STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

FLORENCE PRASAD
FREEDOM CARE AFH II
3710 TALBOT RD S
RENTON, WA 98055

RE: FREEDOM CARE AFH II License # 750191

Dear Provider:

This letter addresses Compliance Determination(s) 25023 (Completion Date 06/07/2023) and 23649 (Completion Date 05/15/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/07/2023 and found that you have corrected the violations listed in the Full report dated 05/15/2023. Your home is back in compliance as of 05/09/2023 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 388-76-10380-4, WAC 388-76-10530-2, WAC 388-76-10475-3-a, WAC 388-76-10750-6-c, WAC 388-76-10845-6, WAC 388-76-10575-1-c, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 750191	Compliance Determination # 23649
Plan of Correction	FREEDOM CARE AFH II	Completion Date
Page 1 of 9	Licensee: FLORENCE PRASAD	05/15/2023

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 05/08/2023 and 05/08/2023 of:

FREEDOM CARE AFH II
3710 TALBOT RD S
RENTON, WA 98055

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:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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: 05/18/2023

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: 5/22/23

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 observation, interview, and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 1 and 5) at least every twelve months. This failure placed Residents 1 and 5 at risk for unmet care needs

Findings included...

During an unannounced visit on 05/08/2023 between 10:10 AM to 5:46 PM, observation showed staff interacted and provided care to Residents 1 and 5.

Record review of Resident 1's NCP, dated 04/20/2022, showed that the resident was admitted to the AFH on [redacted]2016. Further record review showed that the NCP was signed and dated by Resident 1's representative and AFH staff on 04/20/2022. There was no other NCP found on Resident 1's file and/or record.

Record review of Resident 5's NCP, dated 04/20/2022, showed that the resident was admitted to the AFH on [redacted]2017. Further record review showed that the NCP was signed and dated by Resident 5's representative on 04/27/2022 and the AFH staff on 04/21/2022. There was no other NCP found on Resident 5's file and/or record.

In an interview on 05/08/2023 at 3:47 P.M , Staff B, Resident Manager, stated that Residents 1 and 5's 2023 NCP still in progress and not done. Staff B did not offer an explanation as to why Residents 1 and 5's NCP were not completed in a timely manner.

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, FREEDOM CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 5/9/23 .

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

Prasad — Provider (or Representative)

5/22/23 — Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide 2 of 2 sampled residents (Residents 1 and 5), the written notice of the house rules, resident rights, services and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Residents 1 and 5 and/or their representatives at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included...

During an unannounced visit on 05/02/2023 between 11:03 AM to 6:02 PM, observation showed Staff interacted with and provided care to Residents 1 and 5 in the AFH

Review of Resident 1's records showed that the residents' representative and the AFH last reviewed and signed the notice of services on 03/29/2021.

Review of Resident 5's records showed that the resident and/or their representative and the AFH last reviewed and signed the notice of services on 11/08/2020.

In an interview on 05/02/2023 at 5:52 PM, Staff B, Resident Manager, stated that the residents' notice of services were not reviewed and signed every two years because it was Covid-19 (an infectious disease caused by a virus) time and the residents' representatives were not able to come to the AFH.

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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, FREEDOM CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 5/9/23

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

Prasad — Provider (or Representative)

5/22/23 — Date

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

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure staff initialed 1 of 2 sampled residents' (Resident 5) medication administration record (MAR) at the time they administered the medication to the resident. This failure placed Resident 5 at risk for medication overdose and harm due to medication error.

In an interview on 05/08/2023 at 11:13 AM, Staff B, Resident Manager, stated that Resident 5 required medication assistance from staff.

During medication reconciliation and/or review, on 05/08/2023 at 2:08 PM, observation showed that Resident 5's medications included ALENDRONATE SODIUM 70 MG (milligrams [medication used to treat and prevent a bone disease]). Record review of Resident 5's 05/2023 MAR showed "ALENDRONATE SODIUM 70 MG . . TAKE 1 TABLET BY MOUTH ONCE WEEKLY ..." The medication was scheduled to be given on 05/07/2023 at 8:00 AM. There was no staff initial to indicate Resident 5's was given the medication by staff.

During medication reconciliation and/or review, on 05/08/2023 at 2:08 PM, observation showed that Resident 5's medications included GLIMIPERIDE 1 MG (Medication used to treat high blood sugar levels). Resident 5's MAR showed that staff did not initial the "GLIMIPERIDE 1 MG ... TAKE 1 TABLET BY MOUTH DAILY" The medication was scheduled to be given on 05/08/2023 at 8:00 AM (6 hours past due).

