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

HAZELINE GUMIRAN ALEJANDRO
BEST HEALTH FAMILY HOME II
17403 SE 196TH DR
RENTON, WA 98058

RE: BEST HEALTH FAMILY HOME II License # 750868

Dear Provider:

This letter addresses Compliance Determination(s) 35495 (Completion Date 01/22/2024) and 30375 (Completion Date 12/06/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/22/2024 and found that you have corrected the violations listed in the Complaint report dated 12/06/2023. Your home is back in compliance as of 12/16/2023 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 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10475-3, WAC 388-76-10475-3-a

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor
Karen Beardsley, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: BEST HEALTH FAMILY HOME II
License/Cert.#: 750868
Compliance Determination #: 30375
Investigator: Jennifer Domingo
Provider Type: Adult Family Home
Intake ID: 98710
Region/Unit #: RCS Region 2 / Unit E
Investigation Date(s): 10/02/2023 through 12/06/2023
Complainant Contact Date(s): 10/02/2023

Allegation(s):

1) The Adult Family Home (AFH) staff did not call emergency medical services (911) promptly when the named resident, now Former Resident (FR), had a seizure (abnormal electrical activity in the brain that happens quickly) episode for half an hour to an hour.
2) The AFH staff could not speak English to explain what had happened to the FR to the Collateral Contact (CC). The staff could not tell CC where 911 had transported them.

Investigation Methods:

Sample:	Total residents: 2 Resident sample size: 2 Closed records sample size: 1
Observations:	General environment, residents' appearance and staff to residents' interaction.
Interviews:	AFH staff and residents.
Record Reviews:	Negotiated Care Plan (NCP) and Medication Administration Record (MAR). FR, residents and AFH records, and abuse and neglect policy.

Investigation Summary:

1) Observation showed FR was not in the home during the department staff's unannounced visit. Provider stated that FR had diagnosis of [redacted]. Provider stated that on 09/14/2023, the AFH staff observed FR's eyes rolling and shaky while they were providing care to FR in their bed. Staff called 911 immediately and they administered FR's nasal spray medication for seizure as prescribed by their doctor. Staff stated that the NR had a seizure for less than five minutes. FR's MAR showed that their as-needed medication for their seizure did not have initial from the staff for the month September 2023. Provider stated that the staff forgot to initial FR's MAR that they gave them the medication on 09/14/2023, but instead, staff documented that they gave FR their medication in their progress notes. FR's seizure crisis plan showed no date and signatures from FR's representative and AFH. Staff stated that they did not know they have to write the seizure crisis plan on FR NCP.
2) During an unannounced visit, observation of staff communication skills showed they

could speak and understand English without a problem. Staff stated that 911 told them what hospital they would transport FR to, but that hospital had many admissions, and 911 sent FR to a different hospital without letting AFH and CC know. FR's CC called the staff and stated that the FR was not in their chosen hospital. The hospital where FR was transported called the home and informed them that FR was at their hospital. Staff stated that they called CC upon their knowledge of the hospital FR was admitted. Staff stated that NR's CC scolded them for sending FR to a different hospital without their consent. Staff stated that the situation was out of their control to what hospital 911 staff would transport the FR in the event of an emergency.

Failed Provider practice identified. See Statement of Deficiencies dated 12/06/2023.
WAC 388-76-10375 (1)(2) Negotiated care plan—Signatures—Required.
WAC 388-76-10475 (3)(a) Medication—Log.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 750868	Compliance Determination # 30375
Plan of Correction	BEST HEALTH FAMILY HOME II	Completion Date
Page 1 of 4	Licensee: HAZELINE GUMIRAN ALEJANDRO	12/06/2023

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 an unannounced on-site complaint investigation on 10/02/2023 and 10/02/2023 of:

BEST HEALTH FAMILY HOME II
501 SW LANGSTON RD
RENTON, WA 98057

This document references the following complaint number(s): 98710

The following sample was selected for review during the unannounced on-site visit: 2 of 2 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Domingo, AFH Complaint Investigator
Imelda Cornelio, NCI

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: 12/14/2023

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.

HAZELINE V. GUMIRAN-ALEJANDRO
Provider (or Representative)

12/21/2023
Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Resident 1 and Former Resident [FR]1) Seizure (abnormal electrical activity in the brain that happens quickly) Crisis Plan were signed and dated by their Resident Representatives (RR 1 and RR 2) and AFH. This failure placed Resident 1 and FR 1 at risk for unmet care needs.

Findings included...

Resident 1

Record of the assessment record dated 03/01/2023, showed Resident 1 had severe cognitive delays and had a diagnosis of [redacted]
Resident 1's assessment indicated that they were "Rarely/Never Understood" with their ability to make themselves understood and their level of understanding others. Resident 1's assessment showed they have RR 2 as their Guardian.

Record review of Resident 1's Seizure Crisis Plan sent by Staff A, Provider, had no date, signature from RR1 and AFH.

In an interview with Staff A, on 12/06/2023 4:48 PM, stated that they did not know the Seizure Crisis Plan had to be dated and signed by their RR 2 and AFH because in their NCP showed under treatment section... "Seizure plan attached."

FR 1

Review of the assessment record dated 03/01/2023, showed FR had a diagnosis of [redacted]. It showed, "Rarely/Never Understood" with their ability to make themselves understood and level of understanding others. Assessment indicated that FR 1 was unable

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Page 3 of 4	Licensee: HAZELINE GUMIRAN ALEJANDRO	12/06/2023

to communicate. FR 1's assessment showed that they have a Guardian, RR 2.

Record review of Resident 1's Seizure Crisis Plan sent by Staff A, had no date, signature from RR2 and AFH.

In an interview with Staff A, on 12/06/2023 4:50 PM, stated that they did not know that FR 1's Seizure Crisis Plan had to be dated, and signed by RR 2 and AFH because NCP showed under treatment section... "ON SEIZURE PROTOCOL SEE SEIZURE PLAN."

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, BEST HEALTH FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 12/16/2023

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

Provider (or Representative) — Date: 12/21/2023

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 interview and record review, the Adult Family Home (AFH) failed to ensure Staff B, Caregiver, initialed the Medication Administration Record (MAR) for the prescribed medication for 1 of 1 sampled resident (Former Resident [FR]). This failure placed FR at risk for medication errors and unmet care needs at the time of their Seizure (abnormal electrical activity in the brain that happens quickly) event.

Findings included...

Review of the FR assessment record dated 03/01/2023, showed they required medication assistance.

Record review of FR's MAR for November 2023 showed a "Nayzilam (medication is used by people with epilepsy [surge of electrical impulses causes brief changes in movement,

behavior, feeling, or awareness] to treat a certain type serious Seizure that doesn't stop) 5 Mg (milligram) Nasal Spray. Administer one spray in one nostril for Seizures lasting more than three minutes... PRN (as needed)". The MAR did not show the medication was given to the FR for September 2023.

Record review of the FR progress notes dated 09/14/2023 at 4:54 PM showed they had a seizure and Staff B, Caregiver, documented they gave the Nayzilam nasal spray to FR.

In an interview with Staff A, Provider, on 12/06/2023, stated that Staff B forgot to document the medication given in the FR's MAR.

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, BEST HEALTH FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 12/06/2023

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

Provider (or Representative) — Date: 12/21/2023