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

Dorotea Ristig
CARLSON CARE AFH II
10425 NE 201ST STREET
BOTHELL, WA 98011

RE: CARLSON CARE AFH II License # 751142

Dear Provider:

This letter addresses Compliance Determination(s) 39685 (Completion Date 04/12/2024) and 37704 (Completion Date 03/05/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/12/2024 and found that you have corrected the violations listed in the Follow up report dated 03/05/2024. Your home is back in compliance as of 03/15/2024 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Rivi Stella Perez

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit K
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 03/04/2024 and 03/04/2024 of:

CARLSON CARE AFH II
20205 107th Ave NE
Bothell, WA 98011

This document references the following SOD dated: 03/05/2024

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

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
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.

_____ _____

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.

Dorotea D. Rietig 3/29/2024
Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) had an up-to-date Medication Log (ML) and received medication as prescribed. These failures placed Resident 1 at risk for medication errors and receiving medications that had been discontinued.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]2016 with multiple medical diagnoses.

Resident 1's assessment dated 04/13/2023 showed Resident 1 required assistance with medication management and required nurse delegation.

Review of Resident 1's March 2024 ML showed a medication entry that read, "Chlorhexidine 0.12% rinse [prescription antibacterial mouthwash]: Rinse with 1.2 ounces for 30 seconds after breakfast and at bedtime" with a scheduled for "8AM" and "8PM". The 8:00 AM dose had caregiver's initials from 03/01/2024 to 03/04/2024. The 8:00 PM dose was left blank.

Observation, on 03/04/2024 at 11:58 AM, of Resident 1's medication supply showed there

was no supply of the Chlorhexidine rinse.

In an interview, on 03/04/2024 at 11:56 AM, Staff C, Caregiver, stated that Resident 1 was no longer using the Chlorhexidine medication and it had been discontinued.

In an interview, on 03/04/2024 at 11:57 AM, Staff B, Caregiver, stated that they did not notice when they signed the March 2024 ML that there was no supply of Chlorhexidine rinse.

In an interview, on 03/04/2024 at 4:19 PM, Staff C stated that they had assumed the order for Chlorhexidine rinse had been discontinued. Staff C stated that they initialed the ML Chlorhexidine medication order after they noticed that Staff B had signed it. Staff C stated that they did not check if there was a medication to administer before they signed the ML.

In an interview, on 03/05/2024 at 12:02 PM, Collateral Contact 1 (CC1) stated that Resident 1's order for Chlorhexidine rinse had been discontinued on 07/31/2020. CC1 stated that there was no current order for Chlorhexidine on the pharmacy system.

Further review of Resident 1's March 2024 ML, on 03/04/2024 at 11:58 AM, showed a medication entry that read, "Debrox ear drops (medication used to soften and loosen ear wax, making it easier to remove): Place 5 drops into each ear once a week." The order had a handwritten note "old, was only".

Observation, on 03/04/2024 at 11:58 AM, of Resident 1's medication supply showed there was no supply of the Debrox ear drops.

In an interview, on 03/04/2024 at 11:59 AM, Staff B stated that they wrote "old" for the Debrox order for it had been discontinued. Staff B stated that they did not catch the discontinued order when they reviewed the March 2024 ML.

In an interview, on 03/05/2024 at 12:03 PM, CC1 stated that the order for Debrox ear drops had been discontinued on 04/24/2019. CC1 stated that there was no current order for Debrox ear drops in the pharmacy system.

In an interview, on 03/05/2024 at 12:30 PM, Staff B stated that Resident 1 had not used the Debrox ear drops in a long time and the medication was not needed. Staff B stated that they had requested a discontinuation order from the doctor a long time ago and did not receive it. Staff B stated the pharmacy did not remove the discontinued orders from the ML.

This is an uncorrected deficiency previously cited on 01/05/2024.

Statement of Deficiencies	License #: 751142	Compliance Determination # 37704
Plan of Correction	CARLSON CARE AFH II	Completion Date
Page 4 of 4	Licensee: Dorotea Ristig	03/05/2024

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 3-15-24

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

Dorotea D. Ristig — Provider (or Representative)

3-25-24 — Date

RECEIVED

MAR 27 2024

DSHS/ALTSA/RCS

RECEIVED

FEB 12 2024

DSHS/ALTSA/RCS

STATE OF WASHINGTON

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 #: 751142	Compliance Determination # 33633
Plan of Correction	CARLSON CARE AFH II	Completion Date
Page 1 of 13	Licensee: Dorotea Ristig	01/05/2024

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 12/08/2023 and 12/08/2023 of:
CARLSON CARE AFH II
20205 107th Ave NE
Bothell, WA 98011

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

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
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.

