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

NJERI WAIHARO
COZIE ADULT FAMILY HOME
29218 45TH PL SOUTH
AUBURN, WA 98001

RE: COZIE ADULT FAMILY HOME License # 751078

Dear Provider:

This letter addresses Compliance Determination(s) 52028 (Completion Date 12/19/2024) and 49043 (Completion Date 10/24/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/19/2024 and found that you have corrected the violations listed in the Follow up report dated 10/24/2024. Your home is back in compliance as of 12/02/2024 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 388-76-10375-1, WAC 388-76-10380-2, WAC 388-76-10420-7-b, WAC 388-76-10485-1

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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 751078	Compliance Determination # 49043
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 1 of 7	Licensee: NJERI WAIHARO	10/24/2024

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 an unannounced on-site follow-up on 10/21/2024 and 10/21/2024 of:
COZIE ADULT FAMILY HOME
4021 S 294TH STREET
AUBURN, WA 98001

This document references the following SOD dated: 10/24/2024

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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

11/04/2024
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.

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

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 follow-up on 10/21/2024 and 10/21/2024 of:
COZIE ADULT FAMILY HOME
4021 S 294TH STREET
AUBURN, WA 98001

This document references the following SOD dated: 10/24/2024

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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 _____

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.

Njeri Waiharo

Provider (or Representative)

11/15/24

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

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) of 1 of 4 residents (Resident 1) was signed and dated by the residents Representative. This failure placed Resident 1 at risk of unmet care needs and of receiving services the resident, their Representative, and the AFH did not negotiate.

Findings included...

During a follow-up visit on 10/21/2024 at 10:55 AM, observation showed Resident 1 lived in and received care from the AFH.

A review of Resident 1's NCP dated 06/10/2024 showed Resident 1 was admitted to the AFH in 2008. Further review of Resident 1's NCP showed it was signed by the AFH on 06/11/2024 and had not been signed by Resident 1's Representative.

In an interview on 10/21/2024 at 12:07 PM, Staff D, Caregiver, stated that Staff A, Entity Representative, had been working to get Resident 1's NCP signed by their Guardianship service.

In a phone interview on 10/23/2024 at 1:18 PM, Staff A stated that they had sent Resident 1's NCP to the residents Guardianship service but had not received a signed copy. Staff A further stated that they would contact the Guardianship service for Resident 1's signed NCP.

This is an uncorrected deficiency previously cited on 09/05/2024.

Attestation Statement

Provider (or Representative) 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

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) of 1 of 4 residents (Resident 1) was signed and dated by the residents Representative. This failure placed Resident 1 at risk of unmet care needs and of receiving services the resident, their Representative, and the AFH did not negotiate.

Findings included…

During a follow-up visit on 10/21/2024 at 10:55 AM, observation showed Resident 1 lived in and received care from the AFH.

A review of Resident 1's NCP dated 06/10/2024 showed Resident 1 was admitted to the AFH in 2008. Further review of Resident 1's NCP showed it was signed by the AFH on 06/11/2024 and had not been signed by Resident 1's Representative.

In an interview on 10/21/2024 at 12:07 PM, Staff D, Caregiver, stated that Staff A, Entity Representative, had been working to get Resident 1's NCP signed by their Guardianship service.

In a phone interview on 10/23/2024 at 1:18 PM, Staff A stated that they had sent Resident 1's NCP to the residents Guardianship service but had not received a signed copy. Staff A further stated that they would contact the Guardianship service for Resident 1's signed NCP.

This is an uncorrected deficiency previously cited on 09/05/2024.

Attestation Statement

Statement of Deficiencies	License #: 751078	Compliance Determination # 49043
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 3 of 7	Licensee: NJERI WAIHARO	10/24/2024

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/02/24 .

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

Njeri Waiharo 11/15/24

Provider (or Representative) Date

WAC 388-76-10380 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 1 of 4 residents (Resident 1) Negotiated Care Plan (NCP) when the plan or parts of the plan no longer addressed the resident's needs. This failure placed Resident 1 at risk of unmet care needs.

