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

MARIA VALEA
MARIAS BEST CARE
6515 180TH ST SW
LYNNWOOD, WA 98037

RE: MARIAS BEST CARE License # 750916

Dear Provider:

This letter addresses Compliance Determination(s) 43391 (Completion Date 07/03/2024) and 41293 (Completion Date 05/23/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/03/2024 and found that you have corrected the violations listed in the Full report dated 05/23/2024. Your home is back in compliance as of 05/24/2024 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 388-76-10161-3, WAC 388-76-10350-2-d, WAC 388-76-10465-1, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10530-2, WAC 388-76-10750-7

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

STATE OF WASHINGTON

DSHS/ALTSA/RCS 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 #: 750916	Compliance Determination # 41293
Plan of Correction	MARIAS BEST CARE	Completion Date
Page 1 of 8	Licensee: MARIA VALEA	05/23/2024

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 05/15/2024 and 05/15/2024 of:
MARIAS BEST CARE
6515 180TH ST SW
LYNNWOOD, WA 98037

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

05/31/2024 — 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.

Statement of Deficiencies	License #: 750916	Compliance Determination # 41293
Plan of Correction	MARIAS BEST CARE	Completion Date
Page 2 of 8	Licensee: MARIA VALEA	05/23/2024

Provider (or Representative) — Date: 5/31/2024

WAC 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have a hired companion complete a Washington State Name and Date of Birth Background Check (BGC) within one business day of employment for 1 of 3 residents (Resident 2). This failure placed Resident 2 at risk of exposure to person with unknown backgrounds.

Findings included...

Observation, on 05/15/2024 at 9:00 AM, showed Residents 1, 2 and 3 residents lived in and received services from the AFH.

Observation, on 05/15/2024 at 9:40 AM, showed a visitor who was a companion for Resident 2 through Silver Pacific Agency arrived at home. Observation further, showed Resident 2 and a companion left the AFH with no supervised staffs at 10:55 AM and they returned home at 12:35 PM.

In an interview, on 05/15/2024 at 9:45 AM, Staff A, Entity Representative stated that Resident 2's guardian hired a companion a few months ago.

In an interview, on 05/15/2024 at 11:00 AM, when asked if a Name and Date of Birth BGC was completed for a companion, Staff A stated, "No, a companion was hired by the resident's guardian, and they did not know to get a BGC."

Attestation Statement

Statement of Deficiencies	License #: 750916	Compliance Determination # 41293
Plan of Correction	MARIAS BEST CARE	Completion Date
Page 3 of 8	Licensee: MARIA VALEA	05/23/2024

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, MARIAS BEST CARE is or will be in compliance with this law and / or regulation on (Date) 5/24/2024

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

Maria Valea 5/24/2024

Provider (or Representative) Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have the assessment of 2 of 2 sampled residents (Residents 2 and 3) updated at least every twelve months. This failure placed Residents 2 and 3 at risk of unmet needs.

Findings included...

Observation, on 05/15/2024 at 9:00 AM, showed Residents 2 and 3 lived in and received care from the AFH.

Review of Resident 2's records showed the AFH admitted the resident who was a [redacted] on [redacted]2021 and had assessments dated 05/15/2021 and 09/12/2022. There was no assessment found for Resident 2 in 2023 and 2024.

Resident 3
Review of Resident 3's records showed the AFH admitted the resident who was a [redacted] on [redacted]/2021 and had assessments dated 05/11/2022 and 01/20/2022. There was no assessment found for Resident 3 in 2023.

In an interview, on 05/15/2024 at 1:00 PM, Staff A, Entity Representative, stated that the AFH had a dual assessment and Negotiated Care Plan (NCP). Further Staff A stated that they updated Residents 2 and 3's assessments and Negotiated Care Plan (NCP) and signed annually.

Department staff (DS) asked Staff A if a qualified assessor assessed Residents 2 and 3 annually. Staff A stated that they were a qualified provider and they updated resident's dual assessment and NCP themselves.

DS reviewed Washington Administration Code (WAC) with Staff A and explained that the AFH must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences at least every 12 months by qualified assessors.

In an interview, on 05/15/2024 at 1:10 PM, Staff A stated that they would have their nurse to complete an assessment for Residents 2 and 3.

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, MARIAS BEST CARE is or will be in compliance with this law and / or regulation on (Date) 5/17/2024 .

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

Maria Valea — Provider (or Representative)

5/17/2024 — Date

WAC 388-76-10465 Medication Altering Requirements.

(1) For the purposes of this section "altering a medication" means the alteration of prescribed or over the counter medications and includes, but is not limited to crushing tablets, cutting tablets in half; opening capsules and mixing powdered medications with food or liquids.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure medication was administered following pharmacy instruction for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of harm from medication errors.

Findings included...