Ann Lee-Hunter
Residential Care Services

01/22/2024
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.

Dorotea D. Ristig
Provider (or Representative)

2-19-24
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

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 residents (Residents 1 and 2) Negotiated Care Plan (NCP) was signed and dated by the AFH representative and the resident and/or resident representative. This failure placed Resident 1 and Resident 2 at risk for receiving care and services that were not agreed to by all parties.

Findings included...

RESIDENT 1
Review of AFH record on 12/08/2023 showed the AFH admitted Resident 1 on [redacted]/2016.

Review of Resident 1's NCP, dated 04/13/2023, showed a blank signature page. There were no signatures from the AFH provider and the resident and/or resident representative.

During an interview, on 12/08/2023 at 2:59 PM, Staff A (Provider/Resident Manager) stated they would have the resident and/or resident representative and the AFH staff sign the NCP when they review it.

During an interview, on 12/08/2023 at 3:00 PM, following a joint record of page 10 [signature page] of Resident 1's NCP that was dated 04/13/2023 with Staff A and Staff B (Caregiver), Staff B stated that the 04/13/2023 NCP was the current NCP and that there was no signature on the signature page.

An observation, on 12/08/2023 at 3:00 PM, showed Staff A checking Resident 1's binder and looking for a signed signature page.

During an interview, on 12/08/2023 at 3:32 PM, Staff A stated that they could not find a

signed page for Resident 1's NCP dated 04/13/2023.

RESIDENT 2
Review of the AFH record on 12/08/2023 showed the AFH admitted Resident 2 on [redacted] 2017.

Review of Resident 2's NCP, dated 07/10/2023, showed a blank signature page. There were no signatures from the AFH provider and the resident and/or resident representative.

During an interview, on 12/08/2023 at 4:34 PM, Staff B stated that they would have the NCP signed every year.

During an interview, on 12/08/2023 at 4:39 PM, following a joint record of Resident 2's NCP dated 07/10/2023 by Staff A and Staff B, Staff B stated that there was no signature on the signature page.

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 2-19-24

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

Dorotea D. Ristig — Provider (or Representative)

2-09-24 — 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 the resident and/or resident representative for 1 of 2 residents (Resident 2) signed and dated the notice of rights and services (admission agreement) at least once every twenty-four

months. This failure placed Resident 2 and/or their representative at risk of not being aware of the services received from the AFH.

Findings included...

RESIDENT 2
Review of the AFH record on 12/08/2023 showed the AFH admitted Resident 2 on [redacted]/2017.

Review of Resident 2's notice of rights and services (or admission agreement) on 12/08/2023 showed it was last signed and date by Resident 2 on 07/24/2021.

During an interview, on 12/08/2023 at 4:34 PM, Staff B (Caregiver) stated that they review the notice of rights and services yearly. Staff A (Provider/Resident Manager) stated the admission agreement or notice of services should be signed yearly.

During an interview, on 12/08/2023 at 4:39 PM, following a joint record of Resident 2's notice of rights and services by Staff A and Staff B, Staff B stated that Resident 2 did not sign the notice of services for 2023.

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 2-19-24

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

Dorotea D. Ristig — 2-19-24

Provider (or Representative) — Date

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 observations, record review and interviews, the Adult Family Home (AFH) failed to ensure expired medications were disposed according to the AFH medication disposal policy for 2 of 2 residents (Resident 1 and Resident 2). This failure placed both Residents 1 and 2 at risk of taking expired medications.

Findings included…

RESIDENT 1
Review of AFH record on 12/08/2023 showed the AFH admitted Resident 1 on [redacted]/2016. Resident 1's assessment, dated 04/13/2023, showed Resident 1 required assistance with medication management.

Observation on 12/08/2023 at 9:39 AM showed a bubble pack of as needed (PRN) supply of Acetaminophen (pain reliever/fever reducer medication) on Resident 1's medication bin.

Review of the pharmacy label on the PRN Acetaminophen bubble pack on 12/08/2023 showed an expiration date of 04/10/2023.