Findings included...

During a follow-up visit on 10/21/2024 at 10:55 AM, observation showed Resident 1 lived in and received care from the AFH. Further observation showed Resident 1 ambulated independently and wandered throughout the AFH.

Observation on 10/21/2024 at 11:05 AM showed a cable adhered to both doors of the refrigerator. Observation further showed a key was required to unlock the cable to gain access to the refrigerator.

A review of Resident 1's NCP dated 06/10/2024 showed Resident 1 was admitted to the AFH in 2008. Further review showed Resident 1 had a history of overeating and was always hungry. There was no documentation in Resident 1's NCP that they went into the refrigerator and no interventions for staff to prevent or address the behavior. Resident 1's NCP showed no documentation that the refrigerator would be locked.

In an interview on 10/24/2024 at 2:59 PM, Staff A, Entity Representative, stated that they thought Staff D, Caregiver, had updated Resident 1's NCP.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10380 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 1 of 4 residents (Resident 1) Negotiated Care Plan (NCP) when the plan or parts of the plan no longer addressed the resident's needs. This failure placed Resident 1 at risk of unmet care needs.

Findings included…

During a follow-up visit on 10/21/2024 at 10:55 AM, observation showed Resident 1 lived in and received care from the AFH. Further observation showed Resident 1 ambulated independently and wandered throughout the AFH.

Observation on 10/21/2024 at 11:05 AM showed a cable adhered to both doors of the refrigerator. Observation further showed a key was required to unlock the cable to gain access to the refrigerator.

A review of Resident 1's NCP dated 06/10/2024 showed Resident 1 was admitted to the AFH in 2008. Further review showed Resident 1 had a history of overeating and was always hungry. There was no documentation in Resident 1's NCP that they went into the refrigerator and no interventions for staff to prevent or address the behavior. Resident 1's NCP showed no documentation that the refrigerator would be locked.

In an interview on 10/24/2024 at 2:59 PM, Staff A, Entity Representative, stated that they thought Staff D, Caregiver, had updated Resident 1's NCP.

This is an uncorrected deficiency previously cited on 09/05/2024.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/02/24.

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

Njeri Waiharo — Provider (or Representative)

11/15/24 — Date

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

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 staff (Staff C, Caregiver) followed food handling procedures when they prepared lunch for the residents. This failure placed all 4 residents (Residents 1, 2, 3, and 4) at risk of food borne illnesses.

Findings included...

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Foodborne Illnesses" dated, May 2013 from the Washington Department of Health, showed that when handling food, clean gloves helped to prevent germs from contaminating food.

During a follow-up visit on 10/21/2024 at 10:55 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

Observation on 10/21/2024 at 11:22 AM showed Staff C had begun to prepare soup for the resident's lunch.

Observation on 10/21/2024 at 11:29 AM showed Staff C stirred the soup in the saucepan on the stove. Further observation showed Staff C placed the spoon in the kitchen sink.

This is an uncorrected deficiency previously cited on 09/05/2024.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 staff (Staff C, Caregiver) followed food handling procedures when they prepared lunch for the residents. This failure placed all 4 residents (Residents 1, 2, 3, and 4) at risk of food borne illnesses.

Findings included…

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Foodborne Illnesses" dated, May 2013 from the Washington Department of Health, showed that when handling food, clean gloves helped to prevent germs from contaminating food.

During a follow-up visit on 10/21/2024 at 10:55 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

Observation on 10/21/2024 at 11:22 AM showed Staff C had begun to prepare soup for the resident’s lunch.

Observation on 10/21/2024 at 11:29 AM showed Staff C stirred the soup in the saucepan on the stove. Further observation showed Staff C placed the spoon in the kitchen sink.