Resident record review showed the AFH admitted Resident 2 on [redacted]/2021. Resident 2's dual Assessment and Negotiated Care Plan (NCP), signed and dated (NCP) on 09/08/2023, showed the AFH would provide medication management, which follows the doctor's "order regarding use of prescribed medications."

Record review of Resident 2's May 2024 Medication Log (ML) showed the pharmacy instruction on "Ok to crush" since 09/15/2022 for all prescribed and over the counter (OTC) medications administered by mouth.

Observation, on 05/15/2024 at 12:45 PM, showed Staff A, Etity Representative, handed Staff B, Caregiver, Resident 2's afternoon medications as following, Trazodone, a medication uses to treat major depression disorder and Quetiapine a medication to treat depression associate with bipolar disorder. Observation further, showed Staff B gave whole pills without crushing the medications to Resident 2.

Record review of Resident's 2 May 2024 ML showed the pharmacy order "ok to crush" for both Trazadone and Quetiapine.

In an interview, on 05/15/2024 at 12:50 PM when asked Staff A about an order to crush the medication, stated that they made a mistake because they got nervous.

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, MARIAS BEST CARE is or will be in compliance with this law and / or regulation on (Date) 5/15/2024

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

Maria Valea 5/15/2024

Provider (or Representative) Date

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

(2) Include in each medication log the:

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure Medication Logs (ML) were up-to-date and accurate for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of medication errors and not potentially receiving the prescribed medication.

Findings included...

Review of Resident 2 records showed Resident 2 was admitted by the AFH, on [redacted]/2021, with multiple disabling diagnoses. Resident 2's assessment, on 05/11/2022, showed medication management was needed.

Observation of Resident 2's medication bin on 05/15/2024 at 1:50 PM, showed a bottle of Nystatin Topical Powder (an anti-fungal medication).

Review of Resident 2's May 2024 ML showed that there was no entry for Nystatin Topical powder. Further observation of Resident 2's April 2024 ML showed a handwriting entry by the AFH for physician order, written 04/28/2024, for Nystatin Topical Powder, apply to affected areas twice a day as needed (PRN).

During an interview, on 05/15/2024 at 2:00 PM, Staff A, Entity Representative, stated she had administered the Nystatin as needed last month (April). Staff A stated that the pharmacy did not add the Nystatin and the AFH had forgotten to enter the Nystatin in the May 2024 ML. Further Staff A state that Resident 2 had not needed to use this medication this month. Staff A stated that they would enter the Nystatin in the May ML.

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, MARIAS BEST CARE is or will be in compliance with this law and / or regulation on (Date) 5/15/2024

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

Maria Valea — Provider (or Representative)

5/15/2024 — 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 record review and interview, the adult family home (AFH) failed to ensure a written Notice of Services was provided to 1 of 3 residents (Resident 2) every 24 months. This failure placed Resident 2 at risk of being unaware of house rules, services, and costs.

Findings included...

Record review of Resident 2's record on 05/15/2024, showed the AFH admitted Resident 2 on [redacted]/2021. Resident 2's Notices of Services was last signed and dated on 04/02/2021 by Resident 2's legal guardian.

In an interview, on 05/15/2024 at 12:35 PM, when asked about the timeframe to renew the Notice of Services, Staff A, Entity Representative, stated that it was every two years. When asked why Resident 2's Notice of Services was not signed nor dated by resident's representative in 2023, Staff A stated that they forgot.

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, MARIAS BEST CARE is or will be in compliance with this law and / or regulation on (Date) 5/17/2024

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

Mariala — Provider (or Representative)

5/17/2024 — Date

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 and interview, the Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in a locked storage. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm from exposure to toxic and hazardous materials.

Statement of Deficiencies	License #: 750916	Compliance Determination # 41293
Plan of Correction	MARIAS BEST CARE	Completion Date
Page 8 of 8	Licensee: MARIA VALEA	05/23/2024

Findings included...

Observation, on 05/15/2024 at 9:00 AM, showed Residents 1, 2, and 3 lived in and received care from the AFH.

Observation, on 05/15/2024 at 10:45 AM, showed an unlocked cabinet underneath the kitchen sink. The cabinet contained Disinfecting multi surface cleaner, a Pledge polish and shine spray, an Easy-Off cleaner spray, a container of Lysol disinfecting wipes, a Terro ant killer spray, and multiple other cleaners. All the chemical containers had the following label: "Keep Out of Reach of Children."

In an interview, on 05/15/2024 at 11:50 AM, Staff A, Entity Representative, stated that they kept the cabinet underneath the sink locked all the time and they forgot to lock the cabinet after using the cleaners this morning. Staff A promptly locked the storage cabinet underneath the kitchen sink.

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, MARIAS BEST CARE is or will be in compliance with this law and / or regulation on (Date) 5/15/2024

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

Maria Valea — Provider (or Representative)

5/15/2024 — Date