



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

ANDERSON LOVING CARE AFH LLC
ANDERSON LOVING CARE AFH LLC
12621 84TH AVE S
SEATTLE, WA 98178

RE: ANDERSON LOVING CARE AFH LLC License # 751440

Dear Provider:

This letter addresses Compliance Determination(s) 43722 (Completion Date 07/03/2024) and 38717 (Completion Date 04/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/03/2024 and found that you have corrected the violations listed in the Follow up report dated 04/29/2024. Your home is back in compliance as of 06/07/2024 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, WAC 388-76-10430-2-c, WAC 388-76-10430-3, WAC 388-76-10430, WAC 388-76-10015-1

The Department staff who did the on-site verification:

Marites Gatan, NCI

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

04.30.2024 14:58:20

State of Washington

3/8



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 #: 751440	Compliance Determination # 38717
Plan of Correction	ANDERSON LOVING CARE AFH LLC	Completion Date
Page 1 of 5	Licensee: ANDERSON LOVING CARE AFH LLC	04/29/2024

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 03/21/2024 and 04/17/2024 of:
ANDERSON LOVING CARE AFH LLC
12621 84TH AVE S
SEATTLE, WA 98178

This document references the following SOD dated: 04/29/2024

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

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

4/30/2024

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.

This document was prepared by Residential Care Services for the Locator website.



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04.30.2024 14:58:20

State of Washington

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Statement of Deficiencies

License #: 751440

Compliance Determination # 38717

Plan of Correction

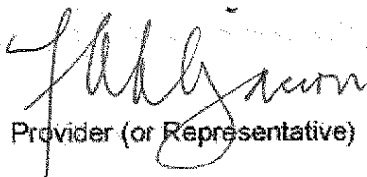
ANDERSON LOVING CARE AFH LLC

Completion Date

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Licensee: ANDERSON LOVING CARE AFH LLC

04/29/2024


Provider (or Representative)

Date 5/5/24

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 ;
- (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, interview, and record review the Adult Family Home (AFH) failed to have a system in place to ensure prescribed medications were available for 2 of 2 sampled residents (Residents 5 and 4). In addition, AFH failed to ensure their pharmacy-generated medication log was updated to include over the counter medications taken by 1 of 2 sampled residents (Resident 5). These failures placed Resident 4 and Resident 5 at risk of unmet medication needs.

Findings included...

In an interview on 03/21/2024 at 10:40 AM, Staff D, Caregiver stated that there were six residents (Resident 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH. One of the residents (Resident 6) was admitted to the local health facility for medical attention.

Resident 5

Review on 03/21/2024 at 11:49 AM of Resident 5's March 2024 pharmacy generated medication log showed they were prescribed of Ondansetron (medication to prevent nausea and vomiting) 4 mg every eight hours as needed medications (PRN) for nausea and Refresh tears (medication eye drops for eye dryness) instill one drop to affected eye three-time daily PRN for dry eyes.

Observation on 03/21/2024 at 11:50 AM of Resident 5's medication supplies showed there were no medication supplies of Ondansetron and Refresh Tears.

Provider (or Representative)

Date

WAC 388-76-10430 Medication system.

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- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (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, interview, and record review the Adult Family Home (AFH) failed to have a system in place to ensure prescribed medications were available for 2 of 2 sampled residents (Residents 5 and 4). In addition, AFH failed to ensure their pharmacy-generated medication log was updated to include over the counter medications taken by 1 of 2 sampled residents (Resident 5). These failures placed Resident 4 and Resident 5 at risk of unmet medication needs.

Findings included...

In an interview on 03/21/2024 at 10:40 AM, Staff D, Caregiver stated that there were six residents (Resident 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH. One of the residents (Resident 6) was admitted to the local health facility for medical attention.

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Observation on 03/21/2024 at 11:50 AM of Resident 5's medication supplies showed there were no medication supplies of Ondansetron and Refresh Tears.

In an interview on 03/21/2024 at 11:51 AM, Staff C stated that they requested pharmacy to refill the medications.

Observation on 03/21/2024 at 11:52 AM showed a "PRN Refill Request" document dated 02/06/2024 with a time stamped that it was faxed on 02/06/2024 at 9:38 AM.

In an interview on 03/21/2024 at 11:53 AM, Staff C acknowledged that they did not follow up that the medications were not delivered.

Observation on 04/17/2024 at 11:38 AM, during a second visit of Resident 5's April 2024 pharmacy generated medication log showed they were prescribed of Ondansetron (medication to prevent nausea and vomiting) 4 mg every eight hours PRN for nausea and Zinc Oxide (used to treat or prevent minor skin irritations such as burns, cuts, and diaper rash) 20 percent ointment, apply to affected areas as needed.

Observation on 04/17/2024 at 11:57 AM of Resident 5's medication supplies showed supplies of Triple antibiotic and Imodium medications. Imodium boxed was labelled with 24 caplets, had only 4 caplets left in the box.

In an interview on 04/17/2024 at 12:02 PM, Staff C stated that the pharmacy had informed them that the prescriptions for Ondansetron and Zinc Oxide had expired. Staff C added that they had requested for the medications to be discontinued.

Record review of Resident 5's April 2024 pharmacy generated medication log showed there was no order for Tripe antibiotic and Imodium.

In an interview on 04/17/2024 at 11:58 AM, Staff C stated that Resident 5's family member brought the Triple antibiotic and Imodium medications to the home. Staff C had no response when department staff informed them that Resident 5 did not have physician orders for these medications.

In a telephone conversation on 04/29/204 at 2:56 PM, Staff C stated that Resident 5's family member would give the Imodium medication and would apply the Triple antibiotic when they were at the home on Tuesdays and Saturdays.

