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

PARADISE ISLAND ADULT FAMILY HOME LLC
PARADISE ISLAND ADULT FAMILY HOMES LLC
5005 COLBY AVE
EVERETT, WA 98203

RE: PARADISE ISLAND ADULT FAMILY HOMES LLC License # 750394

Dear Provider:

This letter addresses Compliance Determination(s) 34521 (Completion Date 12/28/2023) and 32255 (Completion Date 11/14/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/28/2023 and found that you have corrected the violations listed in the Full report dated 11/14/2023. Your home is back in compliance as of 12/18/2023 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 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10015-1, WAC 388-76-10340, WAC 388-76-10340-1, WAC 388-76-10340-2, WAC 388-76-10340-3, WAC 388-76-10340-4, WAC 388-76-10340-5, WAC 388-76-10650-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10360, WAC 388-76-10430-1, WAC 388-76-10475-1, WAC 388-76-10475-3-c, WAC 388-76-10475-3-c-i, WAC 388-76-10475-3-c-ii, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-3-c-iv, WAC 388-76-10750-1, WAC 388-76-10750-7, WAC 388-76-10805-4

The Department staff who did the on-site verification:
Candie Salatka, LTC Surveyor

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 11/07/2023 and 11/07/2023 of:

PARADISE ISLAND ADULT FAMILY HOMES LLC
5005 COLBY AVE
EVERETT, WA 98203

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Candie Salatka, LTC Surveyor

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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to provide 2 of 3 residents (Residents 1 and 3) the AFH's policy on accepting Medicaid as a payment source. This failure placed residents at risk of not being fully informed of their rights or understanding the AFH's policy on accepting Medicaid as a payment source.

Findings included...

Record review, on 11/07/2023 at 10:40 AM, showed Resident 1's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review, on 11/07/2023 at 11:36 AM, showed Resident 3's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

During an interview, on 11/07/2023 at 4:32 PM, Staff A (Entity Representative) stated they were unsure why the form was not in the resident's file. Staff A was unable to find the forms during the inspection.

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, PARADISE ISLAND ADULT FAMILY HOMES LLC 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 have a system in place to ensure 4 of 4 staff (Staff A, Entity Representative, Staff B, Caregiver, Staff C, Caregiver, Staff D, Caregiver) had respiratory training and respirator fit testing. The AFH also failed to have the Medical Test Site Waiver (MTSW) license required to check 2 of 3 resident's (Resident 2 and 3) blood sugar. These failures placed AFH residents and staff at risk for illness, infection, and placed Residents 1 and 3 at risk for unmet care needs by unqualified caregivers.

Findings included…

<Respiratory Protection>
Review of the Dear Provider Letter, dated 11/05/2021, listed resources to access for fit testing N95 respirators. The Dear Provider Letter showed the Washington State Department of Health website link to the Respiratory Protection Program for Long-Term Care Facilities.

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 Staff A's undated employee file on 11/07/2023 at 4:10 PM, showed respirator fit testing expired 07/25/2023.

Record review of Staff B's undated employee file on 11/07/2023 at 4:13 PM, showed respirator fit testing expired 07/25/2023.

Record review of Staff C's undated employee file on 11/07/2023 at 4:22 PM, showed respirator fit testing expired 07/25/2023.

Record review of Staff D's undated employee file on 11/07/2023 at 4:22 PM, showed respirator fit testing expired 07/25/2023.

In an interview, on 11/07/2023 at 4:10 PM, Staff A stated that they were finding it difficult to locate a new provider that would conduct respirator fit testing.

<Medical Test Site Waiver>
Review of the Dear Provider Letter, dated 04/01/2022, reviewed the requirements necessary for obtaining a medical test site waiver (MTSW) license. The Dear Provider Letter listed when a medical test site license is required to include; when the Adult Family Home provider administers a medical test blood glucose test (sugar in the blood), or interprets the test result, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application.

Record review of Resident 2's medication log, dated October 2023, showed the AFH admitted Resident 2 on [redacted]/2021 with multiple diagnoses including [redacted] Record review of Resident 2's assessment, dated 04/17/2023, showed Resident 2 required nurse delegation for AFH staff to perform blood glucose testing.

Record review of Resident 3's medication log, dated October 2023, showed the AFH admitted Resident 3 on [redacted]/2023 with multiple diagnoses including [redacted] Record review of Resident 3's assessment, dated 02/10/2023, showed Resident 3 required nurse delegation for AFH staff to perform blood glucose testing.

Record review of the AFH's undated facility records on 11/07/2023, showed no record of a MTSW license.

During an interview, on 11/07/2023 at 4:30 PM, Staff A stated that they were not aware they were required to have an MTSW license.

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, PARADISE ISLAND ADULT FAMILY HOMES LLC 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 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 resident's (Resident 1, 2 and 3) Preliminary Service Plan (PSP) were developed and completed. This failure placed residents at risk of unrecognized and unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses that included [redacted] Review of Resident 1's assessment, dated 08/08/2023 required caregiver assistance with activities of daily living. Record review, on 11/07/2023 at 10:32 AM, showed there was no PSP in Resident 1's record. Resident 1's PSP was not developed or completed.

