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

I CARE LLC
I CARE AFH
23719 91ST PL W
EDMONDS, WA 98026

RE: I CARE AFH License # 750063

Dear Provider:

This letter addresses Compliance Determination(s) 41380 (Completion Date 05/17/2024) and 38495 (Completion Date 04/02/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/17/2024 and found that you have corrected the violations listed in the Full report dated 04/02/2024. Your home is back in compliance as of 05/04/2024 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 388-76-10400-1, WAC 388-76-10400-3, WAC 388-76-10400-3-a, WAC 388-76-10400-3-b, WAC 388-76-10400-3-c, WAC 388-76-10485-3, WAC 388-76-10685-2-b, WAC 388-76-10750-7, WAC 388-76-10750-8, WAC 388-76-10895-2-a, WAC 388-76-10895-2-c, WAC 388-76-10401-1-a, WAC 388-76-10430-2-d, WAC 388-76-10176-1, WAC 388-76-10176-2, WAC 388-76-10176, WAC 388-76-10175-1, WAC 388-76-10280, WAC 388-76-10280-1, WAC 388-76-10280-2, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

If you have any questions, please contact me at (206)914-5042.

Sincerely,
Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

RECEIVED

APR 16 2024

DSHS/ALTSA/RCS

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

Statement of Deficiencies	License # 750063	Compliance Determination # 38495
Plan of Correction	I CARE AFH	Completion Date
Page 1 of 12	Licensee: I CARE LLC	04/02/2024

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 03/18/2024 and 03/18/2024 of:
I CARE AFH
23719 91ST PL W
EDMONDS, WA 98026

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Twyla Robinson, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
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.

Renee' Bourque
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.

Provider (or Representative) 4/12/24 Date

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

(1) The care and services identified in the negotiated care plan.

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

(a) Actively supports, maintains or improves each resident's quality of life;

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

(c) Reasonably accommodates each resident's individual needs and preferences except when the accommodation endangers the health or safety of the individual or another resident.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that the 1 of 2 resident (Resident 2) received care in an environment that promoted resident safety and quality of life. This failure placed Resident 2 at risk for injury, including death.

Findings included...

Record review showed that the AFH admitted Resident 2 on [redacted]2018 with a diagnosis of [redacted].

Resident 2's Department of Social & Health Services' (DSHS) Assessment, dated 07/17/2023, documented Resident 2 made "impulsive decisions related to ADLs [Activities of Daily Living] and was unaware of the consequences. The client required reminders, cues, and supervision in planning, organizing and correcting daily routines." The Assessment instructed caregivers to provide supervision/ set-up help for eating.

Resident 2's Negotiated Care Plan signed and dated on 08/01/2023, showed the AFH would provide supervision and assistance with ADLs.

Observation, on 03/18/2024 at 11:49 a.m., showed Resident 2 lying down on a pillow on the sofa at about a 20-degree angle. Resident 2 was eating a (uncut) hot dog and cheese from a plate on the coffee table, which was about the same height as the sofa. Staff E (Resident Manager) asked Resident 2 to sit-up and eat stating they did not want Resident 2

to choke. Resident 2 refused to sit-up. Staff E left the plate of food in front of Resident 2.

In an interview, on 03/18/2024 at 11:51 a.m., when asked what staff do to support Resident 2 sitting up to eat, Staff E stated that they remind Resident 2 that the guardian will be called.

Observation, on 03/18/2024 at 11:56 a.m., showed Caregiver G (Caregiver) remove the plate with one remaining hotdog from the coffee table.

Record review of an email, dated on 03/20/2024 at 10:18 p.m., stated that AFH staff will have Resident 2 "eat... meals on the table sitting upright and not lying on the couch."

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, I CARE AFH is or will be in compliance with this law and / or regulation on (Date) 5/4/24.

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

Provider (or Representative) — Date: 4/12/24

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

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that refrigerated medication was placed in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of harm from access to unsecured medication.

Findings included...

Observation, on 03/18/2024 between 10:00 a.m. to 5:17 p.m., showed 6 residents resided in the facility. Resident 2 and 5 showed independent mobility with or without aids.

Observation, on 03/18/2024 at 11:25 a.m., during the environmental tour, showed Visbiome Probiotic (a high potency probiotic medical food support intended to maintain or

improve good bacteria in the body) stored unsecured in the refrigerator.

