resting on a chair. Observed the Provider arrive onsite at the AFH at 2:00 PM and transport R3 into their room and out of the [redacted].

On 09/04/2024 at 2:19 PM, Provider stated that R3 is left in the [redacted] in the AFH living room to relieve pressure off their body. Provider stated that R3 will stay in the [redacted] for a couple of hours to listen to music in the living room and the gait belt is placed on R3 in case they turn in the [redacted] they won't fall out and the chair is placed under their feet, so their feet do not hang down.

**Attestation Statement**

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Findings included....

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**Attestation Statement**

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

Provider (or Representative) 14 Oct 2024 Date

**WAC 388-76-10195 Adult family home Staff Generally. The adult family home must ensure:**

(1) When one or more residents are in the home, enough staff are available in the home to meet the needs of each resident, except as provided in WAC 388-76-10200 ;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the adult family home (AFH) failed to have enough staff available to meet the care needs of 1 of 5 Residents (Resident 3 [R3]). This failure placed R3 at risk of not receiving needed care and service.

Findings included...

Review of R3's record, titled "Assessment", dated 09/05/2024, showed they required a two person assist with transfers including the use of a [redacted].

On 09/04/2024 at 1:32 PM, observed R3 in the AFH living room in a [redacted] suspended above the ground with a gait belt around them and their feet resting on a chair. Observed the Provider arrive onsite at the AFH at 2:00 PM and transport R3 into their room and out of the [redacted] by themselves.

On 09/04/2024 at 2:19 PM, Provider stated that no residents in the home required a 2 person assist and that they use the [redacted] with one person.

**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, CASA DE ALEGRE LLC is or will be in compliance with this law and / or regulation on (Date) 28 Oct 2024

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

Provider (or Representative) 14 Oct 2024 Date

Provider (or Representative) Date

**WAC 388-76-10195 Adult family home Staff Generally. The adult family home must ensure:**

(1) When one or more residents are in the home, enough staff are available in the home to meet the needs of each resident, except as provided in WAC 388-76-10200 ;

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Based on observation, interview and record review, the adult family home (AFH) failed to have enough staff available to meet the care needs of 1 of 5 Residents (Resident 3 [R3]). This failure placed R3 at risk of not receiving needed care and service.

Findings included...

Review of R3's record, titled "Assessment", dated 09/05/2024, showed they required a two person assist with transfers including the use of a [redacted].

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

Provider (or Representative) 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 keep medications in locked storage for 5 of 5 residents (Resident 1, 2, 3, 4 & 5). This failure placed all residents at risk for harm when medications in the AFH were not secured.

Findings included...

On 09/04/2024 at 1:47 PM, observed the AFH laundry room door was open and unlocked.

On 09/04/2024 at 2:19 PM, observed the AFH laundry room door was unlocked and the medicine cabinet located in the laundry room was locked with the key for the lock hanging visible next to the door. Observed the key is accessible to anyone inside the AFH.

On 09/04/2024 at 2:19 PM, Provider stated the AFH medications are stored in the medicine cabinet located in the AFH laundry room and the key is left next to the medicine cabinet door hanging on the wall.

**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, CASA DE ALEGRE LLC is or will be in compliance with this law and / or regulation on (Date) 10 Oct 2024

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

Provider (or Representative) — Date: 14 Oct 2024

**WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:**
(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

Statement of Deficiencies | License #: 702600 | Compliance Determination # 46659
Plan of Correction | CASA DE ALEGRE LLC | Completion Date
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**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to ensure staff were nurse delegated to administer medications for 1 of 5 residents (Resident 2 [R2]). This failure resulted in R2 receiving medications from a staff member who was not nurse delegated to administer medications.

Findings included...

Review of WAC 246-840-930, Criteria for delegation, showed that before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process and provides details on assessing, planning, implementing and evaluating.

Review of R2's record, titled "Assessment", dated 03/13/2024, showed they required assistance with their medications including nurse delegation for their insulin (a blood sugar medication) injections and blood sugar checks.

Review of R2's record, titled "Nurse Delegation Nursing Visit", dated 05/02/2024, showed the Provider was delegated to provide R2 with blood sugar checks and to give R2 insulin injections. Records showed that no other staff were delegated to perform these tasks.

On 10/07/2024 at 2:05 PM, Provider stated that they were out of the country for the month of July 2024. Provider stated that during that time, Caregiver 2 (CG2) was giving medications in the AFH and that they did not have nurse delegation.

Review of R2's record, titled "Medication Administration Record (MAR)", dated July 2024, showed their daily insulin (Lantus) injection was completed by CG2 from 07/03/2024 — 07/28/2024 and their blood sugar checks were completed by CG2 from 07/03/2024 — 07/27/2024.

On 10/08/2024 at 8:14 AM, Provider stated that they were out of the country from 07/03/2024 — 07/28/2024 and CG2 was giving R2 their medications during that time.

**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;

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Based on observation, interview and record review, the adult family home (AFH) failed to keep medications in locked storage for 5 of 5 residents (Resident 1, 2, 3, 4 & 5). This failure placed all residents at risk for harm when medications in the AFH were not secured.

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Provider (or Representative) _____ Date _____

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**Attestation Statement**

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

Provider (or Representative)

14 Oct 2024
Date

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Provider (or Representative) Date