Resident 4

On 04/17/2024 at 12:09 PM, review of Resident 4's 2024 April pharmacy-generated medication log showed they were prescribed Melatonin (medication for sleep) 3 milligram

Statement of Deficiencies	License #: 751440	Compliance Determination # 38717
Plan of Correction	ANDERSON LOVING CARE AFH LLC	Completion Date
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(mg) take two tablets daily at bedtime.

Observation on 04/17/2024 at 12:11 PM showed Resident 4's Melatonin bottle supply on hand had a label of 5 mg.

In an interview on 04/17/2024 at 12:20 PM, Staff C, Caregiver stated that they would ask the physician to change the order to 5 mg.

This is an uncorrected deficiency previously cited on 01/02/2024.

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, ANDERSON LOVING CARE AFH LLC is or will be in compliance with this law and / or regulation on	
(Date) <u>6/7/2024</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u><i>Toni Obligation</i></u> Provider (or Representative)	<u>5/5/2024</u> Date

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

This requirement was not met as evidenced by:

Based on interview, and record review the Adult Family Home (AFH) failed to follow the required respiratory fit testing [checking whether a respirator (device used to protect a person from inhaling hazardous fumes, vapors, gases, dust, or airborne causing disease) properly fits the face of someone who wears it] for 2 of 6 caregivers' (Staff A, Entity Representative and Staff B, Resident Manager) who worked in the home. This failure placed all residents at risk of acquiring airborne transmitted illnesses.

Findings included...

A review of Washington State Department of Social and Health Services website under "Information for Adult Family Home Providers," in the quick link for "AFH Standard Precautions Table for Respiratory Protection Program (RPP)" stated, "Fit test staff annually

(mg) take two tablets daily at bedtime.

Observation on 04/17/2024 at 12:11 PM showed Resident 4's Melatonin bottle supply on hand had a label of 5 mg.

In an interview on 04/17/2024 at 12:20 PM, Staff C, Caregiver stated that they would ask the physician to change the order to 5 mg.

This is an uncorrected deficiency previously cited on 01/02/2024.

Attestation Statement	
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
_____	_____
Provider (or Representative)	Date

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Based on interview, and record review the Adult Family Home (AFH) failed to follow the required respiratory fit testing [checking whether a respirator (device used to protect a person from inhaling hazardous fumes, vapors, gases, dust, or airborne causing disease) properly fits the face of someone who wears it] for 2 of 6 caregivers' (Staff A, Entity Representative and Staff B, Resident Manager) who worked in the home. This failure placed all residents at risk of acquiring airborne transmitted illnesses.

Findings included...

A review of Washington State Department of Social and Health Services website under "Information for Adult Family Home Providers," in the quick link for "AFH Standard Precautions Table for Respiratory Protection Program (RPP)" stated, "Fit test staff annually

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with N95 respirators, train staff on importance of respiratory protection and have staff complete medical clearance to wear N95 respirator as required. You must have a written RPP and keep fit test, medical clearance, and trainings in your home."

In an interview on 04/17/2024 at 11:19, Staff E, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH. One of the residents (Resident 6) had been admitted to the local health facility since [REDACTED] 2024.

In an interview on 04/17/2024 at 12:50 PM, Staff C, Caregiver stated that all AFH staff had their respiratory fit testing completed except for Staff A and Staff B. Staff C stated that Staff A and Staff B were not available when the AFH had their respiratory fit testing completed on 04/10/2024.

In an interview on 04/17/2024 at 12:51 PM, Staff C stated that Staff A and Staff B had not been scheduled for their respiratory fit test. Staff C added that they would call for an appointment for their respiratory fit tests.

This is an uncorrected deficiency previously cited on 01/02/2024.

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, ANDERSON LOVING CARE AFH LLC is/ or will be in compliance with this law and / or regulation on

(Date) 6/7/2024

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

Toni Obligation
Provider (or Representative)

5/5/24
Date

This document was prepared by Residential Care Services for the Locator website.

with N95 respirators, train staff on importance of respiratory protection and have staff complete medical clearance to wear N95 respirator as required. You must have a written RPP and keep fit test, medical clearance, and trainings in your home."

In an interview on 04/17/2024 at 11:19, Staff E, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH. One of the residents (Resident 6) had been admitted to the local health facility since [REDACTED] 2024.

In an interview on 04/17/2024 at 12:50 PM, Staff C, Caregiver stated that all AFH staff had their respiratory fit testing completed except for Staff A and Staff B. Staff C stated that Staff A and Staff B were not available when the AFH had their respiratory fit testing completed on 04/10/2024.

In an interview on 04/17/2024 at 12:51 PM, Staff C stated that Staff A and Staff B had not been scheduled for their respiratory fit test. Staff C added that they would call for an appointment for their respiratory fit tests.

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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, ANDERSON LOVING CARE AFH LLC 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

01/03/2024

Licensee: ANDERSON LOVING CARE AFH LLC
ANDERSON LOVING CARE AFH LLC
12621 84TH AVE S
SEATTLE, WA 98178

RE: ANDERSON LOVING CARE AFH LLC License # 751440

Dear Provider:

The Department completed a full inspection and a complaint investigation of your Adult Family Home on 01/02/2024 and found that your home does not meet the Adult Family Home licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - o Mail the Plan/Attestation Statement and report with original signatures to:

ANDERSON LOVING CARE AFH LLC
ANDERSON LOVING CARE AFH LLC # 751440
01/02/2024
Page 2 of 22

Dahl Kim, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

- 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.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- 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.

If You Have Any Questions:

- Please contact me at (253)234-6007.