Observation on 10/21/2024 at 11:32 AM showed Staff C picked up the spoon in the kitchen sink, rinsed it with water, and used it to stir the soup. Department Staff (DS) intervened and informed Staff C that they could not place a dirty utensil into the resident's food and Staff C was instructed to throw the soup away.

In an interview on 10/21/2024 at 11:33 AM, Staff C stated that they had already washed off the spoon. Staff C further stated they understood what needed to be done with the soup.

Observation on 10/21/2024 at 11:34 AM showed Staff C drained water out of the soup into the sink. Further observation showed Staff C placed the saucepan on the stove and retrieved a lid which they placed on top of the pan.

Observation on 10/21/2024 at 11:37 AM showed Staff C opened the lid on the saucepan with the soup and looked inside. Further observation showed Staff C placed the lid back on the saucepan and left it on the stove.

Observation on 10/21/2024 at 11:45 AM showed Staff D, Caregiver, arrived at the AFH.

In an interview on 10/21/2024 at 11:46 AM, DS informed Staff D that Staff C had used a spoon from the sink and stirred the soup meant for the resident's lunch. DS also informed Staff D that they had informed Staff C to throw the soup away and that it was still on the stove.

Observation on 10/21/2024 at 11:47 AM showed Staff D spoke to Staff C and explained the importance of not using items that were in the sink for food preparation.

Observation on 10/21/2024 at 11:55 AM showed Staff C retrieved bowls from the dishwasher and placed them near the stove.

Observation on 10/21/2024 at 11:57 AM showed Staff D went to the stove, picked up the saucepan with the soup, and dumped it in the trash. Further observation showed Staff D instructed Staff C to make more soup.

Observation on 10/21/2024 at 12:18 PM showed Staff C donned gloves, opened a package of bread, removed a handful of slices, opened a kitchen cabinet, and retrieved plates. Further observation showed Staff C was holding a serving spoon in one hand and a saucepan in another while they scooped soup from the saucepan into individual bowls for the residents. In addition, Staff C wore the same gloves and opened an individual slice of cheese and placed it on a slice of bread with a piece of lunchmeat. DS intervened and instructed Staff C that their gloves were not clean when they touched

the cheese and lunchmeat. Observation showed Staff D threw the sandwich away and instructed Staff C to wear gloves only when touching food.

In an interview on 10/21/2024 at 12:21 PM, Staff D stated that they had conducted a training on proper food handling since DS had last been in the AFH.

This is an uncorrected deficiency previously cited on 09/05/2024.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/02/24.

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

Njeri Waiharo — Provider (or Representative)

11/15/24 — 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 observation and interview, the Adult Family Home (AFH) failed to keep resident medication in locked storage for 4 of 4 residents. This failure placed all three ambulatory residents (Residents 1, 2, and 3) at risk of harm or injury if they accessed and inappropriately took unlocked medication.

Findings included...

During a follow-up visit on 10/21/2024 at 10:55 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Residents 1, 2, and 3 ambulated independently throughout the AFH.

Observation on 10/21/2024 at 10:56 AM showed Department Staff were able to open the filing cabinet in the kitchen where resident medications were stored without the use of a key.

the cheese and lunchmeat. Observation showed Staff D threw the sandwich away and instructed Staff C to wear gloves only when touching food.

In an interview on 10/21/2024 at 12:21 PM, Staff D stated that they had conducted a training on proper food handling since DS had last been in the AFH.

This is an uncorrected deficiency previously cited on 09/05/2024.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) 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 observation and interview, the Adult Family Home (AFH) failed to keep resident medication in locked storage for 4 of 4 residents. This failure placed all three ambulatory residents (Residents 1, 2, and 3) at risk of harm or injury if they accessed and inappropriately took unlocked medication.

Findings included…

During a follow-up visit on 10/21/2024 at 10:55 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Residents 1, 2, and 3 ambulated independently throughout the AFH.

Observation on 10/21/2024 at 10:56 AM showed Department Staff were able to open the filing cabinet in the kitchen where resident medications were stored without the use of a key.