Record review showed the AFH admitted Resident 2 on [redacted]/2021 with multiple diagnoses that included [redacted] Review of Resident 2's assessment, dated 04/17/2023, showed Resident 2 required caregiver assistance with activities of daily living. Record review, on 11/07/2023 at 11:02 AM, showed there was no PSP in Resident 2's record. Resident 2's PSP was not developed or completed.

Record review showed the AFH admitted Resident 3 on [redacted]/2023 with multiple diagnoses that included [redacted] Review of Resident 3's assessment, dated 02/10/2023, showed Resident 3 required caregiver assistance with activities of daily living. Record review, on 11/07/2023 at 11:36 AM showed there was no PSP in Resident 3's record. Resident 3's PSP was not developed or completed.

In an interview, on 11/07/2023 at 4:27 PM, Staff A (Entity Representative) stated that they did not know that PSP's were required.

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) Date

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure the required documentation for the use of side [redacted] was completed for 2 of 3 residents (Residents 1 and 2). This failure placed residents at risk of injury from inappropriate use and not being able to make an informed decision about the use of the medical device.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2023. Record Review of Resident's 1 negotiated care plan (NCP), dated [redacted]/20223, showed Resident 1 required supervision with no physical help with bed mobility. Resident 1's NCP did not show documentation of side [redacted] use.

Record review of Resident 1's assessment, dated 08/08/2023, did not show documentation of side [redacted] use.

Observation on 11/07/2023 at 10:13 AM, showed Resident 1's bed had a raised quarter side [redacted] at the head of the bed. The bed was positioned in the middle of Resident 1's room. There was a twin-size mattress underneath Resident 1's electric bed.

In an interview on 11/07/2023 at 10:13 AM, Resident 1 stated the bed had side [redacted] on it when they moved into the AFH. Resident 1 reported they used the side [redacted] sometimes to get out of bed. Resident 1 said they did not know why the mattress was under their bed. Resident 1 reported they used the mattress as a shelf for storage of their books.

Record review showed the AFH admitted Resident 2 on [redacted]/2021. Record review of Resident 2's NCP, dated 01/06/2023, with multiple diagnoses that included [redacted] The NCP showed that Resident 2 required two caregiver physical assistance with personal care and bed mobility. The NCP did not show documentation of side [redacted] use.

Record review of Resident 2's assessment, dated 04/17/2023, showed that side [redacted] were being used for bed mobility.

Observation on 11/07/2023 at 10:27 AM, showed Resident 2's bed had a lower quarter side [redacted] and the bed was against the wall.

In an interview on 11/07/2023 at 10: 24 AM, Resident 2 stated that they believe that someone spoke to them about the side [redacted]

In an interview on 11/07/2023 at 4:37PM, Staff A (Entity Representative), stated that they understood that an assessment must be completed, care planned, and information must be provided to the resident about the benefits and safety risks for medical devices. Staff A was unable to locate any documentation showing that benefits and risks had been given to residents or their legal representatives. Staff A reported that the mattress under the bed in Resident's 1's room should not be there and was left there by mistake. Staff A clarified that the mattress was not being used as a bedside mat for fall prevention.

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, PARADISE ISLAND ADULT FAMILY HOMES LLC 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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 3 residents (Resident 2) Negotiated Care Plan (NCP) was developed and completed within 30 days of their admission. This failure placed Resident 2 at risk for unrecognized and unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2021 with multiple diagnoses that included [redacted] Review of Resident 2's assessment, dated 04/17/2023, showed Resident 2 required caregiver assistance with activities of daily living.

Record review showed the initial NCP was undated and signed on 10/20/2021 by Resident 2's legal representative.

In an interview, on 11/07/2023 at 4:14 PM, Staff A (Entity Representative) acknowledged the NCP was not completed and signed within 30 days of Resident 2's admission to the AFH.

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, PARADISE ISLAND ADULT FAMILY HOMES LLC 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 388-76-10430 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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a system in place to ensure all medications as prescribed were available in the resident's medication supply for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk for medical complications and medication errors.

Finding included…

Record review showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses that included [redacted] Resident 1's assessment, dated 08/08/2023, showed Resident 1 required caregiver assistance with medication administration.

Record review of Resident 1's medication log, dated November 2023, showed that Resident 1 was prescribed Duloxetine (a medication used to treat depression) daily.

Record review of Resident 1's medication log, dated November 2023, showed that Resident 1 was prescribed Ciclopirox solution (a medication that is used on the skin to treat infections) to be applied daily.

Record review of Resident 1's medication log, dated November 2023, showed that Resident 1 was prescribed Trazodone (a medication to help improve mood, appetite and energy) as needed.

Observation, on 11/07/2023 at 2:00 PM, showed that Duloxetine, Ciclopirox solution and Trazadone were not available in Resident 1's medication supply.

During an interview on 11/07/2023 at 2:15 PM, Resident 1 acknowledged that they are not getting one of their mental health medications due to problems with their insurance. Resident 1 stated they were getting all other medications.