Sincerely,

Dahl Kim, Field Manager
Region 2, Unit G
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:

Dahl Kim, Field Manager

Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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>

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 IDRs** 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



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Page 4 of 22	Licensed: ANDERSON LOVING CARE AFH LLC	01/02/2024

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 and complaint investigation on 11/22/2023 and 11/22/2023 of:

ANDERSON LOVING CARE AFH LLC
12621 84TH AVE S
SEATTLE, WA 98178

This document references the following complaint numbers: 103870.

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
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Residential Care Services, Region 2, Unit G
20425 72nd Avenue S, Suite 400
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Residential Care Services

01/03/2024

Date

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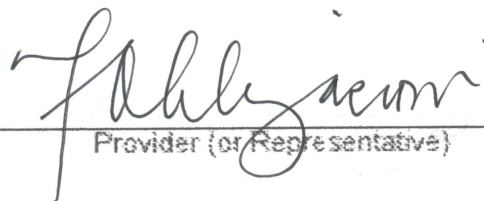
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 Provider (or Representative)

1/10/2024
 Date

WAC 388-76-10025 License annual fee.

- (1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060.
- (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
- (3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to pay their annual licensing fee when due. This failure resulted in the AFH operating without a valid license since 09/28/2023, while caring for all six residents in their care.

Findings included...

Review of the Department record using the Facilities Management System (FMS) on 11/20/2023 revealed the AFH's licensing fee was due in the month of September and by the 29th day annually. Further review of FMS record showed the annual licensing fee for the AFH was overdue in the amount of \$1,350.00.

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that six residents (Residents 1, 2, 3, 4, 5 and 6) lived and received care from the AFH.

During initial observation on 11/22/2023 at 9:34 AM to 9:38 AM, five residents (Residents 2, 3, 4, 5, and 6) were observed in their respective bedrooms, and one resident (Resident 1) in the shower room.

In an interview on 11/22/2023 at 3:57 PM, Staff C, Caregiver stated that they were responsible for paying the annual license fee. Staff C stated that they had forgotten to pay the annual license fee.

In a phone interview on 11/29/2023 at 12:00 PM, Staff B, Resident Manager stated that they were not aware the AFH license fee had not been paid. Staff B stated that Staff C had applied to be the new owner of the AFH and had agreed to pay the license fee. Staff B added that they will inform Staff C about the AFH license fee payment.

Provider (or Representative)

Date

WAC 388-76-10025 License annual fee.

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During initial observation on 11/22/2023 at 9:34 AM to 9:38 AM, five residents (Residents 2, 3, 4, 5, and 6) were observed in their respective bedrooms, and one resident (Resident 1) in the shower room.

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In a phone interview on 11/29/2023 at 12:00 PM, Staff B, Resident Manager stated that they were not aware the AFH license fee had not been paid. Staff B stated that Staff C had applied to be the new owner of the AFH and had agreed to pay the license fee. Staff B added that they will inform Staff C about the AFH license fee payment.

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Attestation Statement

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(Date) 2/10/2024

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

[Signature]
Provider (or Representative)

1/10/2024
Date

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 openable windows identified as exit windows for 3 of 4 residents (Residents 3, 4, and 5) bedrooms exit pathway were not blocked. This failure placed residents (Residents 3, 4, and 5) in Bedrooms [redacted] and [redacted] at risk of delayed evacuation in the event of an emergency that required window evacuation.

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that six residents (Residents 1, 2, 3, 4, 5, and 6) lived and received care from the AFH

In an interview on 11/22/2023 at 9:50 AM, Staff D stated that all six residents required assistance with emergency evacuation from the home.

Observation made on 11/22/2023 at 11:15 AM during Bedroom [redacted] (Residents 3 and 5) tour with Staff C, Caregiver, showed a tree in the backyard with the branches that covered the openable side of bedroom window. The branches blocked access for possible rescue.

On 11/22/2023 at 11:24 AM, during Bedroom [redacted] (Bedroom for Resident 4) tour with Staff C, observation showed a tree outside the backyard blocked the openable side of bedroom's

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, ANDERSON LOVING CARE AFH LLC 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 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 openable windows identified as exit windows for 3 of 4 residents (Residents 3, 4, and 5) bedrooms exit pathway were not blocked. This failure placed residents (Residents 3, 4, and 5) in Bedrooms ■ and ■ at risk of delayed evacuation in the event of an emergency that required window evacuation.

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that six residents (Residents 1, 2, 3, 4, 5, and 6) lived and received care from the AFH.

In an interview on 11/22/2023 at 9:50 AM, Staff D stated that all six residents required assistance with emergency evacuation from the home.

Observation made on 11/22/2023 at 11:15 AM during Bedroom ■ (Residents 3 and 5) tour with Staff C, Caregiver, showed a tree in the backyard with the branches that covered the openable side of bedroom window. The branches blocked access for possible rescue.

On 11/22/2023 at 11:24 AM, during Bedroom ■ (Bedroom for Resident 4) tour with Staff C, observation showed a tree outside the backyard blocked the openable side of bedroom's

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first window. The bedroom's second window next to the solarium had a table in front of it. There was a metal cabinet with the same height of the window with boxes stacked next to it located right outside of the openable side of the window. The two windows were blocked for access in the event of emergency needing window evacuation.

In an interview on 11/22/2023 at 11:25 AM, Staff C stated that they did not realize the trees outside Bedroom [REDACTED] and Bedroom [REDACTED] and the metal cabinet outside Bedroom [REDACTED] obstructed openable windows.

