STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223
7/11/2024

LISA ANDERSON
JOSHUAS HOUSE
1809 TOWNSHIP ST
SEDRO WOOLLEY, WA 98284

RE: JOSHUAS HOUSE License # 750071

Dear Provider:

This letter addresses Compliance Determination(s) 43154 (Completion Date 07/11/2024) and 40003 (Completion Date 04/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/11/2024 and found that you have corrected the violations listed in the Full report dated 04/29/2024. Your home is back in compliance as of 06/13/2024 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 388-76-10475-1, WAC 388-76-10015-1, WAC 388-76-10415-1

The Department staff who did the on-site verification:
Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 04/18/2024 and 04/18/2024 of:

JOSHUAS HOUSE
1809 TOWNSHIP ST
SEDRO WOOLLEY, WA 98284

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Toni Bolo, Complaint Investigator
Nicholette Flynn, AFH Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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) Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to document the date, time, and effectiveness of as needed (or symptom relief) medication on the medication log (ML) for 4 of 5 residents (Resident 1, 2, 3, and 5). The AFH also failed to document on the ML the date and reason for any medication changes. These failures resulted in the resident's increased risk for medication errors and medical complications.

Findings included…

RESIDENT 1
Record review showed that the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses. Resident 1's assessment dated, [redacted]/2023, showed Resident 1 required caregiver assistance with their medication management.

Record review of Resident 1's April 2024 ML showed an order for Ibuprofen (medication used for pain relief) 600 mg (milligram) tablet, take one tablet by mouth every eight hours as needed. Resident 1's April 2024 ML showed a handwritten line that crossed through the order. Resident 1's ML did not include a date or reason for the handwritten line through the order.

Record review of Resident 1's April 2024 ML showed an order for Ibuprofen 200 mg tablet, take two tablets by mouth every six hours as needed for mild pain, take with food. Resident 1's ML showed handwritten times of 8, 1, 8, on the hour section of the ML. Resident 1's ML showed documentation of staff initials days 04/01/2024 through 04/18/2024 that indicated the Ibuprofen was routinely given up to three times a day. The ML documentation showed that nine of those days and times staff circled their initials. The back of the ML showed staff did not complete documentation for all the dates and times the order for Ibuprofen 200 mg was initialed or initialed and circled.

Record review of Resident 1's April 2024 ML showed an order for Phenazopyridine (medication used for pain relief when urinating) 200 mg tablet, take one tablet by mouth three times a day as needed for pain. Resident 1's April 2024 ML showed a handwritten line that crossed through the order. Resident 1's ML did not include a date or reason for the handwritten line through the order.

RESIDENT 2
Record review showed that the AFH admitted Resident 2 on [redacted]/2023 with multiple diagnoses. Resident 2's assessment dated, 08/17/2023, showed Resident 2 required caregiver assistance with their medication management.

Record review of Resident 2's April 2024 ML showed an order for Cetirizine HCL (medication used for allergy symptom relief) 10mg tablet, take one tablet once daily as needed for allergy. Resident 2's ML showed documentation of staff initials days 04/01/2024 through 04/18/2024 that indicated the Cetirizine HCL was routinely given daily. The back of the ML showed staff did not complete documentation for all the dates and times the order for Cetirizine HCL 10mg was initialed.

RESIDENT 3
Record review showed that the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses. Resident 3's assessment dated, 02/08/2024, showed Resident 3 required caregiver assistance with their medication management.

Record review of Resident 3's April 2024 ML showed and order for Lorazepam (medication used to treat anxiety) 1mg tablet take one tablet by mouth every eight hours as needed for anxiety (agitation) for up to ten days. Resident 3's ML showed documentation of staff initials days 04/10/2024 and 04/12/2024 through 04/17/2024 that indicated the Lorazepam was routinely given daily. The back of the ML showed staff did not complete documentation for all the dates and times the order for Lorazepam 1mg was initialed.

RESIDENT 5
Record review showed that the AFH admitted Resident 5 on [redacted]/2018 with multiple diagnoses. Resident 5's assessment dated, 07/17/2023, showed Resident 5 required caregiver assistance with their medication management.