In an interview, on 03/18/2024 at 11:32 a.m., when asked about the Washington Administrative Code regulation on securing medication, Staff E (Resident Manager) stated, "In a locked refrigerator." When asked why the medication was not secured, Staff E showed a small refrigerator with a lock that was not being used, plugged in the refrigerator, and placed the medication inside.

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, I CARE AFH is or will be in compliance with this law and / or regulation on (Date) 5/4/24

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

Provider (or Representative) — Date 4/12/24

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain a window screen in the bedrooms of 1 of 6 residents (Resident 5). The failure placed Resident 5 at risk of exposure to the entrance of flies and insects into the bedrooms.

Findings included...

Observation, on 03/18/2024 at 11:25 a.m., during the environmental tour of residents' bedrooms, showed Bedroom E was occupied by Resident 5.

Observation, on 03/18/2024 at 12:20 p.m., showed the one window in Bedroom E did not contain a window screen.

In an interview, on 03/18/2024 at 12:53 p.m., when asked why there was no window screen, Staff E (Resident Manager) stated that the maintenance person was on vacation for a few months.

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, I CARE AFH is or will be in compliance with this law and / or regulation on (Date) 5/4/24 .

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

Provider (or Representative) — Date: 4/12/24

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;

(8) Grant a resident access to and use of toxic substances and hazardous materials only with direct supervision, unless the resident has been assessed as safe to use the substance or material without direct supervision and if the use is documented in the negotiated care plan;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that all toxic substances and hazardous materials were retained in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of harm from accidental ingestion or misuse of harmful substances.

Findings included...

Observation, on 03/18/2024 between 10:00 a.m. to 5:17 p.m., showed 6 residents resided in the facility. Resident 2 and 5 showed independent mobility with or without aids.

Observation, on 03/18/2024 at 11:25 a.m., showed during the environmental tour, the cabinet under the kitchen sink did not have a lock on the cabinet door. The cabinet contained Clorox cleaner disinfectant wipes and Comet with bleach cleaner.

Record review showed that the AFH admitted Resident 2 on [redacted] 2018 with a diagnosis of [redacted].

Record review showed Resident 2's Negotiated Care Plan (NCP), signed and dated on 08/01/2023, did not indicate that Resident 2 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 5 on [redacted]/2021 with a diagnosis of [redacted].

Record review showed Resident 5's NCP, signed and dated on 03/06/2024, did not indicate that Resident 3 was assessed for safe use of toxins without supervision.

In an interview, on 03/18/2024 at 11:29 a.m., when asked about the Washington Administrative Code regulation on securing toxins, Staff E (Resident Manager) stated "usually keep in storage room, locked, but using."

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, I CARE AFH is or will be in compliance with this law and / or regulation on (Date) 5/4/24.

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

Provider (or Representative) — Date 4/12/24

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to complete evacuation drills during random staffing shifts. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of harm in the event of a real emergency requiring evacuation by experienced staff.

Findings included...

Observation, on 03/18/2024 at 10:00 a.m., showed that 6 residents resided in the AFH.

In an interview, on 03/18/2024 at 10:32 a.m., Staff E (Resident Manager) stated that Resident 1, 2, 3, 4, and 6 required assistance evacuating the home in case of an emergency.

Record review showed Staff C (Co-Provider) was hired on 04/24/2014 and Staff D (Caregiver) was hired in August 2016.

Record review showed that Staff C did not participate in the evacuation drills between 08/22/2022 to 02/15/2024.

Records showed that Staff D had not participated in the evacuation drills between 03/02/2021 to 02/15/2024.

In an interview, on 03/21/2024 at 3:00 p.m., when asked why Staff C and Staff D were not included in evacuation drills, Staff E stated "they were not available" because Staff C worked the nightshift and Staff D was part-time.

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, I CARE AFH is or will be in compliance with this law and / or regulation on (Date) 5/4/24.

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

Provider (or Representative) — Date: 4/12/24

WAC 388-76-10401 Home and community-based setting requirements.

(1) The home must ensure that the following conditions are present for each resident:

(a) Privacy in each resident's bedroom, including lockable doors when chosen, with only the resident or residents who live in the room and appropriate staff having the key;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure resident privacy was protected and maintained. This failure placed 1 of 6 residents (Resident 4) at risk of diminished quality of life.

Findings included...

Observation, on 03/18/2024 at 11:59 a.m., during the environmental tour of residents' bedrooms, showed Resident 4 occupied Bedroom A. Bedroom A contained Bathroom 2, which did not have a door between the bedroom and bathroom. The rooms were separated by a hanging curtain.