During an interview, on 12/08/2023 at 10:57 AM, Staff A (Provider/Resident Manager) stated that they would check the medication supply every month to check for expiration dates, and if the medication had expired, they would send it back to the pharmacy.

During an interview, on 12/08/2023 at 11:30 AM, Staff A stated that the expiration date of April 2023 had been quite a while, and they did not have a chance to give the expired medication back to the pharmacy. Staff A stated the pharmacy delivery person would pick up the expired medication and bring it back to the pharmacy for disposal.

RESIDENT 2
Review of the AFH record on 12/08/2023 showed the AFH admitted Resident 2 on [redacted]/2017. Resident 2's assessment, dated 07/10/2023, showed Resident 2 required assistance with medication management.

Observation on 12/08/2023 at 11:23 AM showed Staff A provided a bottle of Gavilax (stool softener) from the medicine cabinet.

Review of the pharmacy label on the Gavilax bottle on 12/08/2023 showed an expiration date of 04/10/2023.

During an interview, on 12/08/2023 at 11:32 AM, Staff A stated that they did not have a chance to give it to the pharmacy delivery person so the medication can be brought back to the pharmacy for disposal.

Further observation of Resident 2 medications, on 12/08/2023 at 11:33 AM showed a bubble pack of Glipizide (medication for diabetes - a condition where blood sugar levels are not normal) with an expiration date of 10/07/2023.

During a follow-up interview, on 01/04/2024 at 9:43 AM, Staff B (Caregiver) stated their medication disposal policy was to return all expired or discontinued medications to the pharmacy.

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 2-10-24

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

Dorotea Ristig — Provider (or Representative)

2-09-24 — Date

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on record review and interviews, the AFH failed to have a system in place to ensure that a Registered Nurse Delegator (RND) visits the home every 90 days and documents the visit for 2 of 2 residents (Resident 1 and Resident 2) that required nursing delegation. This failure placed Resident 1 and Resident 2 at risk of receiving care and services related to medication administration that may not be consistent with the standard nursing practice.

Findings included...

Note: WAC 246-840-930 - Criteria for delegation. (18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

RESIDENT 1
Review of AFH record on 12/08/2023 showed the AFH admitted Resident 1 on [redacted]/2016. Resident 1's assessment dated 04/13/2023 showed Resident 1 required assistance with medication management and required nurse delegation.

During an interview, on 12/08/2023 at 9:10 AM, Staff A (Provider/Resident Manager) stated Resident 1 required nurse delegation.

Record review of the nurse delegation records for Resident 1, on 12/08/2023, showed a consent signed for nurse delegation for 11/11/2022. The initial assessment of the RND for 11/11/2022 showed Resident 1 needed nurse delegation for blood sugar checks. The record showed the RND had visited the AFH on 02/10/2023.

During an interview, on 12/08/2023 at 11:24 AM, Staff A stated that the RND had been in the home last October 2023 and was scheduled to return in January 2024.

During an interview, on 12/08/2023 at 3:24 PM, Staff A and Staff B (caregiver) were interviewed regarding the AFH system for nurse delegation. Staff B stated that they would get consent to do nurse delegation for new medication, and the nurse delegator would come in to check the paperwork, check the resident and check if there are wounds. Staff A stated the RND would train the caregivers if there was any new medication or if a resident had a wound or dressing. Staff A and Staff B stated that the nurse delegator would come in quarterly, every 90 days and would provide paperwork regarding the visit.

During a follow-up interview, on 01/05/2023 at 11:32 AM, Staff A stated that the RND would come every 3 months and would provide the AFH with a record of the visit. Staff A stated the last visit of the RND was last 11/12/2023.

Review of the RND's visit notes for 2023 that was provided by the AFH on 01/05/2023 showed visit notes for 02/10/2023 and 11/12/2023. There were no records that visits had been conducted every 90 days between 02/10/2023 and 11/12/2023.

During an interview, on 01/05/2023 at 1:38 PM, Staff A stated that they had submitted all the records for 2023 for the RND visits for Resident 1 (and Resident 2). Staff A stated there were no other visit notes except for the visit notes for 02/10/2023 and 11/12/2023.

RESIDENT 2
Review of the AFH record on 12/08/2023 showed the AFH admitted Resident 2 on [redacted]/2017. Resident 2's assessment dated 04/13/2023 showed Resident 2 required assistance with medication management and required nurse delegation.

