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

HILLTOP ADULT FAMILY HOME LLC
HILLTOP ADULT FAMILY HOME
20328 DAMSON RD
LYNNWOOD, WA 98036

RE: HILLTOP ADULT FAMILY HOME License # 750776

Dear Provider:

This letter addresses Compliance Determination(s) 35663 (Completion Date 01/23/2024) and 33688 (Completion Date 12/14/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/23/2024 and found that you have corrected the violations listed in the Full report dated 12/14/2023. Your home is back in compliance as of 12/08/2023 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 388-76-10750-6-c, WAC 388-76-10750-7, WAC 388-76-10490-1

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

Fax to Tina Beattie 206-971-6791

RECEIVED
JAN 16 2024
DSHS/ALTSA/RCS

Received 1/12/2024 EB

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 #: 750776	Compliance Determination # 33688
Plan of Correction	HILLTOP ADULT FAMILY HOME	Completion Date
Page 1 of 4	Licensee: HILLTOP ADULT FAMILY HOME LLC	12/14/2023

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 12/08/2023 and 12/08/2023 of:
HILLTOP ADULT FAMILY HOME
20328 DAMSON RD
LYNNWOOD, WA 98036

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:

Farrah Sirous, Long Term Care Surveyor

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

12/15/2023
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.

Statement of Deficiencies	License #: 750776	Compliance Determination # 33688
Plan of Correction	HILLTOP ADULT FAMILY HOME	Completion Date
Page 2 of 4	Licensee: HILLTOP ADULT FAMILY HOME LLC	12/14/2023

Provider (or Representative) — Date: 1/14/2024

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;

(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 the water temperature did not exceed 120 degrees Fahrenheit (F) and keep all toxic substances in locked storage. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm from burns and accidental ingestion of toxic substances.

Findings included... This was corrected same day. Water was tested again @ 8:02 pm & it was down to less than 118°F.

Observation, on 12/08/2023 9:23 AM, showed 3 residents resided and received care from the AFH.

In an interview, on 12/08/2023 at 9:25 AM, Staff A, Provider, reported that Residents 1 ambulated independently. Staff A stated that Resident 2 and 3 needed assistances to ambulate throughout the AFH.

Observation, on 12/08/2023 at 10:50 AM, showed a can of Disinfecting Spray and a can of Ajax bleach powder were kept unlocked in the main bathroom cabinet under the sink (located in the hallway). This was corrected while licensor was here. Put the items in the locked cabinet under the sink.

Observation, on 12/08/2023 at 10:55 AM, showed the water temperature at the sink in the main bathroom (located in the hallway) was 121.6 degrees F. The water temperature in the second bathroom (located near bedroom B) was 121.3 degrees F. The broken lock was fixed that night.

Observation, on 12/08/23 at 2:10 PM, during a second water temperature check, showed the water temperature at the sink in the main bathroom was 121.5 degrees F, and in the second bathroom was 121.3 degrees F.

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In an interview, on 12/08/2023 at 11:00 AM, Staff A stated that water temperature should be kept between 105-120 degrees F. Further, Staff A stated that all cleaners and toxic substances needed to be kept in a locked storage.

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, HILLTOP ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/8/2023 .

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

Provider (or Representative) — Date: 1/14/2024

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of negative outcomes and worsening condition due to being given an expired medication.

Findings included...

Record review of the AFH's Medication Disposal Policy stated that the AFH would follow "procedure[s] to return unused or expired medication to the pharmacy."

Resident record review showed the AFH admitted Resident 1 on [redacted]/2022. Record review of Resident 2's Negotiated Care Plan (NCP) indicated that the AFH would provide medication management and some activities of daily living. Resident 1's NCP was last signed and dated on 02/01/2023.

A review of Resident 1's December 2023 Medication Log (ML) showed Resident 1 was prescribed Acetaminophen (a medication used to treat minor aches and pains), 500

Statement of Deficiencies	License #: 750776	Compliance Determination # 33688
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milligrams take one capsule every 8 hours as needed (prn) for pain or fever.

Observation, on 12/08/2023 at 1:10 PM, showed Resident 1's Acetaminophen had expired on 05/31/2019. This was corrected while Licensor was here, I texted family (daughter) to deliver a new bottle of unexpired Soony Acetaminophen.

In an interview, on 12/08/2023 at 1:15 PM, Staff A, Provider, stated that the Acetaminophen was a prn and Resident 1 was not taking this medication. Staff A stated that they were not aware Resident's 1 Acetaminophen had expired. Resident's son-in-law came to replace the expired pills while Licensor was talking to another resident, & showed the new bottle to Licensor.

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, HILLTOP ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/8/2023 .

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

Provider (or Representative) — Date 1/14/2024

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

12/18/2023

HILLTOP ADULT FAMILY HOME LLC
HILLTOP ADULT FAMILY HOME
20328 DAMSON RD
LYNNWOOD, WA 98036

RE: HILLTOP ADULT FAMILY HOME # 750776

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/14/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

The Adult family Home failed to obtain physician approval prior to serving Ensure (a nutritional supplement to increase nutrition, calories, or use as a meal replacement) to Residents 1 and 3. Staff A, Provider, stated that they would call the doctor to obtain a written approval for the Ensure supplement.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (206)914-5042.

Sincerely,

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

Enclosure

Plan **(Plan of Correction)**

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600