Resident record review showed the AFH admitted Resident 4 on [redacted]2018. Resident 4's Negotiated Care Plan (NCP), signed and dated on 08/03/2023, showed that the AFH would provide care and services for Resident 4.

In an interview, on 03/18/2024 at 12:08 p.m., Staff E (Resident Manager) stated that Bathroom #2 was the caregivers' bathroom. When asked if staff toileted and showered in Bathroom #2, Staff E stated "Yes."

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, I CARE AFH is or will be in compliance with this law and / or regulation on (Date) 5/4/24 .

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

Provider (or Representative) — Date 4/12/24

WAC 388-76-10430 Medication system.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents' (Resident 4) medications were available for administration in the facility. This failure placed Resident 4 at risk of not receiving their medications and of potential health complications.

Findings included...

Resident record review showed the AFH admitted Resident 4 on [redacted]2018. Resident 4's

Negotiated Care Plan (NCP), signed and dated on 08/03/2023, showed that the AFH would provide care, including medication management.

Record review of Resident 4's March 2024 Medication Log (ML) listed Loperamide (a medication is used to treat sudden diarrhea by slowing down the movement of the gut), take 2 capsules (4 milligrams) by mouth initially, then take 1 capsule after each unformed stool as needed for diarrhea.

Observation, on 03/18/2023 at 2:27 p.m., of the AFH locked medication supply for Resident 4, showed there was no Loperamide for Resident 4.

In an interview, on 03/18/2023 at 2:34 p.m., when asked about Resident 4's Loperamide, Staff E (Resident Manager) stated the Resident 4 was not taking the medication. When asked who did the medication reconciliation Staff E stated they had and Staff A (Provider).

In an interview, on 03/25/2024 at 9:00 a.m., the Pharmacist reported that the Loperamide was last filled on 03/25/2024 and, previously, on 09/24/2022.

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, I CARE AFH is or will be in compliance with this law and / or regulation on (Date) 5/4/24.

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

Provider (or Representative) — Date: 4/12/24

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have 1 of 7 caregivers (Staff E, Resident Manager) complete a national fingerprint

background check. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of exposure to a caregiver with unknown background.

Findings included...

Observation, on 03/18/2024 between 10:00 a.m. to 5:17 p.m., observation showed that 6 residents resided in the facility.

Record review showed that Staff E (Resident Manager) was hired on 10/01/2017. There was no national fingerprint background check for Staff E.

Record review of an email, dated 03/22/2024 at 2:35 p.m., showed a fingerprint background check completed on 03/21/2024 for Staff E.

In an interview, on 03/26/2024 at 10:31 a.m., when asked about the Washington Administrative Code time frame to complete fingerprint background check, Staff E stated the Provider performed that task.

In an interview, on 04/02/2024 at 9:06 a.m., when asked the time frame to complete the fingerprint background check, Staff A (Co-Provider) stated "before hiring."

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, I CARE AFH is or will be in compliance with this law and / or regulation on (Date) 5/4/24 .

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

Provider (or Representative) — Date 4/12/24

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have 1 of 7 caregiver (Staff F) complete a Washington State Name and Date of Birth Background Check (BGC) within one business day of employment. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of exposure to staff with unknown backgrounds.

Findings included...

Observation, on 03/18/2024 between 10:00 a.m. to 5:17 p.m., observation showed that 6 residents resided in the facility.

Record review showed the AFH hired Staff F on 02/01/2024 and the BGC was completed on 01/04/2024.

In an interview, on 03/26/2024 at 10:31 a.m., when asked about the Washington Administrative Code time frame to complete the Name and Date of Birth BGC, Staff E (Resident Manager) stated "Prior to hiring" and the Provider completed the BGCs.

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, I CARE AFH is or will be in compliance with this law and / or regulation on (Date) 5/4/24.

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

Provider (or Representative) — Date: 4/12/24

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have 2 of 6 sampled staff (Staff C, Co-Provider; Staff F, Caregiver) screened for Tuberculosis (TB) upon hire. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of being exposed to a communicable disease.

Findings included...

Record review showed that Staff C was hired on 04/24/2014. Staff C completed a TB chest x-ray on 12/29/2008 that was determined to be negative. Record review showed that Staff C completed TB skin tests on 03/13/2013 and 3/27/2013 that rendered negative findings. Staff C completed a TB skin test on 04/01/2015 that showed a reaction of 11 millimeters (mm). There were no additional records.