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(Date) 2/10/2024

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

[Signature]
Provider (or Representative)

1/10/2024
Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

- (a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;
- (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;
- (c) Ensure the resident's negotiated care plan includes how the resident will use the medical device, and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure an assessment for [REDACTED] was completed for 1 of 4 sampled residents (Resident 6). In addition, the AFH did not address the use of the [REDACTED] in Resident 6's Negotiated Care Plan (NCP) and failed to inform the Resident and their representative of the safety risks associated with the [REDACTED] use. These failures placed Resident 6 at risk of harm using medical device with safety risks without assessment and NCP, and prevented the Resident 6's representative from making an informed decision about whether to use the [REDACTED].

first window. The bedroom's second window next to the solarium had a table in front of it. There was a metal cabinet with the same height of the window with boxes stacked next to it located right outside of the openable side of the window. The two windows were blocked for access in the event of emergency needing window evacuation.

In an interview on 11/22/2023 at 11:25 AM, Staff C stated that they did not realize the trees outside Bedroom [REDACTED] and Bedroom [REDACTED] and the metal cabinet outside Bedroom [REDACTED] obstructed openable windows.

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Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure an assessment for [REDACTED] was completed for 1 of 4 sampled residents (Resident 6). In addition, the AFH did not address the use of the [REDACTED] in Resident 6's Negotiated Care Plan (NCP) and failed to inform the Resident and their representative of the safety risks associated with the [REDACTED] use. These failures placed Resident 6 at risk of harm using medical device with safety risks without assessment and NCP, and prevented the Resident 6's representative from making an informed decision about whether to use the [REDACTED].

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Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that there were six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH.

Observation on 11/22/2023 at 10:16 AM, showed Staff D provided peri care to Resident 6 in bed. The bed had [REDACTED] on the upper part of the bed and another [REDACTED] on the lower part of the bed.

During bedroom tour on 11/22/2023 at 11:20 AM, Staff C, Caregiver lowered the two [REDACTED] and stated "No" when department staff asked if Resident 6 needed the [REDACTED].

Review of Resident 6's NCP dated 02/26/2021 showed [REDACTED] were not addressed. Further review of Resident 6's medical records revealed no assessment and no consent for use of the [REDACTED].

In an interview on 11/22/2023 at 12:59 PM, Staff C, stated that there were no assessment, no consent, and no entry in the NCP for the [REDACTED] as there was no order for the medical device.

On 11/28/2023 at 2:45 PM, review of Resident 6's 03/14/2023 Annual Assessment showed equipment's used were [REDACTED] bed, wheelchair and [REDACTED] or similar device. [REDACTED] was not listed.

In a telephone conversation on 12/21/2023 at 11:32 AM, Collateral Contact (CC) stated that they have observed the [REDACTED] on Resident 6's bed. CC stated that the AFH staff had not discussed the use of the [REDACTED] with them.

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(Date) 2/10/2024

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

[Signature]
Provider (or Representative)

1/10/24
Date

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that there were six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH.

Observation on 11/22/2023 at 10:18 AM, showed Staff D provided peri care to Resident 6 in bed. The bed had [REDACTED] on the upper part of the bed and another [REDACTED] on the lower part of the bed.

During bedroom tour on 11/22/2023 at 11:20 AM, Staff C, Caregiver lowered the two [REDACTED] and stated "No" when department staff asked if Resident 6 needed the [REDACTED].

Review of Resident 6's NCP dated 02/26/2021 showed [REDACTED] were not addressed. Further review of Resident 6's medical records revealed no assessment and no consent for use of the [REDACTED].

In an interview on 11/22/2023 at 12:59 PM Staff C, stated that there were no assessment, no consent, and no entry in the NCP for the [REDACTED] as there was no order for the medical device.

On 11/28/2023 at 2:45 PM, review of Resident 6's 03/14/2023 Annual Assessment showed equipment's used were [REDACTED] bed, wheelchair and [REDACTED] or similar device. [REDACTED] was not listed.

In a telephone conversation on 12/21/2023 at 11:32 AM, Collateral Contact (CC) stated that they have observed the [REDACTED] on Resident 6's bed. CC stated that the AFH staff had not discussed the use of the [REDACTED] with them.

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WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to develop a Negotiated Care Plan (NCP) addressing an [REDACTED] for 2 of 2 residents (Resident 4 and Resident 6) who needed the specialty mattress to prevent wounds from developing. This placed Resident 4 and Resident 6 at risk for skin pressure injuries.

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that there were six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH.

Review of undated Norco Company Patient Handbook, an air mattress is designed to prevent and treat pressure sores and ulcers. The handbook included instructions for cleaning, maintenance and troubleshooting of the air mattress.

Review of Bellevue Health Care website stated that air mattress is used in prevention, treatment and management of pressure ulcers.

Resident 4

On 11/22/2023 at 11:23 AM during bedroom tour, observed Resident 4 had an [REDACTED] on their bed.

Record review on 11/22/2023 showed the AFH admitted Resident 4 to the home on [REDACTED]/2022.

In an interview on 11/22/2023 at 10:05 AM, Staff C stated that Resident 4 did not have any skin problem.

In an interview on 11/22/2023 at 11:23 AM, Staff C stated that Resident 4 uses the [REDACTED] related to their condition of inability to voluntarily move the lower parts of their

body.

On 11/22/2023 at 2:30 PM, Staff C, Caregiver stated Resident 4's NCP was not available. Staff C added that they will email the NCP to department staff.

On 12/5/2023 at 11:30 AM department staff received Resident 4's 01/10/2023 NCP. The NCP did not include an [REDACTED] and its interventions.

In a telephone conversation on 01/02/2023 at 4:49 PM, Staff C stated that Resident 4's [REDACTED] was provided by Bellevue Health Care. Staff C stated that the company positioned the [REDACTED] in the bed and provided training to the AFH staff during the installation.