In an interview on 10/21/2024 at 10:57 AM, Staff G, Caregiver, stated that they had been cleaning the inside of the filing cabinet. Staff G further stated that they had forgotten to lock the cabinet.

This is an uncorrected deficiency previously cited on 09/05/2024.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/02/24.

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

Njeri Waiharo — Provider (or Representative)

11/15/24 — Date

In an interview on 10/21/2024 at 10:57 AM, Staff G, Caregiver, stated that they had been cleaning the inside of the filing cabinet. Staff G further stated that they had forgotten to lock the cabinet.

This is an uncorrected deficiency previously cited on 09/05/2024.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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 #: 751078	Compliance Determination # 46479
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 1 of 12	Licensee: NJERI WAIHARO	09/05/2024

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 08/29/2024 and 08/29/2024 of:
COZIE ADULT FAMILY HOME
4021 S 294TH STREET
AUBURN, WA 98001

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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

9-12-2024
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.

Njeri Waiharo
Provider (or Representative)

9-16-2024
Date

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

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 sampled staff (Staff B, Resident Manager) had a Washington State name and date of birth Background Inquiry (BGI). This failure placed all residents at risk of harm from staff working with vulnerable adults with an unknown background.

Findings included...

During a visit on 08/29/2024 at 8:28 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

A review of Staff B's personnel file showed a hire date of 11/06/2023. Further review showed no current BGI.

Review of records received by the department on 09/04/2024 at 3:38 PM, showed a BGI for Staff B dated 09/04/2024 (completed after the inspection).

In an interview on 09/04/2024 at 3:42 PM, Staff D, AFH Designee/Caregiver, stated that the AFH had not completed a BGI for Staff B. Staff D further stated that it was an oversight on the part of the AFH.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/1/2024 .

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

Njeri Waiharo

Provider (or Representative)

9-16-2024

Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to submit a name and date of birth background check no later than one business day for 1 of 3 sampled current staff (Staff C, Caregiver) and 2 of 2 Former Staff (FS1, Caregiver, and FS2, Caregiver). This failure resulted in staff working with vulnerable adults with an unknown background.

Findings included...

During a visit on 08/29/2024 at 8:28 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff C worked in the AFH.

Review of Staff C's personnel file showed a hire date of 01/04/2023. Further review showed a Washington State name and date of birth Background Inquiry (BGI) dated 01/13/2023. Additionally, Staff C's personnel records showed they were oriented to the home from 01/04/2023-01/17/2023.

Review of FS1's personnel file showed a hire date of 05/15/2023. Further review showed a BGI dated 06/02/2023. Additionally, FS1's personnel records showed they were oriented to the home on 05/15/2023.

Review of FS2's personnel files showed a hire date of 11/28/2022. Further review

showed a BGI dated 12/01/2022. Additionally, FS2's personnel records showed they were oriented to the home from 11/28/2022-12/23/2022.

In an interview on 08/29/2024 at 11:36 AM, Staff D, AFH Designee/Caregiver, stated that the AFH's hiring process was to have a potential staff come into the home and complete orientation training. Staff D further stated background checks were completed when a decision was made to formally hire the 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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10-1-2024.

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

Njeri Waiharo — Provider (or Representative)

9-16-24 — Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 sampled staff (Staff C, Caregiver) had an initial Tuberculosis (TB), skin test completed within 3 days of hire. This failure placed all residents and staff in the AFH at risk of possible exposure to TB, a communicable disease affecting the lungs.

Findings included...

A review of the AFH's "Infection Control Policy" dated April 2023, showed that all staff would be tested for TB within 3 days of employment.

During a visit on 08/29/2024 at 8:28 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff C worked in the AFH.

Review of Staff C's personnel records showed a hire date of 01/04/2023. Further review showed a negative TB skin test result dated 12/22/2022.