Record review of Resident 5's April 2024 ML showed an order for Diclofenac Sodium 1% gel (medication used to treat mild to moderate pain) apply topically one to two grams to affected areas every six hours as needed. Resident 5's ML showed documentation of staff initials days 04/01/2024 through 04/17/2024 that indicated the Diclofenac was routinely given daily. The back of the ML showed staff did not complete documentation for all the dates and times the order for Diclofenac Sodium 1% gel was initialed.

Record review of Resident 5's April 2024 ML showed an order for Ibuprofen 400 mg tablet, take one to two tablets by mouth three times daily, as needed with food or milk for low back pain. Resident 5's ML showed handwritten times of 8, 1, 8, on the hour section of the ML. Resident 5's ML showed documentation of staff initials days 04/02/2024 through 04/18/2024 that indicated the Ibuprofen was routinely given up to three times a day. The back of the ML showed staff did not complete documentation for all the dates and times the order for Ibuprofen 400 mg was initialed.

Interview on 04/18/2024 at 1:52 PM, Staff B stated that they were not aware staff were not completing their documentation of as needed medications and staff had been reminded and trained on proper documentation.

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, JOSHUAS HOUSE 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to develop and implement a respiratory protection program. The AFH also failed to ensure that 6 of 6 staff (Staff B, Provider, Staff A, C, D, and E, Caregivers, & Staff F, Activities staff) were fit tested for an N95 as required (a device worn over the mouth and nose or entire face that prevents inhalation of dust, smoke, and other substances). These failures resulted in the AFH residents and staff's increased risk for illness and risk for spread of infectious disease. These failures also resulted in residents being cared for by untrained staff.

Findings included…

Review of Dear Provider Letter (DPL), dated 09/14/2023 and 04/30/2021, stated information on provider responsibilities to provide personal protective equipment (PPE) in the long-term (LTC) setting. The DPL also stated provider responsibilities to provide appropriate respiratory protection and follow regulations pertaining to respiratory protection. The DPL referenced Washington Administrative Code (WAC) 296-842 and Occupational Safety and Health Administration (OSHA) regarding the use of respirators.

Review of, Washington State Department of Health, "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Record review of the AFH COVID-19 (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) Protocol forms, undated, showed no record of a Respiratory Protection Program as required.

Record review of Staff A's employee file, dated 09/01/2021, showed a respirator fit test dated 10/03/2022.

Record review of Staff B's employee file, undated, showed a respirator fit test dated 10/03/2022.

Record review of Staff C's employee file, dated 09/08/2019, showed a respirator fit test dated 10/03/2022.

Record review of Staff D's employee file, dated 02/15/2016, showed a respirator fit test dated 10/03/2022.

Record review of Staff E's employee file, dated 06/13/2023, showed a respirator fit test dated 10/03/2022.

Record review of Staff F's employee file, dated 01/01/2020, showed a respirator fit test dated 10/03/2022.

Staff A, B, C, D, E, and F's respirator fit tests were five months and twenty-five days overdue.

Interview on 04/18/2024 at 1:52 PM, Staff B stated that they were not aware that annual employee respirator fit tests and a respiratory protection program were required.

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, JOSHUAS HOUSE 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 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 6 sampled staff (Staff B, Provider and Staff D, Caregiver) completed food safety training as required. This failure resulted in the increased risk of food borne illness and improper food handling by untrained staff.

Findings included…

Review of Dear Provider Letter (DPL), amended on 04/12/2023, stated information to clarify the food handler safety and continuing education (CE) requirements for long-term care workers in AFHs. The DPL stated that long-term care workers hired before 2005 may either maintain an active food handler permit or take the annual 0.5-hour CE to maintain their training. The DPL stated that long-term care workers hired after 2005, who do not hold a food handler permit must have 0.5-hour CE prior to staff handling food or providing food service in the AFH.

Record review of Staff B's undated employee file showed a food handler training card with an expiration date of 09/16/2023. Staff B's undated employee file showed Staff B had a Nursing Assistant Certification since 1995. Staff B's undated employee file showed no documented continuing education regarding safe food handling practices.

Record review of Staff D's employee file, dated 02/15/2016, showed a food handler training card with an expiration date on 09/22/2023. Staff D's employee file showed Staff D had a Home Care Aide Certification since 2016. Staff D's employee file showed no documentation of continuing education regarding safe food handling practices.

Interview on 04/18/2023 at 1:52 PM, Staff B stated that they were not aware that Staff D and their food handler's training were expired.

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, JOSHUAS HOUSE 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