Record review showed that Staff F was hired on 02/01/2024. Staff F completed a TB blood test on 01/26/2024 that was determined to be negative. There were no additional records.

In interview, on 03/21/2024 at 3:00 p.m., when questioned about the Washington Administrative Code regulation on testing for TB, Staff E (Resident Manager) stated "we immediately ask... before we hire."

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, I CARE AFH is or will be in compliance with this law and / or regulation on (Date) 5/4/24.

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

Provider (or Representative) — Date 4/12/24

ICARE ADULT FAMILY HOME PLANS TO CORRECT DEFICIENCIES
RE: DSHS RCS ANNUAL INSPECTION 04/04/2024

WAC 388-76-10400 Care and services
iCare Adult Family Home (AFH) must ensure each resident receives: 1) the care and services identified in the NCP; 2) the care and services in an manner and in an environment that actively supports, maintains or improves each resident's quality of life, actively supports the safety of each resident, and reasonably accommodates each resident's individual needs and preferences except when the accommodation endangers the health or safety of the individual or another resident.
AFH discussed the Safety Plan with the Resident's PCP, Case Manager, and POA and will be implemented. (see enclosed Exhibit "A")
(NOTE: ICARE AFH is disputing the citation and is requesting IDR.)

WAC 388-76-10485 Medication storage.
AFH will and must ensure all prescribed and over-the-counter medications are appropriately stored, such as if refrigeration is required for a medication and the medication is kept in refrigerator locked storage. AFH locked refrigerator is available at the home for Residents required medications.
(NOTE: AFH is disputing the citation and is requesting IDR.)

WAC 388-76-10685 Bedrooms.
AFH must insure all windows and door screens are installed to prevent entrance of flies and other insects. Subject bedroom window screen is scheduled to be installed ASAP not later than 5/4/2024.

WAC 388-76-10750 Safety and maintenance.
AFH must en
sure to keep all toxic substances and hazardous materials in locked storage and in their containers. AFH have secured locked storage room at the home which is part for AFH requirement for the Resident's protection.
(NOTE: AFH is disputing the citation and is requesting IDR.)

WAC 388-76-10895 Emergency evacuation drills.
AFH must conduct emergency evacuation drills during random staffing shifts at least every sixty days with each resident participating in at least one each calendar year. In this particular citation, Staff C and Staff D will participate in future scheduled emergency evacuation drills.
(NOTE: AFH is disputing the citation and is requesting IDR.)

WAC 388-76-10401 Home and community-based setting requirements.
AFH must ensure privacy in each resident's bedroom, including lockable doors when chosen, with only the resident or residents who live in the room and appropriate staff having the key. As explained to the RCS Licensor - Twyla Robinson access to bathroom #2 has been modified (door removed) to accommodate the needs of the Resident but still issued the citation against the AFH so we are going to put the door back to the subject bathroom thus, AFH Staff will be constrained to wheel and or [redacted] transferring Resident #4 from Bedroom #A to Bathroom #1 (which is outside the Resident's bedroom) in doing daily routine for bathing and toileting. Also, AFH Staff and other Residents will only use bathroom #2 on an emergency basis to protect Resident's privacy.
(NOTE: AFH is disputing the citation and is requesting IDR.)

WAC 388-76-10430 Medication system.
AFH will and must ensure that when providing medication assistance or medication administration for any resident that medicines are available and they receives medication as required.

WAC 388-76-10176 Background checks.
AFH will and must ensure to get background checks done and submit them to DSHS according to the schedule in the WAC from now on. We are accepting the citation for Staff E. Staff E undergone Background check and Fingerprint (Copy attached Exhibit "B")

WAC 388-76-10175 Background checks.
AFH will and must ensure to get background checks done and submit them to DSHS according to the schedule in the WAC from now on. We are accepting the citation for Staff F. Staff F undergone Background check and Fingerprint (Copy attached Exhibit "C")

WAC 388-78-10280 Tuberculosis. One test and;
WAC 388-76-10285 Tuberculosis. Two step skin testing
AFH must ensure to follow the statutory requirements for TB testing in the future. In the case of Staff C who completed a TB skin test on 04/01/2015 that showed reaction of 11 millimeter (mm), but the additional records was misplaced or missing. She must undergo another testing on or before 5/4/2024 if missing records will not be found.

OPHELLO S CANLAS 4/12/24
PROVIDER
ICARE ADULT FAMILY HOME
A750063