Resident 6

Observation on 11/22/2023 at 10:18 AM showed Resident 6 in their bedroom, lying on their [REDACTED] when Staff D provided peri care.

In an interview on 11/22/2023 at 10:04 AM, Staff C stated that Resident 6 did not have any skin issue.

In an interview on 11/22/2023 at 11:21 AM, Staff C stated that Resident 6 uses the [REDACTED] related to resident being in bed most of the time.

Record review of Resident 6's 02/26/2021 NCP showed resident was admitted to the home on [REDACTED]/2020. The [REDACTED] was not addressed in the NCP.

On 11/22/2023 at 1:00 PM, when asked why [REDACTED] was not addressed in NCP, Staff C had no response.

In a telephone conversation on 01/02/2024 at 4:50 PM, Staff C stated that Resident 6's [REDACTED] was delivered by Norco Medical Company. Staff C stated that the company placed the [REDACTED] in the bed and provided training to the AFH staff during the installation.

On 11/22/2023 at 11:36 AM, Staff C stated that Staff E, Caregiver was newly hired on

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11/20/2023. This caregiver was not present in the home when the Norco and Bellevue Health Care provided training for the AFH staff.

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(Date) 2/10/2024

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

Johnyacion
Provider (or Representative)

2/10/2024
Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to address in the Negotiated Care Plans (NCP) for 2 of 4 sampled residents (Resident 4 and Resident 6) their use of psychopharmacological medications (medications that influence mood, sensation, thinking and behavior) and the interventions for the symptoms for which the medications were prescribed. This failure placed these Residents 4 and 6 at risk of unmet medication and care needs.

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that there were six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH.

Resident 4

Review of Resident 4's pharmacy-generated November 2023 medication log showed they were prescribed of Aripiprazole (medication that treats mental disorder characterized by disconnection from reality) 10 milligram (mg) every morning, Duloxetine (medication that treats persistent feeling of sadness and loss of interest that can interfere with the daily life) 60 mg every morning, Melatonin (medication for sleep) two tablets 6 mg at bedtime and

11/20/2023. This caregiver was not present in the home when the Norco and Bellevue Health Care provided training for the AFH staff.

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_____ Provider (or Representative)	_____ Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to address in the Negotiated Care Plans (NCP) for 2 of 4 sampled residents (Resident 4 and Resident 6) their use of psychopharmacological medications (medications that influence mood, sensation, thinking and behavior) and the interventions for the symptoms for which the medications were prescribed. This failure placed these Residents 4 and 6 at risk of unmet medication and care needs.

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that there were six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH.

Resident 4

Review of Resident 4's pharmacy-generated November 2023 medication log showed they were prescribed of Aripiprazole (medication that treats mental disorder characterized by disconnection from reality) 10 milligram (mg) every morning, Duloxetine (medication that treats persistent feeling of sadness and loss of interest that can interfere with the daily life) 60 mg every morning, Melatonin (medication for sleep) two tablets 6 mg at bedtime and

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Trazadone (medication that may help to improve mood, appetite and energy levels and can be used to induce sedation for sleep problems) 25 mg at bedtime.

On 11/22/20223 at 2:30 PM, Staff C, Caregiver stated Resident 4's NCP was not available. Staff C added that they will email the NCP to department staff.

On 12/5/2023 at 11:30 AM, department staff received Resident 4's 01/10/2023 NCP. The NCP showed that the section "requires psychopharmacological medication" was blank.

Resident 6

Review of Resident 6's pharmacy-generated November 2023 medication log showed they were prescribed of Trazadone (medication that may help to improve mood, appetite and energy levels and can be used to induce sedation for sleep problems) 100 mg daily at bedtime for insomnia.

Review of Resident 6's NCP signed 02/21/2021 showed their use of the psychopharmacologic medication was not addressed and care planned.

On 11/22/2023 at 1:23 PM, department staff showed Resident 6's NCP to Staff C. The NCP showed that the section "requires psychopharmacological medication" was blank. Staff C had no comment when asked why they were blank.

Attestation Statement

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(Date) 2/10/2024

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Provider (or Representative)

1/10/2024
Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(f) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

Trazadone (medication that may help to improve mood, appetite and energy levels and can be used to induce sedation for sleep problems) 25 mg at bedtime.

On 11/22/20223 at 2:30 PM, Staff C, Caregiver stated Resident 4's NCP was not available. Staff C added that they will email the NCP to department staff.

On 12/5/2023 at 11:30 AM, department staff received Resident 4's 01/10/2023 NCP. The NCP showed that the section "requires psychopharmacological medication" was blank.

Resident 6

Review of Resident 6's pharmacy-generated November 2023 medication log showed they were prescribed of Trazadone (medication that may help to improve mood, appetite and energy levels and can be used to induce sedation for sleep problems) 100 mg daily at bedtime for Insomnia.

Review of Resident 6's NCP signed 02/21/2021 showed their use of the psychopharmacologic medication was not addressed and care planned.

On 11/22/2023 at 1:23 PM, department staff showed Resident 6's NCP to Staff C. The NCP showed that the section "requires psychopharmacological medication" was blank. Staff C had no comment when asked why they were blank.

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Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

(2) Ensure staff has access to the parts of residents' records needed by staff to provide care and services; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 4 sampled resident's (Resident 4) Negotiated Care Plan was available for department staff to review. This failure delayed the department from knowing if the home followed regulations. In addition, the AFH failed to ensure the caregivers had access to Residents 4's Negotiated Care Plan (NCP). This failure placed Resident 4 at risk of their needs not being recognized and met.

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that there were six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH.

On 11/22/2023 during initial resident observation at 9:39 AM showed Resident 4 inside their bedroom, sat up in their [REDACTED] wheelchair and was playing video game.