During an interview, on 12/08/2023 at 9:10 AM, Staff A (Provider/Resident Manager) stated Resident 2 required nurse delegation.

Record review of the nurse delegation records for Resident 2, on 12/08/2023, showed a consent signed for nurse delegation for 11/11/2022. The initial assessment of the RND for 11/11/2022 showed Resident 2 needed nurse delegation for blood sugar checks, use of topical medication: Hydrocortisone Cream (anti-itch cream), PRN Hydroxyzine (anti-anxiety medication) and Clonazepam (anti-anxiety medication). The record showed the RND had visited the AFH on 02/10/2023.

Review of the RND's visit notes for 2023 provided by the AFH on 01/05/2023 showed visit notes for 02/10/2023 and 11/12/2023. There were no records that visits had been conducted every 90 days between 02/10/2023 and 11/12/2023.

During an interview, on 01/05/2023 at 1:38 PM, Staff A stated they had submitted all the records for 2023 for the RND visits. Staff A stated there were no other visit notes except for the visit notes for 02/10/2023 and 11/12/2023.

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 2-14-24

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

Dorothea D. Ristig — Provider (or Representative)

2-9-24 — Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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.

(3) Records are kept which include a current list of prescribed and over-the-counter

medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a medication system in place to ensure medications were available, medication were given as ordered and were logged as required for 1 of 2 residents (Resident 2) reviewed for medications. In addition, the AFH failed to ensure the medication logs (ML) were signed at scheduled time for 2 of 2 residents (Resident 2 and Resident 1). These failures placed Resident 2 at risk of not receiving medications as ordered and both Resident 1 and Resident 2 at risk for medication errors.

Findings included…

RESIDENT 2
Review of the AFH record on 12/08/2023 showed the AFH admitted Resident 2 on [redacted]/2017. Resident 2's assessment, dated 07/10/2023, showed Resident 2 required assistance with medication management.

Review of Resident 2's December 2023 ML on 12/08/2023 at 10:10 AM showed the following orders with no initials to indicate the medications had been given for:

• Clotrimazole 1% solution (topical treatment for fungal rash), no initials for the 8:00 AM dose for 12/06/2023, 12/07/2023 and 12/08/2023 and for the 5:00 PM dose for 12/06/2023 and 12/07/2023.
• Fish Oil 1000mg (milligrams) (supplement), no initials for the 8:00 AM dose for 12/06/2023, 12/07/2023 and 12/08/2023.
• Fluoxetine 10mg (medication to treat depression and mood disorder), no initials for the 8:00 AM dose for 12/06/2023, 12/07/2023 and 12/08/2023.
• Fluticasone nasal spray (allergy medication), no initials for the 8:00 AM dose for 12/06/2023, 12/07/2023 and 12/08/2023.
• Gabapentin 100mg capsule (medication for nerve pain), for 12/06/2023, 12/07/2023 and 12/08/2023 and for the 5:00 PM dose for 12/06/2023 and 12/07/2023.
• Vitamin D3 (supplement), no initials for the 8:00 AM dose for 12/06/2023, 12/07/2023 and 12/08/2023.
• Clotrimazole 1% cream (used to treat fungal skin infections), no initials for the 5:00 PM dose for 12/07/2023 and the 8:00 AM dose for 12/08/2023.
• Ziprasidone 80mg (medication used to treat certain mental and/or mood disorders), no initials for the 5:00 PM dose for 12/06/2023 and 12/07/2023.

Observation of Resident 2's medications, on 12/08/2023 at 10:17 AM, showed the bubble packs for the "scheduled medications" for the morning, evening and bedtime doses had been punched out for Wednesday (12/06/2023), Thursday (12/07/2023) and Friday (12/08/2023).

During an interview, on 12/08/2023 at 10:41 AM, Staff A (Provider/Resident Manager) who was responsible for medication administration stated that if there was a blank (or hole) on the ML, it meant the medication was not given. If the ML had been initialed, Staff A stated it meant the medication had been administered or given. Staff A stated that if the medication bubble pack was empty or had been punched out, it meant the medication had been given or administered. Staff A stated the nurse delegator would come every 3 months. Staff A stated that they would review the ML at the start of each month, review the medication supply and would check the orders in the ML. If there was an order for a medication and there was no medication supply available, they would call the pharmacy to inform them that a medication had not been delivered.

