STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Eunice M. Gikaru
Ginger Creek Adult Family Home
5510 Mathias Rd E
Graham, WA 98338

RE: Ginger Creek Adult Family Home License # 751219

Dear Provider:

This letter addresses Compliance Determination(s) 46490 (Completion Date 08/30/2024) and 44355 (Completion Date 07/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/30/2024 and found that you have corrected the violations listed in the Follow up report dated 07/18/2024. Your home is back in compliance as of 08/01/2024 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 388-76-10475-1

The Department staff who did the on-site verification:
Laura Newberry

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 751219	Compliance Determination # 44355
Plan of Correction	Ginger Creek Adult Family Home	Completion Date
Page 1 of 2	Licensee: Eunice M. Gikaru	07/18/2024

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 07/17/2024 and 07/17/2024 of:

Ginger Creek Adult Family Home
5510 Mathias Rd E
Graham, WA 98338

This document references the following SOD dated: 07/18/2024

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Laura Newberry

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Provider (or Representative) — July 31, 2024 Date

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

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to keep an up-to-date medication log for 1 of 4 residents (Resident 1 [R1]). This failure placed R1 at risk for a medication error when their medications were not accurately documented.

Findings included...

Review of R1's record, titled "Assessment", dated 01/18/2024, showed they required assistance with their medication administration.

On 07/17/2024 at 3:30 PM, review of R1's record, titled "Medication administration record (MAR)", dated July 2024, showed that the noon medications Carbamazepine (a medication for seizures) and Seroquel (a medication for mental health) were not signed as given.

On 07/17/2023 at 3:30 PM, Caregiver 1 (CG1), stated that they had given the noon medications to R1 and had not signed for them yet. CG1 stated that it was a mistake.

This is an uncorrected deficiency previously cited on 05/10/2024 and 06/14/2024.

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, Ginger Creek Adult Family Home is or will be in compliance with this law and / or regulation on (Date) August 1, 2024 .

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

Provider (or Representative) — July 31, 2024 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 751219	Compliance Determination # 42626
Plan of Correction	Ginger Creek Adult Family Home	Completion Date
Page 1 of 3	Licensee: Eunice M. Gikaru	06/14/2024

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 06/13/2024 and 06/13/2024 of:
Ginger Creek Adult Family Home
5510 Mathias Rd E
Graham, WA 98338

This document references the following SOD dated: 06/14/2024

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:

Laura Newberry

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Clinton Fridley RN
Residential Care Services

06/20/2024
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) — June 24, 2024 Date

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

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to keep an up-to-date medication log for 1 of 4 residents (Resident 1 [R1]). This failure placed R1 at risk for a medication error when their medications were not accurately documented.

Findings included...

Review of R1's record, titled "Assessment", dated 01/18/2024, showed they required assistance with their medication administration.

Review of R1's record, titled "Medication Orders", dated 06/06/2023, showed that Morphine (a medication for pain) was an ordered medication.

Review of R1's record, titled "Medication Order", dated 06/13/2024, showed Ativan (a medication for anxiety) was discontinued.

Review of R1's record, titled "Medication administration record (MAR)", dated June 2024, showed Ativan was not discontinued and Morphine was discontinued. Record showed that Hydrocortisone Cream (a medication for skin irritation) was not initialed as given from 06/01/2024-06/07/2024 but on the back of the MAR it was documented as given from 06/04/2024-06/09/2024.

On 06/13/2024 at 3:00 PM, Caregiver 1 (CG1) stated that Hydrocortisone cream was applied but not documented and that it was a mistake.

On 06/14/2024 at 1:19 PM, the Provider stated that they mistakenly discontinued the Morphine on R1's MAR instead of the Ativan and became aware when the Department alerted them to the mistake.

On 06/14/2024 at 3:30 PM, collateral contact 1 (CC1) who is a Registered Nurse delegator, stated that the AFH was provided with training on how to correctly discontinue a

medication and properly document medications given.

This is an uncorrected deficiency previously cited on 05/10/2024.

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, Ginger Creek Adult Family Home is or will be in compliance with this law and / or regulation on (Date) July 2, 2024 .

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

Provider (or Representative) _____ Date June 24, 2024

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 751219	Compliance Determination # 40377
Plan of Correction	Ginger Creek Adult Family Home	Completion Date
Page 1 of 3	Licensee: Eunice M. Gikaru	05/10/2024

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 complaint investigation on 04/30/2024 and 04/30/2024 of:

Ginger Creek Adult Family Home
5510 Mathias Rd E
Graham, WA 98338

This document references the following complaint number(s): 126078

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 investigated the Adult Family Home:

Laura Newberry

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

05/15/2024
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Statement of Deficiencies	License #: 751219	Compliance Determination # 40377
Plan of Correction	Ginger Creek Adult Family Home	Completion Date
Page 2 of 3	Licensee: Eunice M. Gikaru	05/10/2024

Provider (or Representative) Date

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

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to keep an up-to-date medication log for 1 of 4 residents (Resident 1 [R1]). This failure placed R1 at risk for a medication error when their medications were not accurately documented.

Findings included...

Review of R1's record, titled "Assessment", dated 01/18/2024, showed they required assistance with their medication administration.

Review of R1's record, titled "Medication Order", dated 01/10/2024, showed their Lipitor (a medication for high cholesterol) and Vitamin D3 (a supplement/vitamin) was discontinued.

Review of R1's record, titled "Medication Administration Record (MAR)", dated April 2024, showed that Lipitor was given April 1st-April 8th and Vitamin D3 was given April 1- April 4th.

On 04/30/2024 at 2:35 PM, interviewed Caregiver 1 (CG1), who stated that they gave Lipitor and Vit D3 in error after they were discontinued in the month of April 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, Ginger Creek Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 5/18/24.

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

Eunice Gikaru

Provider (or Representative) _____ Date _____

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

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

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

Statement of Deficiencies	License #: 751219	Compliance Determination # 40377
Plan of Correction	Ginger Creek Adult Family Home	Completion Date
Page 3 of 3	Licensee: Eunice M. Gikaru	05/10/2024

Eunice Gikaru

Provider (or Representative) Date 5/18/24

Provider (or Representative) _____ Date _____

Ginger Creek Adult Family Home
5510 Mathias Road East
Graham, WA 98338

May 18, 2024

To whom it may concern:

I am writing in response to the inspection at my business, Ginger Creek Adult Family Home on May 1, 2024. I was found to have two deficiencies, which have been corrected. I describe my steps below.

1. The deficiency was a missing, updated care plan for one client, [redacted]. I have the signed care plan for this client filed with the state and in the AFH files. I now have the former and current care plan available for review.
2. The daily medication log contained an error and medication administration was erred as a result. Since then, we had the state's assigned nurse delegator make a visit to the facility to train myself and all caregivers in medication logging, ensuring medications are discontinued as ordered, and steps to take to ensure residents' medication prescription orders are followed by the pharmacy. I also contacted our pharmacy to ensure that the current prescribed medications matched that of prescribing physicians orders.

I believe that the deficiencies above have been corrected, but I welcome all feedback per the assessor.
Please feel free to reach me at 253-341-1095 or unicegikaru@gmail.com with all questions regarding the consultation, my corrections, or otherwise.

Sincerely,

Eunice Gikaru, Provider
Ginger Creek Adult Family Home