Record review of Resident 4's face sheet indicated that resident was admitted to the home on [REDACTED]/2022.

Observation on 11/22/2023 at 10:29 AM showed Resident 4 wheeled self to the living room area and informed Staff D, that they were going out of the home.

In an interview on 11/22/2023 at 10:29 AM, Staff D stated that Resident 4 would meet their ride at the front of the house. Staff D did not follow Resident 4 out of the home.

On 11/22/20223 at 2:30 PM, Staff C, Caregiver stated while looking at their computer, Resident 4's NCP was not in the home and it could be in their other computer. Staff C added that they will email the NCP to department staff.

On 12/5/2023 at 11:30 AM department staff received Resident 4's 01/10/2023 NCP. This was 13 days after the AFH full inspection date of 11/22/2023. The NCP showed that "AFH staff must be with resident when outside of the AFH and ensure she uses WC." This was not observed during the home inspection last 11/22/2023.

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1/10/2024
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 non-caregiving staff (Staff F) has current, valid background check. This failure placed all residents at risk for harm from staff with unknown criminal history.

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that there were six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH.

In an interview on 11/22/2023 at 11:36 AM, Staff C, Caregiver stated that Staff F, Housekeeper worked full time and lived on site.

Record review of Staff F's background check showed it was completed on 03/15/2021 that expired on 03/15/2023.

In an interview on 11/22/2023 at 4:10 PM, department staff informed Staff C of Staff F's expired background check record. Staff C had no response.

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Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 non-caregiving staff (Staff F) has current, valid background check. This failure placed all residents at risk for harm from staff with unknown criminal history.

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that there were six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH.

In an interview on 11/22/2023 at 11:36 AM, Staff C, Caregiver stated that Staff F, Housekeeper worked full time and lived on site.

Record review of Staff F's background check showed it was completed on 03/15/2021 that expired on 03/15/2023.

In an interview on 11/22/2023 at 4:10 PM, department staff informed Staff C of Staff F's expired background check record. Staff C had no response.

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1/10/2024
Date

WAC 388-76-10470 Medication Timing Special directions.

(i) The adult family home must ensure medications are given:

(a) At the specific time(s) ordered by the practitioner, and

(b) As follows, when the practitioner does not order a medication to be given at a specific time:

(ii) Two times a day, approximately twelve hours apart,

(iii) Three times a day, approximately six hours apart, and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not give prescribed medications to 2 of 4 sampled residents (Residents 2 and Residents 3) according to medication timing guidelines. This failure placed Resident 2 and Resident 3 at risk of harm from getting their prescribed medication too early.

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that there were six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH.

Resident 2

Observation on 11/22/2023 at 11:42 AM showed Resident 2 in their bedroom sat up in wheelchair, overbed table in front with medication cup that contained nine medication tablets and pills.

In an interview on 11/22/2023 at 11:43 AM, Staff D stated that Resident 2 refused their 8:00 AM medications and they were giving those medications now at lunch time.

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, ANDERSON LOVING CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____.

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Date

WAC 388-76-10470 Medication Timing Special directions.

(1) The adult family home must ensure medications are given:

(a) At the specific time(s) ordered by the practitioner; and

(b) As follows, when the practitioner does not order a medication to be given at a specific time:

(ii) Two times a day, approximately twelve hours apart;

(iii) Three times a day, approximately six hours apart; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not give prescribed medications to 2 of 4 sampled residents (Residents 2 and Residents 3) according to medication timing guidelines. This failure placed Resident 2 and Resident 3 at risk of harm from getting their prescribed medication too early.

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that there were six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH.

Resident 2

Observation on 11/22/2023 at 11:42 AM showed Resident 2 in their bedroom sat up in wheelchair, overbed table in front with medication cup that contained nine medication tablets and pills.

In an interview on 11/22/2023 at 11:43 AM, Staff D stated that Resident 2 refused their 8:00 AM medications and they were giving those medications now at lunch time.

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Record review on 11/22/2023 of Resident 2's November 2023 pharmacy generated medication log showed they were prescribed nine medications to take once a day at 8:00 AM. Resident 2 was prescribed Acetaminophen (pain reliever and fever reducer) and Calcium (supplement) ordered twice daily with marked time of 8:00 AM and 8:00 PM. These medications were given approximately four hours late (11:42 AM per observation) instead of the marked time of 8:00 AM.

Resident 3

Record review on 11/22/2023 at 9:43 AM of Resident 3's November 2023 pharmacy generated medication log showed they were prescribed Fish Oil (supplement) 1000 milligram (mg) one capsule three times daily with time marked 8:00 AM, 2:00 PM and 8:00 PM and Seroquel (medication that are used to treat mental illness that affect the ability to tell what's real and what isn't) 25 mg twice daily at 8:00 AM and 2:00 PM.

In an interview on 11/22/2023 at 11:44 AM, Staff D Stated that they have given Resident 3's scheduled 2:00 PM medications. Staff D stated that Resident 3 would not take medications after lunch.

Record review on 11/22/2023 showed that Fish Oil ordered three times daily was given at 8:00 AM and at lunch time before noon which was less than six hours apart and Seroquel was not given as prescribed time of 2:00 PM.

On 11/22/2023 at 11:47 AM, department staff interviewed Staff C and Staff D about giving 8:00 AM medications at lunch time and scheduled 2:00 PM medications at lunch time. Staff C agreed of failed practice.