During an interview, on 11/07/2023 at 4:17 PM, Staff A (Entity Representative) reported that Resident 1 was having issues receiving medication due to changes in their medical insurance. Staff A acknowledged that Resident 1 did not have Duloxetine and has been without medication since November 2023. Staff A reported that they were working with the pharmacy to get the medication. Staff A stated that Resident 1 had never received the Ciclopirox medication and they would call the pharmacy about the medication. Staff A reported that Resident did not take Trazadone and the medication should be discontinued.

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, PARADISE ISLAND ADULT FAMILY HOMES LLC 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 388-76-10475 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.

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the medication log for 1 of 3 residents (Resident 1) was accurate and kept up to date. This failure placed Resident 1 at risk for medical complications and medication errors.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2023. Resident 1's assessment, dated 08/08/2023, showed Resident 1 required caregiver assistance with medication management.

Record review of Resident 1's November 2023 medication log, on 11/07/2023 at 2:00 PM, showed Ciclopirox solution (a medication used to treat infections) scheduled to be administered daily. Staff B (Caregiver), documented their initials indicating the medication was given 11/01/2023 through 11/07/2023.

Observation on 11/07/2023 at 2:07 PM, showed Ciclopirox solution medication was not in Resident 1's medication supply.

Record review of Resident 1's November 2023 medication log, on 11/07/2023 at 2:00 PM, showed Resident 1 was prescribed Duloxetine (a medication used to treat depression) scheduled to be administered daily. Staff B documented their initials indicating the medication was given 11/01/2023 through 11/07/2023. The medication log showed circles around each initial starting at 11/01/2023 through 11/07/2023. There were no documented reasons for the circles around Staff B's initials.

Observation on 11/07/2023 at 2:07 PM, showed Duloxetine medication was not in Resident 1's medication supply.

During an interview, on 11/07/2023 at 4:39 PM, Staff A (Entity Representative), reported that the medication log was incorrect, and Staff B made a mistake by initialing the medication log when the medications were not given to Resident 1.

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, PARADISE ISLAND ADULT FAMILY HOMES LLC 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 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(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 ensure that the home was maintained in a clean, sanitary, homelike manner. The AFH also failed to ensure toxic chemicals were secured in locked storage. These failures placed 3 of 3 residents (Residents 1, 2 and 3) in a home that was poorly maintained, at risk for a decreased quality of life and risk to the health and safety of residents by accessing harmful substances.

Findings included…

<Main Level>

<Bathroom 1>

During an observation, 11/07/2023 at 10:06 AM, showed that the grout in the bathroom was discolored and brown around the bathtub. The bathtub was heavily stained and discolored. The flooring around the toilet was stained yellow. The mini blinds were caked with dust and appeared rusty. The walls were stained, dirty and damaged. There was a circular hole in the drywall, directly behind the toilet, measuring approximately 2 inches in diameter.

During an interview on 11/07/2023 at 4:40 PM, Staff A (Entity Representative) acknowledged the bathroom needed repairs.

<Bedroom A>

Observation in Bedroom A, on 11/07/2023 at 10:10 AM, showed a sliding glass door that led to the outdoor exterior of the home was without a screen.

<Bedroom [redacted]>

Observation in Bedroom [redacted] on 11/07/2023 at 2:23 PM, showed a sliding glass door that led to the outdoor exterior of the home did not lock.

During an interview on 11/07/2023 at 2:23 PM, Resident 1 reported that their sliding glass door in their room did not lock. Resident 1 demonstrated by pushing the lock, but the door opened even while in the locked position.

<Cleaning Closet>

Observation during a general tour, on 11/07/2023 at 10:20 AM, showed the cleaning cabinet located next to the food pantry was unlocked. The cabinet was missing the built-in lock and was being held shut using rubber bands. There were various disinfectants and household cleaning products in the unsecured cabinet.

<Lower Level>

<Bedroom E>

Observation in vacant licensed Bedroom E, on 11/07/2023 at 9:57 AM, showed a window without a screen.

<Living Room>

Observation in the living room on the lower level of the AFH, on 11/07/2023 at 9:52 AM, showed an approximately 6 inches by 6 inches square in the ceiling that appeared to have brown water marks and the ceiling material appeared wet. This area was near a smoke detector.

During an interview, on 11/07/2023 at 9:52 AM, Staff A reported they previously had a water leak and replaced a piece of the ceiling.

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) Date

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that smoke alarms in all areas of the home were in proper working condition. This failure placed 3 of 3 residents (Residents 1, 2 and 3) health and safety at risk by not hearing an alarm during an emergency.

Findings included…

Observation on 11/07/2023 at 4:48 PM, showed that the smoke alarm in the hallway adjacent from Bedrooms A, B and C did not sound when manually activated.

During an interview, on 11/07/2023 at 4:48 PM, Staff A (Entity Representative) stated they did not know why the smoke alarm was not working properly.

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, PARADISE ISLAND ADULT FAMILY HOMES LLC 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