During a follow-up interview, on 12/08/2023 at 11:38 AM, related to the blanks or lack of initials on the ML for 12/06/2023, 12/07/2023 and 12/08/2023, Staff A stated that they had given the medications and had just forgotten to sign the ML.

Further review of Resident 2's December 2023 ML showed a written order for 09/20/2023 for Hydroxyzine (medication to treat allergy or anxiety) - take 1 capsule by mouth twice daily. The ML did not indicate a time when to administer the Hydroxyzine and had no initials to show if Resident 2 had been taking the Hydroxyzine as ordered.

Observation on 12/08/2023 at 10:32 AM showed there were 2 bubble packs for Hydroxyzine. The first bubble pack was labeled for "evening" and there was a handwritten time of 4:00 PM. The medication for Friday (12/08/2023) had been punched out of the bubble pack. The second bubble pack was labeled for "noon" and the medication for Friday (12/08/2023) had been punched out of the bubble pack.

During an interview and record review with Staff A regarding the Hydroxyzine, on 12/08/2023 at 11:01 AM, Staff A stated that they were giving the medication daily at noon and at 4:00 PM and had documented it in the ML. Following a record review of Resident 2's December 2023 ML, Staff A stated that they had been giving the Hydroxyzine, but did not sign the ML.

Review of the December 2023 ML showed PRN (as needed) orders for: 1) Benzonatate (cough medicine) 200 mg cap (capsule) – 1 cap 3x/day PRN; 2) Benztropine(medication to treat symptoms of involuntary movements due to the side effects of certain medication used to treat mental disorders) 1 mg tablet 2x/day PRN; 3) Bisacodyl (stool softener) 10 mg suppository – daily PRN for constipation; 4) Lidocaine 5% Ointment (pain medication) – apply to affected areas topically 1-4 times daily PRN; 5) Senna-Docusate (stool softener) 8.6-50 mg tablet – take 1 tablet by mouth once daily PRN and 6) Gavilax Powder (stool softener) – take 17Grams with 8 ounces liquid by mouth daily PRN for constipation.

Observation, on 12/08/2023 at 10:46 AM, showed there was no supply of all the above PRN medications except for Gavilax which had expired on 04/10/2023.

During an interview, on 12/08/2023 at 10:51 AM, Staff A stated that they had no supply of

all the listed PRN medications.

Record Review of Resident 2's December 2023 ML showed a written order, dated 10/13/2023, for Melatonin (sleep aid) 3 mg tablet, "take 1 tablet by mouth at bedtime *family supply*". The ML had been signed daily as given from 12/01/2023 to 12/07/2023.

Observation on 12/08/2023 at 10:50 AM showed there was a bottle of Melatonin with 5 mg tablets during the medication review. There was no supply available for Melatonin 3mg.

During an interview regarding Melatonin, on 12/08/2023 at 11:12 AM, Staff B (caregiver) stated that they got the supply of Melatonin from Rite Aid. Staff A stated they were using the bottle of 5mg tablets Melatonin to give to Resident 2. When asked to read the order for Melatonin, Staff A stated the order for Melatonin was for 3 mg. When shown the discrepancy between the supply of 5mg tablet and the ordered dose of 3 mg, Staff B stated that the dose being given to Resident 2 was not correct.

Observation on 12/08/2023 at 11:07 AM showed there was no stock available for the Clotrimazole 1% cream or solution during the medication review.

During an interview regarding Clotrimazole, on 12/08/2023 at 11:07 AM, Staff A stated there was no Clotrimazole medication available for Resident 2. Staff A stated that the pharmacy did not deliver the medication this month [December 2023] because the doctor did not renew the prescription for Clotrimazole.

Record review of Resident 2's December 2023 ML showed the AFH caregivers had been signing the ML for the 2 orders of Clotrimazole. The first order, "Clotrimazole 1% cream – apply to surrounding areas of the skin on right and lower legs and feet twice daily", ordered on 04/12/2023. The ML showed initials for the 8:00 AM dose from 12/01/2023 – 12/07/2023 and for the 5:00 PM dose from 12/01/2023 – 12/06/2023. The second order, "Clotrimazole 1% solution – apply to all toenails and interdigital spaces on right and left lower legs twice daily." The ML showed initials for the 8:00 AM and 5:00 PM doses from 12/01/2023 – 12/05/2023. The AFH had been putting their initials for the Clotrimazole medications on the December 2023 ML even if the medication was not available for the month of December 2023.