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, ANDERSON LOVING CARE AFH LLC is or will be in compliance with this law and / or regulation on
(Date) 2/10/2024

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


Provider (or Representative)

1/10/2024
Date

Record review on 11/22/2023 of Resident 2's November 2023 pharmacy generated medication log showed they were prescribed nine medications to take once a day at 8:00 AM. Resident 2 was prescribed Acetaminophen (pain reliever and fever reducer) and Calcium (supplement) ordered twice daily with marked time of 8:00 AM and 8:00 PM. These medications were given approximately four hours late (11:42 AM per observation) instead of the marked time of 8:00 AM.

Resident 3

Record review on 11/22/2023 at 9:43 AM of Resident 3's November 2023 pharmacy generated medication log showed they were prescribed Fish Oil (supplement) 1000 milligram (mg) one capsule three times daily with time marked 8:00 AM, 2:00 PM and 8:00 PM and Seroquel (medication that are used to treat mental illness that affect the ability to tell what's real and what isn't) 25 mg twice daily at 8:00 AM and 2:00 PM.

In an interview on 11/22/2023 at 11:44 AM, Staff D Stated that they have given Resident 3's scheduled 2:00 PM medications. Staff D stated that Resident 3 would not take medications after lunch.

Record review on 11/22/2023 showed that Fish Oil ordered three times daily was given at 8:00 AM and at lunch time before noon which was less than six hours apart and Seroquel was not given as prescribed time of 2:00 PM.

On 11/22/2023 at 11:47 AM, department staff interviewed Staff C and Staff D about giving 8:00 AM medications at lunch time and scheduled 2:00 PM medications at lunch time. Staff C agreed of failed practice.

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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 ;
- (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, interview and record review the Adult Family Home (AFH) failed to follow medication laws and rules when did they did not have " as needed" (PRN) medication supplies for 1 of 4 sampled residents (Resident 6) available in the AFH. The AFH did not have correct dosage of the prescribed medication for 1 of 4 sampled residents (Resident 4). In addition, The AFH had no order for the supplements received for 1 of 4 sampled residents (Resident 4) and the prescription ointment was not included in the current medication log for 1 of 4 sampled residents (Resident 6). The AFH also failed to ensure their pharmacy-generated medication log was updated to include over the counter medications taken by 2 of 4 sampled residents (Resident 4 and Resident 6). These failures placed Residents 4 and Resident 6 at risk of unmet medication needs.

Findings included...

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that there six residents (Residents 1, 2, 3, 4, 5, and 6) lived and received care from the AFH.

Resident 4

On 11/22/2023, review of Resident 4's pharmacy generated medication log showed they were prescribed Melatonin (for lack of sleep) 3 milligram (mg) two tablets for sleep at bedtime.

Observation on 11/22/2023 at 1:12 PM showed Resident 4's Melatonin bottle supply on hand had a label of 5 mg.

On 11/22/2023 at 1:14 PM, Staff C, Caregiver stated that they would correct the Melatonin discrepancy.

Observation on 11/22/2023 at 1:15 PM showed Resident 4's medication supplies had a bottle of D-Mannose (supplement for cleansing the urinary tract and maintaining healthy bladder) medication and a bottle of Cranberry Concentrate (over the counter medication for reducing risk of urinary tract infection) medication.

Further review of Resident 4's pharmacy generated medication log showed that D-Mannose and Cranberry Concentrate were not listed in the medication log.

On 11/22/2023 at 1:21 PM, Staff C stated that Resident 4 wanted to take the supplements, so they bought them and took the medications. Staff C stated that they will obtain physician order for the supplements.

Resident 6

Review on 11/22/2023 at 12:45 PM of Resident 6's pharmacy generated medication log showed they were prescribed of PRN medications [Acetaminophen (for pain or fever), Bisacodyl (for bowel movement), Geri-Tussin (for cough), Ondansetron (for nausea) and Refresh tears (for dry eyes)].

Observation on 11/22/2023 at 12:47 PM of Resident 6's medication supplies showed there were no medication supplies of Acetaminophen, Bisacodyl, Geri-Tussin, Ondansetron and Refresh tears. There were two over the counter medication supplies: Imodium (for diarrhea) and Triple Antibiotic (used to reduce skin infection). In addition, there was a Nystatin (medication for fungal infections) topical ointment medication.

Further review on 11/22/2023 at 12: 49 PM of Resident 6's pharmacy generated medication log showed Imodium, Triple Antibiotic and Nystatin were not listed in the medication log.

On 11/22/2023 at 12:50 PM, Staff C agreed that the Nystatin topical ointment was not included in Resident 6's November 2023 medication log. Staff C stated that they will update the medication log.

On 11/22/2023 at 12:52 PM, Staff C stated that the PRN medications were all expired and pharmacy will deliver new supply. Staff C added that Imodium and Triple antibiotic had "no order" and that they would check with Resident 6's primary care physician.

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(Date) 2/10/2024

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

[Signature]
Provider (or Representative)

1/10/2024
Date

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

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to follow the required respiratory fit testing (checking whether a respirator (device used to protect a person from inhaling hazardous fumes, vapors, gases, dust, or airborne causing disease) properly fits the face of someone who wears it) for 5 of 5 caregivers' (Staff A, Entity Representative, Staff B, Resident Manager, Staff C, Caregiver, Staff D, Caregiver and Staff E, Caregiver) who worked in the home. This failure placed all residents at risk of acquiring airborne transmitted illnesses, including COVID-19 (an infectious disease by a virus causing respiratory severe illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death).

Findings included...

A review of Washington State Department of Social and Health Services website under "Information for Adult Family Home Providers," in the quick link for "AFH Standard Precautions Table for Respiratory Program" stated, "Fit test staff annually with N95 respirators, train staff on importance of respiratory protection and have staff complete medical clearance to wear N95 respirator as required. You must have a written RPP and keep fit test, medical clearance, and trainings in your home."

