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

WILLOW GLEN AFH
WILLOW GLEN AFH
110 CEDAR LN
PACIFIC, WA 98047

RE: WILLOW GLEN AFH License # 750989

Dear Provider:

This letter addresses Compliance Determination(s) 33988 (Completion Date 12/15/2023) and 30457 (Completion Date 10/26/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/15/2023 and found that you have corrected the violations listed in the Full report dated 10/26/2023. Your home is back in compliance as of 11/28/2023 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 388-76-10198-4, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10380-2, WAC 388-76-10485-1, WAC 388-76-10490-1, WAC 388-76-10490-2, WAC 388-76-10490

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

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

Sincerely,

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies Plan of Correction Page 1 of 8	License #: 765969 WILLOW GLEN AFH Licensee: WILLOW GLEN AFH	Compliance Determination #:30457 Completion Date 10/26/2023

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 10/02/2023 and 10/02/2023 of:
WILLOW GLEN AFH
110 CEDAR LN
PACIFIC, WA 98047

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor
Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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: 10/26/2023

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.

Statement of Deficiencies Plan of Correction Page 2 of 6	License #: 760969 WILLOW GLEN AFH Licensee: WILLOW GLEN AFH	Compliance Determination # 30457 Completion Date 10/26/2023

Provider (or Representative)

11/8/2023
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have background check results for 2 of 6 current staff (Staff D, Caregiver, and Staff F, Caregiver) readily accessible to Department Staff. This failure delayed the Department from determining if Staff D and Staff F were qualified to care for all six residents in the AFH.

Findings included...

During a visit on 10/02/2023 at 8:50 AM, observation showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation also showed Staff F worked in the AFH.

In an interview on 10/02/2023 at 9:46 AM, Staff B, Caregiver, stated that Staff D worked part-time at the AFH. Staff B also stated that Staff F worked on call or as needed at the AFH.

Review of Staff D's personnel records showed they were hired on 11/01/2008. Further review of Staff D's records found no current background check.

Review of Staff F's personnel records showed they were hired on 01/16/2023. Further review of [illegible]

In an interview on 10/02/2023 at 10:50 AM, Staff A, Entity Representative/Resident Manager, stated that they could not find the staff's records.

Attestation Statement

Statement of Deficiencies Plan of Correction Page 3 of 8	License #: 750389 WILLOW GLEN AFH Licensee: WILLOW GLEN AFH	Compliance Determination #: 30457 Completion Date 10/26/2023

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, WILLOW GLEN AFH is or will be in compliance with this law and / or regulation on (Date) 11/8/2023.

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

Provider (or Representative) — Date: 11/8/2023

WAC 388-76-10376 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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Resident 4 and Resident 6) were agreed to and signed and dated by the resident and their Representative and the AFH. This failure placed Resident 4 and Resident 6 at risk of unmet care needs and of receiving services the resident, their Representative, and the AFH did not negotiate.

Findings included...

During a visit on 10/02/2023 at 8:50 AM, observation showed Resident 4 and Resident 6 lived in and received care from the AFH.

Resident 4
Review of Resident 4's NCP dated 08/10/2022 showed Resident 4 was admitted to the AFH on [redacted]2020. Resident 4's NCP had not been signed by the AFH or Resident 4's Representative as reviewed for 2023.

In an interview on 10/02/2023 at 2:45 PM, Staff A, Entity Representative/Resident Manager, stated that the AFH updated and reviewed Resident 4's NCP on 07/13/2023 and an entry dated 07/13/2023 was found in the residents NCP on page three. Staff A further stated that they had forgotten to have Resident 4's Representative sign and date the residents NCP and had forgotten to sign and date the residents NCP as well.

Resident 6

Statement of Deficiencies Plan of Correction Page 4 of 8	License #: 7509859 WILLOW GLEN AFH Licensee: WILLOW GLEN AFH	Compliance Determination #30457 Completion Date 10/26/2023

Review of Resident 6's NCP dated 06/19/2022 showed Resident 6 was admitted to the AFH on [redacted]2022. Resident 6's NCP was not signed by the AFH or Resident 6's Representative as reviewed for 2023.

In an interview on 10/02/2023 at 11:00 AM, Staff A stated that they did not know why Resident 6's NCP was unsigned.

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, WILLOW GLEN AFH is or will be in compliance with this law and / or regulation on (Date) 11/8/2023 .

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

Provider (or Representative) — Date: 11/8/2023

WAC 388-76-10360 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to revise 2 of 6 residents (Resident 1 and Resident 6) Negotiated Care Plan (NCP) when the plan no longer addressed the resident's needs. This failure placed Resident 1 and Resident 6 at risk of unmet care needs and worsening conditions.

Findings included...

During a visit on 10/02/2023 at 8:50 AM, observation showed Resident 1 and Resident 6 lived in and received care from the AFH.

On 10/02/2023 at 12:10 PM observation showed a cable to the left of the kitchen refrigerator and a lock on the front of the refrigerator.

Resident 1

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In an interview on 10/02/2023 at 12:11 PM, Staff B, Caregiver, stated that the refrigerator was locked at night. Staff B stated that Resident 1 had gone into the refrigerator at night and had eaten food.

On 10/02/2023 at 12:14 PM, Staff B demonstrated how the refrigerator was locked. Staff B wrapped the cable to the front of the refrigerator and inserted it into the lock on the refrigerator. Staff B was then unable to open the refrigerator.