In an interview on 05/08/2023 at 2:19 PM, Staff C, Caregiver, stated that the above

medications were given as scheduled, but they missed signing the MAR.

In an interview on 05/08/2023 at 2:30 PM, Staff B, Resident Manager, stated that staff training was insufficient, and staff needed to be more meticulous.

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, FREEDOM CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 5/8/23 .

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

Provider (or Representative) — Date 5/22/23

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain the water temperature at least 105 degrees Fahrenheit in one of two bathrooms (Bathroom #2) sink used by 1 of 6 current residents (Resident 2). This failure placed Resident 2 at risk from uncomfortable water temperature and decreased quality of life.

Findings included...

During an environmental tour with Staff B, Resident Manager, on 05/08/2023 at 12:59 PM, observation showed the water temperature in the bathroom (Bathroom #2) sink located in Residents 2 bedroom registered at 103.7 degrees Fahrenheit.

In an interview on 05/08/2023 at 1:03 PM, Staff B stated that Resident 2 used Bathroom #2. Staff B further stated that the water temperature needs to be adjusted and did not know why water temperature was low.

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, FREEDOM CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 5/9/23 .

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

Prasad
Provider (or Representative)

5/22/23
Date

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(6) Is stored in a cool, dry location away from direct sunlight.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the on-site emergency water supply was stored out of direct sunlight as required This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of harm from consumption of water contaminated by chemicals coming out of the plastic packaging due to inappropriate storage in an event of an emergency.

Findings included. .

On 05/08/2023 at 12:11 PM, Staff B, Resident Manager, showed the AFH's emergency drinking water that were in ten plastic water containers. Each container contained five gallons of water. The AFH's emergency water were stored in the sunroom leaning against the wall and under direct sunlight

In an interview on 05/08/2023 at 12:13 PM, Staff B stated that as things were organized, they thought that the sunroom was a fitting place to store the emergency drinking water, but did not take the weather into account.

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, FREEDOM CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 5/8/23 .

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

Provider (or Representative) 5/22/23 Date

WAC 388-76-10575 Resident rights Privacy.

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep the residents' records for 3 of 6 current residents (Residents 1,5, and 6) and 2 former residents in a confidential manner. This failure placed the residents at risk for violation of privacy.

Findings included....

On 05/08/2023 at 11:56 AM, observation showed residents' list dated 01/10/2018 was placed together with the Statement of Deficiency (SOD) that was in a white binder labeled "Annual Inspection report located here". The white binder was placed on top of the fireplace mantel in a common area of the AFH.

Record review showed that the resident's list included Residents 1, 5, and 6 and two former residents' names. The residents' list had a notation that says, "... CONFIDENTIAL - DO NOT POST".

In an interview on 05/08/2023 at 12:03 PM, Staff B, Resident Manager, stated that they did not know why the residents' list was posted with the SOD and that it should not be there.

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, FREEDOM CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 5/8/23 .

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

Provider (or Representative) — Date 5/22/23

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, interview and record review, the adult family home (AFH) failed to ensure that toxic product was in locked storage and inaccessible to 2 of 6 residents (Residents 2 and 3). This failure placed the residents at risk of harm and injury if they ingested the toxic substance.

Findings included...

On 05/08/2023 at 11:14 AM, observation showed Staff C, Caregiver, assisted and held Resident 3's hand while they ambulated from the back patio to the living room. Resident 2 was not observed in the AFH during the visit.

During a tour with Staff B, Resident Manager, on 05/08/2023 at 1:06 PM, observation showed a small bottle labeled "Tea Tree Oil (an essential oil commonly used on the skin as antibacterial). The bottle was on top of the bathroom sink in the bedroom used by Residents 2 and 3. Further record review showed the bottle had a warning label that says: "Warnings: KEEP OUT OF REACH OF CHILDREN NOT FOR INTERNAL USE. Avoid contact with eyes, ears ... If you .. are taking any medications or have a medical condition, consult a doctor before use..."

Record review of Resident 2's assessment, dated 04/28/2023, showed the resident required assistance with medications as their ability fluctuates, forgets to take medications, and unaware of dosages.

Record review of Resident 3's assessment, dated 09/28/2022, showed the resident had memory problems, poor decisions, and unaware of consequences.

In an interview on 05/08/2023 at 1:12 PM, Staff B stated that Resident 2 bought the Tea Tr[illegible] without their knowledge and would talk to Resident 2 about it.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency By taking this action, FREEDOM CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 5/8/23 .

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

Provider (or Representative) _____ Date 5/22/23