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that six residents (Residents 1, 2, 3, 4, 5, and 6) lived and received care from the AFH

In an interview on 11/22/2023 at 4:15 PM, Staff C, Caregiver stated that all AFH staff had their respiratory fit testing completed and they would send the documents to the department staff.

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, ANDERSON LOVING CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____.

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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

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to follow the required respiratory fit testing [checking whether a respirator (device used to protect a person from inhaling hazardous fumes, vapors, gases, dust, or airborne causing disease) properly fits the face of someone who wears it] for 5 of 5 caregivers' (Staff A, Entity Representative, Staff B, Resident Manager, Staff C, Caregiver, Staff D, Caregiver and Staff E, Caregiver) who worked in the home. This failure placed all residents at risk of acquiring airborne transmitted illnesses, including COVID-19 (an infectious disease by a virus causing respiratory severe illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death).

Findings included...

A review of Washington State Department of Social and Health Services website under "Information for Adult Family Home Providers," in the quick link for "AFH Standard Precautions Table for Respiratory Program" stated, "Fit test staff annually with N95 respirators, train staff on importance of respiratory protection and have staff complete medical clearance to wear N95 respirator as required. You must have a written RPP and keep fit test, medical clearance, and trainings in your home."

In an interview on 11/22/2023 at 9:32 AM, Staff D, Caregiver stated that six residents (Residents 1, 2, 3, 4, 5, and 6) lived and received care from the AFH.

In an interview on 11/22/2023 at 4:15 PM, Staff C, Caregiver stated that all AFH staff had their respiratory fit testing completed and they would send the documents to the department staff.

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On 11/30/2023, department staff received the Infection Control Policy via email. There were no respiratory fit testing records.

On 12/05/2023 an email was received from Staff C that did not have the respiratory fit testing records.

On 12/08/2023 at 9:08 AM, department staff received email from Staff C with respiratory fit records for Staff C and Staff D. A review of these records showed they were completed 09/19/2022 and expired on 09/19/2023. No other Staff respiratory records were received.

As of 12/21/2023, No further records on respiratory testing of staff had been received.

Attestation Statement

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(Date) 2/10/2024

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

[Signature]
Provider (or Representative)

1/10/2024
Date

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observations, interview and record review, the Adult Family Home (AFH) failed to implement the supervision assistance indicated in the Negotiated Care Plan (NCP) for 1 of 4 sampled residents (Resident 4). This failure placed Resident 4 at risk of harm.

Findings included...

On 11/22/2023 during initial rounds at 9:39 AM, observed Resident 4 sat in a [REDACTED] wheelchair inside their bedroom playing video game.

On 11/30/2023, department staff received the Infection Control Policy via email. There were no respiratory fit testing records.

On 12/05/2023 an email was received from Staff C that did not have the respiratory fit testing records.

On 12/08/2023 at 9:06 AM, department staff received email from Staff C with respiratory fit records for Staff C and Staff D. A review of these records showed they were completed 09/19/2022 and expired on 09/19/2023. No other Staff respiratory records were received.

As of 12/21/2023, No further records on respiratory testing of staff had been received.

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_____	_____
Provider (or Representative)	Date

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observations, interview and record review, the Adult Family Home (AFH) failed to implement the supervision assistance indicated in the Negotiated Care Plan (NCP) for 1 of 4 sampled residents (Resident 4). This failure placed Resident 4 at risk of harm.

Findings included...

On 11/22/2023 during initial rounds at 9:39 AM, observed Resident 4 sat in a [REDACTED] wheelchair inside their bedroom playing video game.

Observation on 11/22/2023 at 10:29 AM showed Resident 4 wheeled self to the living room area and informed Staff D, that they were going out of the home.

In an interview on 11/22/2023 at 10:29 AM, Staff D stated that Resident 4 would meet their ride at the front of the house. Staff D did not follow Resident 4 out of the home.

On 11/22/20223 at 2:30 PM, Staff C, Caregiver stated that Resident 4's NCP was not available. Staff C added that they will email the NCP to department staff.

Review of Resident 4's AFH records showed the AFH admitted Resident 4 on [REDACTED]/2022.

On 11/29/2023 at 12:08 PM Staff B, Resident Manager stated that Resident 4 went out of the home about three times a week to their brother's house. Staff B stated that Resident 4 wheeled self out of the home to the taxicab parked in front of the garage. Staff B stated that taxicab driver assisted Resident 4 or if their brother was present assisted Resident 4 to transfer inside the car.

On 11/28/2023 at 5:09 PM, review of Resident 4's annual assessment dated 11/06/2023 indicated to keep resident within sight and provide oversight with locomotion outside of the immediate living environment including outdoor.

In a telephone conversation on 11/29/2023 at 4:27 PM, department staff, asked if Staff C was aware of Resident 4's 11/06/2023 annual assessment indicating to provide oversight when resident goes outdoor. Staff C stated that they were not given a copy of the assessment.

In a telephone conversation on 12/01/2023 at 12:03 PM, Staff D stated that Resident 4 would go out of the home in a period of a week "sometimes two times or sometimes not." Staff D stated that Resident 4 used taxicab, "Metroflex" (on demand minivan transportation) and there were times brother came and picked up resident on their private car. Staff D added that they "sometimes provide assistance" to Resident 4 when they went out of the home.

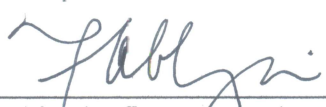
On 12/5/2023 at 11:30 AM department staff received Resident 4's 01/10/2023 NCP AFH from the AFH. The NCP showed under "Mobility" the listed intervention stated "AFH staff must be with resident when outside of AFH and ensures she uses WC." This was not observed during the home inspection last 11/22/2023.

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