In an interview on 08/29/2024 at 8:40 AM, Staff D, AFH Designee/Caregiver, stated that they did not know what happened regarding Staff C's TB Test.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/1/2024.

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

Njeri Waiharo — 9-16-2024

Provider (or Representative) — Date

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the person's health care provider.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 sampled staff (Staff B, Resident Manager) with a positive Tuberculosis (TB) test had a TB signs and symptoms evaluation upon hire. This failure placed all residents and staff in the AFH at risk of possible exposure to TB, a communicable disease affecting the lungs.

Findings included...

During a visit on 08/29/2024 at 8:28 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

In an interview on 08/29/2024 at 9:25 AM, Staff D, AFH Designee/Caregiver, stated that Staff B worked part-time or as needed.

A review of Staff B's personnel records showed a hire date of 11/06/2023. Further review showed no TB test results.

In an interview on 08/23/2024 at 3:00 PM, Staff D stated that they would send Staff B's TB test records to the department.

A review of records received by the department on 09/03/2024 at 5:00 AM from Staff D showed, chest x-ray results for Staff B dated 11/02/2018. Further review showed Staff B had a history of a positive TB skin test. Records also showed Staff B's chest x-ray result was negative for TB. Additionally, there were no records received by the department that Staff B had been evaluated for signs and symptoms of TB.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10-1-2024.

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

Njeri Waiharo
Provider (or Representative)

9-16-2024
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

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) of 1 of 4 residents (Resident 1) was signed and dated by the residents Representative. This failure placed Resident 1 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 08/29/2024 at 8:28 AM, observation showed Resident 1 lived in and received care from the AFH.

Review of Resident 1's NCP dated 06/10/2024 showed Resident 1 was admitted to the AFH in 2008. Further review of Resident 1's NCP showed it was signed by the AFH on 06/11/2024 and had not been signed by Resident 1's Representative.

In an interview on 08/29/2024 at 3:03 PM, Staff D, AFH Designee/Caregiver, stated that Resident 1 was under Guardianship. Staff D further stated that the Guardianship service for Resident 1 returned documents quickly that required a signature.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/1/2024.

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

Njeri Waiharo

Provider (or Representative)

9-16-24
Date

WAC 388-76-10380 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 4 residents (Resident 1 and Resident 4) Negotiated Care Plan (NCP) when the plan or parts of the plan no longer addressed the resident's needs. This failure placed Resident 1 and Resident 4 at risk of unmet care needs.

Findings included...

During a visit on 08/29/2024 at 8:28 AM, observation showed Resident 1 and Resident 4 lived in and received care from the AFH. Further observation showed Resident 1 ambulated independently and wandered throughout the AFH.

Resident 1

Observation on 08/29/2024 at 8:45 AM showed a cable that adhered to both doors of the refrigerator. Observation further showed a key was required to unlock the cable to gain access to the refrigerator.

In an interview on 08/29/2024 at 2:59 PM, Staff D, AFH Designee/Caregiver, stated that Resident 1's behavior was the reason the refrigerator was locked. Staff D further stated that the AFH had a signed statement from each residents Representative or Guardian that acknowledged the refrigerator was kept locked.

Review of Resident 1's NCP dated 06/10/2024 showed Resident 1 was admitted to the AFH in 2008. Further review showed Resident 1 had a history of overeating and was always hungry. In addition, there was no documentation in Resident 1's NCP that they went into the refrigerator and no interventions for staff to prevent or address the behavior. Resident 1's NCP showed no documentation that the refrigerator would be locked.

In an interview on 08/29/2024 at 3:03 PM, Staff D stated that they thought Resident 1's NCP showed they went into the refrigerator. Staff D further stated that years ago the AFH had the residents Representatives and Guardians sign a statement acknowledging they were aware the refrigerator would be locked. Staff D also stated that they were unsure if they had any current signed statements by the residents Representatives or Guardians.

