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) 44593 (Completion Date 07/17/2024) and 41021 (Completion Date 05/22/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/17/2024 and found that you have corrected the violations listed in the Full report dated 05/22/2024. Your home is back in compliance as of 05/09/2024 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 388-76-10485-1, WAC 388-76-10490-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Karen Beardsley, NCI

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

Sincerely,

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

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 #: 750868	Compliance Determination # 41021
Plan of Correction	BEST HEALTH FAMILY HOME II	Completion Date
Page 1 of 6	Licensee: HAZELINE GUMIRAN ALEJANDRO	05/22/2024

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 05/08/2024, 05/08/2024 and 05/08/2024 of:
BEST HEALTH FAMILY HOME II
501 SW LANGSTON RD
RENTON, WA 98057

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lyra Ouano, AFH Licensor
Karen Beardsley, 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 — 05/23/2024 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) 5/30/2024 Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure all medications were in locked storage. This placed 4 of 4 ambulatory residents, (Residents 2, 3, 4, and 5) at risk of taking medications that were not their own.

On 05/08/2024 at 9:18 AM, observed Resident 3 coming up the stairs independently, walking to the kitchen to get water from the fridge before returning downstairs with no assistive devices needed.

On 05/08/2024 at 10:42 AM, observation showed a bottle of blood thinner medication, 81 milligram (mg) in a 365-tablet bottle found in the right bedside table of Room C, occupied by Resident 2 and 4. The medication was non-prescription and did not have a resident name written on the bottle.

On 05/08/2024 at 10:44 AM, observation inside walk-in closet of Room C, occupied by Residents 2 and 4, showed a bottle of pain reliever, 500 mg and a prescription narcotic (a drug which has numbing or sleep-inducing properties with high incidence of addiction) pain reliever 5-325 mg, 60 tabs inside the top drawer of the dresser.

On 05/08/2024 at 10:44 AM, Staff A, Provider, during an interview, stated that the medications were in Room C because Resident 2 was independent with their medications.

On 05/08/2024 at 11:14 AM, Resident 5 was observed entering the kitchen to prepare their own lunch. with no mobility device and returned to their bedroom to eat.

On 05/08/2024 at 11:30 AM, Resident 2 and Resident 4 were observed entering the kitchen from living room, both were using walkers and seated themselves at the dining room table for lunch.

Record review of Resident 2's assessment dated 01/15/2024 showed they were dependent with medication management and their limitations were described as an inability to see and read labels.

Statement of Deficiencies	License #: 750868	Compliance Determination # 41021
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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, BEST HEALTH FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 5/01/2024

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

Provider (or Representative) ..... Date 5/30/2024

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 interview, observation, and record review, the Adult Family Home (AFH) failed to dispose of expired and discontinued medications for 1 of 1 resident (Resident 2). This placed 4 of 5 ambulatory residents, (Resident 2, 3, 4 and 5) at risk of taking medications that were expired or discontinued.

Review of the AFH undated "Medication Handling Policy" showed, "...The medication will be returned to the pharmacy, or family for destruction. Medication can also be destroyed by the delegating Registered Nurse (RN) utilized by the Facility or Hospice RN."

On 05/08/2024 at 9:18 AM, observed Resident 3 coming up the stairs independently, walking to the kitchen to get water from the fridge before returning downstairs with no assistive devices needed.

On 05/08/2024 at 10:42 AM, observation of Room C, occupied by Resident 2 and 4, showed the following: a bottle of blood thinner medication, 81 milligram (mg) in a 365-tablet bottle with expiration date of 10/2019 in the drawer of nightstand to the right of the bed.

On 05/08/2024 at 10:44 AM, observation inside the walk-in closet of Room C, occupied by Resident 2 and 4, showed a bottle of pain reliever, 500 mg and a prescription narcotic (a drug which has numbing or sleep-inducing properties with high incidence of addiction) pain reliever 5-325 mg 60 tablets with

expiration date of 11/07/2024, in the top drawer of a dresser, prescribed for Resident 2.

On 05/08/2024 at 10:44 AM Staff A, Provider, stated during interview that medications were in room C because Resident 2 was independent for her medication. When asked about them being expired they stated that they were not aware they were there.

On 05/08/2024 at 11:14 AM, Resident 5 was observed entering the kitchen to prepare their own lunch with no mobility device and returned to their bedroom to eat.

On 05/08/2024 at 11:30 AM, Resident 2 and Resident 4 were observed entering the kitchen from living room, both were using walkers and seated themselves at the dining room table for lunch.

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) 5/9/2024

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

Provider (or Representative) — Date: 5/30/2024

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to keep the medication log current and received their medication as prescribed for 2 of 2 resident (Resident 1 and 2). This placed the residents at risk of medication error.

Resident 1

On 05/08/2024 at 3:15 PM, during an interview, Staff A, Provider, stated that Resident 1 had an Albuterol (a medication to treat and prevent shortness of breath and wheezing) prescription breathing treatment discontinued and replaced by a combination Ipratropium-Albuterol (a medication used to expand airways combined with medication to treat wheezing) breathing treatment because the original prescription was denied by insurance.

Observation on 05/08/2024 at 3:22 PM showed Albuterol .63 milligram (mg)/3 milliliters (ml) inhalation solution was present in AFH medication storage.

Review of the Medication Administration Record (MAR) for May 2024 showed Resident 1 had two separate prescriptions, one for Albuterol .63 mg/3 ml and one for Ipratropium-Albuterol 0.5-2.5 (3) mg/3 ml, with the Ipratropium treatment being marked through.

Review of Physician's Orders dated 02/27/2024, showed Ipratropium-Albuterol 0.5-2.5 (3) mg/3 ml was prescribed to replace the Albuterol .63 mg/3 ml.

Resident 2

Review of Resident 2's 12/18/2023 assessment showed resident had been advised to stop taking prescription narcotic (a drug which has numbing or sleep-inducing properties with high incidence of addiction) pain reliever and had been prescribed an over-the-counter pain reliever and a pain relief patch to minimize their need for opioids (pain relieving medication with addictive properties derived from the poppy plant.).

Review of May 2024 MAR for Resident 2 showed the prescription narcotic pain reliever was not listed among the resident's currently prescribed medications.

Review of May 2024 Physician's Orders showed Resident 2 did not have a current order for the prescription narcotic pain reliever.

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On 05/08/2024 at 10:44 AM, observation inside the walk-in closet of Room C, occupied by Resident 2 and 4, showed a bottle of pain reliever, 500 mg and a prescription narcotic (a drug which has numbing or sleep-inducing properties with high incidence of addiction) pain reliever 5-325 mg 60 tablets with expiration date of 11/07/2024, in the top drawer of a dresser, prescribed for Resident 2.

On 05/22/2024 at 2:55 pm, during an interview with Staff A, Provider, they stated they were unaware Resident 2 had the medication in her dresser and that it had been inside the dresser the resident brought from home, so it was not checked by staff.

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) 5/31/2024

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

Provider (or Representative) 5/30/24 Date