Review of Resident 2's December 2023 ML, on 12/08/2023 at 10:10 AM, showed the 8:00 PM dose of Atorvastatin (medication to treat high cholesterol level) for 12/08/2023 had been initialed as given, which was signed earlier than the scheduled time.

During an interview, on 12/08/2023 at 11:37 AM, when asked why the 8:00 PM dose for 12/08/2023 was signed before the scheduled time, Staff A stated they signed the 8:00 PM dose for 12/08/2023 by mistake because they had been nervous when the licensor arrived.

During an observation and interview, on 12/08/2023 at 11:40 AM, the medications for the evening (5:00 PM) and bedtime (8:00 PM) doses for Friday (12/08/2023) were punched out. Staff B stated that Staff A had prepared all of Resident 2's medication for 12/08/2023 including the evening and bedtime doses prior to the scheduled administration time because Staff A thought that they (Staff A) would go to the hospital.

Observation on 12/08/2023 at 11:43 AM showed 2 unlabeled medicine cups with medicines inside that Staff A had prepared ahead of the scheduled time and placed inside the locked medication cabinet. The first cup had 2 capsules and both capsules were half dark green and half light green. The second cup had 10 medicines in it: 4 round brownish green tablets, 1 small white tablet, 2 small white capsules, 1 cream colored big tablet and 2 green/white capsules.

During an interview, on 12/08/2023 at 11:44 AM, Staff A stated the medicines on the first cup were the noon and afternoon doses of Hydroxyzine. For the second cup, Staff A stated the medicines were Senna (stool softener), Atorvastatin, Gabapentin, Oxcarbazepine (medication to treat seizure disorders or epilepsy) and Ziprasidone.

Record Review of Resident 2's December 2023 ML showed all the medications on the second cup were scheduled medications for the evening at 5:00 PM and for bedtime at 8:00 PM except for the Senna [4 round brownish green tablets].

During an interview, on 12/08/2023 at 11:47 AM, Staff A stated that that they had been giving the Senna to Resident 2 every day in the morning and at night.

Record review of Resident 2's December 2023 ML on 12/08/2023 showed a written order, on 06/15/2023, for Senna 8.6 mg "take 2 tablets by mouth twice daily as needed for constipation." There was no initial next to the order to indicate the medication was being given to Resident 2 twice daily as needed as stated by Staff A. Staff A stated that they had been giving the medication but did not sign the ML.

RESIDENT 1
Review of AFH record on 12/08/2023 showed the AFH admitted Resident 1 on [redacted]/2016. Resident 1's assessment dated 04/13/2023 showed Resident 1 required assistance with medication management and required nurse delegation.

Review of Resident 2's December 2023 ML, on 12/08/2023 at 9:59 AM, showed orders for: 1) Metformin (medication for diabetes) 1,000 mg twice a day and ordered on 10/29/2020, and 2) Famotidine (medication to treat and prevent ulcers in the stomach and intestines) 20 mg twice a day and ordered on 07/26/2023. Both of the medications had a scheduled time of 8 AM and 5 PM. The ML showed the caregiver had initialed the 5:00 PM doses for 12/08/2023 for both medications.

Observation on 12/08/2023 at 10:05 AM showed the bubble pack for Resident 1's scheduled medication for Friday [12/08/2023] still had the medications for the evening dose.

During an interview, on 12/08/2023 at 11:34 AM, Staff A stated that they had received training to give medication from a nurse delegator. Staff A stated that it had been a while since they got the training on how to give medication. Staff A stated that they had initialed the 5 PM doses for 12/08/2023 because they were nervous when the licensor arrived. Staff A stated that they knew they were not supposed to sign the medication log if they had not yet given the medication.

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 2-19-24

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

Dorothea D. Ristig — Provider (or Representative)

2-9-24 — Date

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

01/22/2024

Dorotea Ristig
CARLSON CARE AFH II
10425 NE 201ST STREET
BOTHELL, WA 98011

RE: CARLSON CARE AFH II # 751142

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/05/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Mail the Plan/Attestation Statement and report with original signatures to:

Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

The Adult Family Home (AFH) failed to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens, and interpreted results when they conducted blood sugar testing for 2 of 2 residents (Resident 1 and Resident 2) in the home. The AFH has applied for the MTSW license.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter, Field Manager
Region 2, Unit K
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services

PO Box 45600
Olympia, WA 98504-5600