In an interview on 08/29/2024 at 4:19 PM, Staff A, Entity Representative, stated that the refrigerator was locked due to all residents going into the refrigerator. Staff A further stated that there was a concern of the spread of germs due to residents drinking out of the milk carton or eating raw food. In addition, Staff A stated that they did not know where the signed acknowledgements by the residents Representatives and Guardians were located.

Resident 4
In an interview on 08/29/2024 at 9:05 AM, Staff D stated that Resident 4 required medication administration, that Resident 4's medication was crushed. Staff D further stated that Resident 4's crushed medication was put in apple sauce and fed to the resident. Additionally, Staff D stated that Resident 4 required 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).

Review of Resident 4's NCP dated 07/27/2023 showed Resident 4 was admitted to the AFH [redacted] 2020. Further review of Resident 4's NCP indicated the resident required assistance with oral medication. In addition, Resident 4's NCP had no instructions for staff to follow when assisting Resident 4 with medication. The NCP showed Resident 4 did not require nurse delegation. Additionally, located in a different section of Resident 4's NCP it showed the resident did require nurse delegation.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/1/2024.

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

Njeri Waiharo

Provider (or Representative)

9-16-2024
Date

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

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure staff followed food handling procedures for 1 of 2 staff (Staff C, Caregiver) when they prepared lunch for 4 of 4 residents (Residents 1, 2, 3, and 4). This failure placed all residents at risk of food borne illnesses.

Findings included...

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Foodborne Illnesses" dated, May 2013 from the Washington Department of Health, showed that when handling food, clean gloves helped to prevent germs from contaminating food.

During a visit on 08/29/2024 at 8:28 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff C worked in the AFH.

On 08/29/2024 at 12:00 PM observation showed Staff C prepared lunch for the residents. Further observation showed Staff C opened the refrigerator and the dishwasher with gloved hands. Additional observation showed Staff C touched a sandwich meant for a resident with the same gloved hands.

In an interview on 08/29/2024 at 12:01 PM, Staff C stated that they had forgotten to

change gloves.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/1/2024 .

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

Njeri Waiharo

Provider (or Representative)

9-16-2024

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 observation and interview, the Adult Family Home (AFH) failed to ensure medication in a filing cabinet were securely locked. This failure placed all three ambulatory residents (Residents 1, 2, and 3) at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

During a visit on 08/29/2024 at 8:28 AM, observation showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Further observation showed Residents 1, 2, and 3 ambulated independently throughout the AFH.

Observation on 08/29/2024 at 8:34 AM showed staff retrieved medication from a filing cabinet located in the kitchen of the AFH. Further observation showed the kitchen was centrally located in the AFH.

Observation on 08/29/2024 at 12:04 PM showed Staff D, Designee/Caregiver, was able to open a drawer of the filing cabinet where resident medication was stored without the use of a key.

In an interview on 08/29/2024 at 12:05 PM, Staff D stated that the filing cabinet should have been locked.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10-1-2024.

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

Njeri Waiharo

Provider (or Representative)

9-16-2024

Date

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a copy of the Disclosure of Charges form was signed and dated by the resident and or their Representative and a copy kept in the resident record for 1 of 2 sampled residents (Resident 4). This failure resulted in potential financial exploitation of Resident 4, from not receiving notification of the charges of the AFH.

Findings included...

During a visit on 08/29/2024 at 8:28 AM, observation showed Resident 4 lived in and received care from the AFH.

A review of Resident 4's records showed they were admitted to the AFH in [redacted] 2020. Further review of Resident 4's records showed no signed Disclosure of Charges form.

In an interview on 08/29/2024 at 3:05 PM, Staff D, AFH Designee/Caregiver, stated that they would send Resident 4's signed Disclosure of Charges to the department.

Review of records received by the department on 09/02/2024 at 5:00 AM and 09/04/2024 at 3:38 PM, showed no signed Disclosure of Charges for Resident 4.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10-1-2024 .

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

Njeri Waiharo

Provider (or Representative)

9-16-2024

Date