Review of Resident 1's NCP dated 01/06/2023 showed Resident 1 was admitted to the AFH on [redacted]2021. Resident 1's NCP showed no information that the resident went into the refrigerator or that the AFH locked the refrigerator at night.

In an interview on 10/02/2023 at 12:36 PM, Staff A, Entity Representative/Resident Manager, stated that the AFH had begun locking the refrigerator about a year ago when Resident 1's behavior started.

Resident 6
Review of Resident 6's NCP dated 06/19/2022 showed Resident 6 was admitted to the AFH on [redacted]2022. Resident 6's NCP showed the resident took their medication one pill at a time. Additionally, Resident 6's NCP showed they had a history of spitting out their medication or hiding it in their mouth.

Review of Resident 6's Nurse Delegation (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed medicines, normally performed only by licensed nurses) paperwork dated 09/07/2023 showed Resident 6's large pills were to be cut in two, mixed in yogurt, and fed to the resident.

Further review of Resident 1's NCP dated 11/09/2021 and Resident 6's NCP dated 06/12/2022 showed both NCP's had handwritten entries and the original documentation of resident care needs. In addition, none of the original documentation in both residents NCPs had been crossed out. It was unclear if the handwritten notes or the original documentation was for the resident's current care needs.

In a follow-up phone interview on 10/12/2023 at 10:10 AM, Staff A stated that some of the original documentation in Resident 1 and Resident 6's NCP's was still applicable to their current care needs. Staff A further stated that they would need to review the residents NCP's to determine what information was current.

Attestation Statement

Statement of Deficiencies Plan of Correction Page 6 of 8	License #: 750869 WILLOW GLEN AFH Licensee: WILLOW GLEN AFH	Compliance Determination #:30457 Completion Date 10/26/2023

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, WILLOW GLEN AFH is or will be in compliance with this law and / or regulation on (Date) 11/28/2023

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

Provider (or Representative) — Date: 11/8/2023

WAC 388-76-10486 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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medications in 1 of 2 bathroom (Bathroom 1) were kept in locked storage. Additionally, the AFH left medications unlocked in the bedroom of 1 of 6 residents (Resident 1). This failure placed all three ambulatory residents (Resident 1, 3, and 4) at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

During a visit on 10/02/2023 at 8:50 AM, observation showed Resident 1, 3, and 4 lived in and received care from the AFH. Further observation showed Resident 4 ambulated independently, Resident 3 ambulated with a walker, and Resident 1 operated their wheelchair independently throughout the AFH.

On 10/02/2023 at 11:36 AM observation of Bathroom 1 found the following medications under the bathroom sink, Odor-Eaters Powder, for foot odor, Vitamin A and D Ointment, for dry skin, and 2 bottles of Nystatin Topical Powder, for fungal infections.

In an interview on 10/02/2023 at 11:45 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 4's family had provided the resident with the foot powder. Staff A further stated that they were not aware Vitamin A and D Ointment and Odor-Eaters Powder should be kept in locked storage. Additionally, Staff A stated that the 2 bottles of Nystatin Topical Powder belonged to a former resident.

On 10/02/2023 at 12:10 PM observation of Resident 1's bedroom found Vitamin A and D Ointment on the nightstand next to the Resident's bed.

In an interview on 10/02/2023 at 12:11 PM, Staff A stated that they were not aware the Vitamin A and D Ointment needed to be kept in locked storage.

Attestation Statement

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Provider (or Representative) — Date: 11/8/2023

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

(2) Residents who have left the home.

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 3 current residents (Resident 1), 1 of 1 Former Residents (FR), and expired medication found under the sink in 1 of 2 bathrooms (Bathroom 1). These failures placed all ambulatory residents (Resident 1, 3, and 4) at risk of harm if they took or used expired medication.

Findings included...

During a visit on 10/02/2023 at 8:50 AM, observation showed Resident 1, 3, and 4 lived in and received care from the AFH. Further observation showed Resident 4 ambulated independently, Resident 3 ambulated with a walker, and Resident 1 operated their wheelchair independently throughout the AFH.

Observation on 10/02/2023 at 11:35 AM, showed two containers of Nyastatin Topical Powder, for fungal infections, and a container of Vitamin A and D Ointment, for dry skin, located under the sink in Bathroom 1. Observation further showed the expiration dates for the Nyastatin Topical Powder were 12/2021 and 02/2022. The Vitamin A and D Ointment

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had an expiration date of 2021.

In an interview on 10/02/2023 at 11:45 AM, Staff A, Entity Representative/Resident Manager, stated that the expired Nystatin Topical Powders were for FR who passed away on 12/01/2021. Staff A stated that they had forgotten to follow the AFH medication disposal policy. Staff A further stated that the AFH medication disposal policy for powder and liquid medication was to mix it with coffee grounds and place in the trash.

On 10/02/2023 at 12:10 PM, observation of Resident 1's bedroom found a container of Vitamin A and D Ointment on the nightstand next to the resident's bed. Further observation showed Resident 1's Vitamin A and D Ointment had expired in 2020.

In an interview on 10/02/2023 at 12:13 PM, Staff A stated that they were not aware of the expiration date on the Vitamin A and D Ointment found in Resident 1's bedroom.

A review of the AFH's undated "Medication Disposal Policy" showed discontinued or expired medication would be returned to the pharmacy. Additionally, liquid, or solid medication would be disposed by mixing with ground coffee or kitty litter.

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Provider (or Representative) — Date: 11/8/2023