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

SENAIDA GABRIEL
CHRISTIAN CARE ADULT FAMILY HOME
30524 157TH PL SE
KENT, WA 98042

RE: CHRISTIAN CARE ADULT FAMILY HOME License # 751684

Dear Provider:

This letter addresses Compliance Determination(s) 30389 (Completion Date 10/02/2023) and 28740 (Completion Date 08/30/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/02/2023 and found that you have corrected the violations listed in the Follow up report dated 08/30/2023. Your home is back in compliance as of 08/31/2023 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10460, WAC 388-76-10460-2, WAC 388-76-10463, WAC 388-76-10463-3, WAC 388-76-10485, WAC 388-76-10485-1

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,

Dahl Kim

Dahl Kim, Field Manager
Region 2, Unit G
Residential Care Services

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

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 #: 751684	Compliance Determination # 28740
Plan of Correction	CHRISTIAN CARE ADULT FAMILY HOME	Completion Date
Page 1 of 5	Licensee: SENAIDA GABRIEL	08/30/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site follow-up on 08/14/2023 and 08/14/2023 of:
CHRISTIAN CARE ADULT FAMILY HOME
30524 157TH PL SE
KENT, WA 98042

This document references the following SOD dated: 08/30/2023

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

The department staff that inspected the Adult Family Home:

Susan Aromi, Licensor
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.

Dahl Kim — Residential Care Services

08/31/2023 — 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.

Provider (or Representative) _____ Date _____

WAC 388-76-10460 Medication Negotiated care plan. The adult family home must ensure that each resident's negotiated care plan addresses:

(2) How the resident will get their medications when the resident is away from the home or when a family member or resident representative is assisting with medications is not available.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to address in the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2) how they got their medications when they were out of the AFH. This failure placed Resident 2 at risk of not getting their ordered medications when away from the AFH.

Findings included…

In an interview on 08/14/2023 at 4:40 PM, Staff D stated that the AFH staff assisted Resident 2 with their medication. Staff D said that Resident 2 went out sometimes.

Review of Resident 2's August 2023 medication log showed Resident 2 had 12 prescribed routine medications and three as needed medications.

Review of Resident 2's 05/06/2023 NCP showed no medication plan when the resident was away from home.

This is an uncorrected deficiency previously cited on 07/21/2023.

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

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

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

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 observation, interview and record review, the Adult Family Home (AFH) failed to address in the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2) their use of psychopharmacologic medication (medication that have an effect on mood, sensation, thinking and behavior, also promotes sleep) and the AFH staff interventions. This failure placed Resident 2 at risk of unmet medication and care needs.

Findings included…

In an interview on 08/14/2023 at 4:40 PM, Staff D stated that the AFH staff assisted Resident 2 with their medications.

Observation on 08/14/2023 at 4:45 PM showed Resident 2's medication bin had a bottle of Melatonin (medication that treats sleeplessness).

Review of Resident 2's pharmacy-generated August 2023 medication log showed a prescription for Melatonin six milligrams daily at bedtime for sleeplessness.

Review of Resident 2's NCP showed their use of the psychopharmacological medication was not addressed and care planned.

This is an uncorrected deficiency previously cited on 07/21/2023.

Attestation Statement

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

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

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) to ensure that one of the prescribed medications for 1 of 2 sampled residents (Resident 4) was locked. This failure Resident 4 at risk of worsening condition from using medication not as intended by physician.

Findings included…

Observation on 08/14/2023 at 4:35 PM showed four residents (Residents 1, 2, 3, and 4) with Staff C and Staff D, Caregivers, in the AFH.

Observation on 08/14/2023 at 4:37 PM showed Resident 4 sitting in their wheelchair watching television towards the front of the bedroom area. Resident 4's bed was behind the resident, towards the back of the bedroom. To the left of the bed was a metal cart with a nebulizer (drug delivery device used to administer medication in the form of a mist inhaled into the lungs) on top. There was one plastic tube of Albuterol (inhalation solution delivered via nebulizer that treats and prevents narrowing of airways in the lungs) medication next to the nebulizer.

In an interview on 08/14/2023 at 4:37 PM, Staff D stated that they left one vial of Albuterol medication in the morning of 08/14/2023, per Resident 4's request.

Review of Resident 4's pharmacy-generated August 2023 medication log showed a prescription of Albuterol via nebulizer as needed every four hours for shortness of breath.

In an interview on 08/14/2023 at 5:12 PM, Resident 4 stated that they asked for the

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Albuterol medication that they would use later before bedtime because they got short of breath at that time.

This is an uncorrected deficiency previously cited on 07/21/2023.

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

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

_____ _____

Provider (or Representative) Date

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

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 #: 751684	Compliance Determination # 26654
Plan of Correction	CHRISTIAN CARE ADULT FAMILY HOME	Completion Date
Page 1 of 9	Licensee: SENAIDA GABRIEL	07/21/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 07/13/2023 and 07/13/2023 of:
CHRISTIAN CARE ADULT FAMILY HOME
30524 157TH PL SE
KENT, WA 98042

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

The department staff that inspected the Adult Family Home:

Susan Aromi, Licensor
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 — 08/03/2023 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.

Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a safe medication system to ensure that "as needed" (PRN) medications were available for 2 of 2 sampled residents (Residents 2 and 4), who needed staff assistance with their medications. This failure placed Residents 2 and 4 at risk of harm from unmet medication needs.

Findings included…

Observation on 07/13/2023 at 9:43 AM showed four residents (Residents 1, 2, 3 and 4) with Staff A, Entity Representative/Resident Manager, and Staff C, Caregiver, in the AFH.

In an interview on 07/13/2023 at 9:48 AM, Staff A stated that Residents 2 and 4 required staff assistance with their medications.

Resident 2

Review of Resident 2's July 2023 pharmacy-generated medication log showed the resident was prescribed Benzonatate (medication used to treat cough) 100 milligram (mg) one capsule three times a day PRN for cough.

Observation of Resident 2's medication supply on 07/13/2023 at 10:52 AM showed no Benzonatate medication.

In an interview on 07/12/2023 at 10:53 AM, Staff A stated they did not have the Benzonatate because Resident 2 did not have a cough. When asked if they had an order to discontinue the Benzonatate from Resident 2's primary care physician, Staff A said they did not.

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Resident 4

Review of Resident 4's July 2023 pharmacy-generated log showed Resident 4 was prescribed Benzonatate 100 mg one capsule three times a day PRN for cough.

Observation of Resident 4's medication supply on 07/13/2023 at 11:11AM showed no Benzonatate medication.

In an interview on 07/12/2023 at 11:11 AM, Staff A stated that they did not have the Benzonatate as Resident 4 did not have a cough. Staff A stated that they will have the medication filled by pharmacy when Resident 4 gets a cough.

In a phone interview on 07/19/2023 at 12:27 PM, Collateral Contact (CC) stated that the pharmacy did not deliver PRN medications with the routine medications they sent to the AFH monthly. The CC stated that the AFH staff had to request the PRN medications for the pharmacy to deliver.

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

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10460 Medication Negotiated care plan. The adult family home must ensure that each resident's negotiated care plan addresses:

(2) How the resident will get their medications when the resident is away from the home or when a family member or resident representative is assisting with medications is not available.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to address in the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 2 and 4) how they got their medications when they were out of the home. This failure placed Residents 2 and 4 at risk of not getting their ordered medications when away from the AFH.

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

Findings included…

Observation on 07/13/2023 at 9:43 AM showed four residents (Residents 1, 2, 3 and 4) in the AFH, with Staff A, Entity Representative/Resident Manager, and Staff C, Caregiver.

In an interview on 07/13/2023 at 9:48 AM, Staff A stated that Residents 2 and 4 required staff assistance with their medications.

Resident 2

Review of Resident 2's July 2023 medication log showed that Resident 2 had 10 prescribed routine morning medications daily.

In an interview on 07/17/2023 at 11:54 AM, Staff A stated that Resident 2 went out with their family occasionally.

Review of Resident 2's 03/01/2023 NCP showed no medication plan when the resident was away from the AFH.

Resident 4

Review of Resident 4's July 2023 medication log showed that Resident 4 had 11 prescribed, routine medications daily.

Review of Resident 4's 05/06/2023 NCP showed no medication plan when resident was away from the AFH.

In an interview on 07/13/2023 at 1:42 PM, Resident 4 stated that they went out for hair appointment on 07/07/2023 and planned to go out more.

In an interview on 07/13/2023 at 4:41 PM, Staff A stated that they placed residents' medications in a small clear plastic bag with a paper containing the names of the medications and gave the bag to the residents' family who went out with them. Staff A said they missed writing this plan in the NCP.

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

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10463 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 observation, interview and record review, the Adult Family Home (AFH) failed to address in the Negotiated Care Plans (NCP) for 2 of 2 sampled residents (Residents 2 and 4) their use of psychopharmacological medications (medications that have an effect on mood, sensation, thinking and behavior; also promotes sleep) and the AFH staff interventions for the symptoms for which the medications were prescribed. This failure placed the residents at risk of unmet medication and care needs.

Findings included…

Observation on 07/13/2023 at 9:43 AM showed four residents including Residents 2 and 4 in the AFH with Staff A, Entity Representative/ Resident Manager, and Staff C, Caregiver.

In an interview on 07/13/2023 at 9:48 AM, Staff A stated that Residents 2 and 4 required staff assistance with their medications.

Resident 2

Observation on 07/13/2023 at 10:53 AM, showed Resident 2's medication bin, had a bottle of Melatonin (medication that treats sleeplessness).

Review of Resident 2's pharmacy-generated July 2023 medication log showed that the resident was prescribed Melatonin six milligram (mg) daily at bedtime for sleeplessness.

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Review of Resident 2's 03/01/2023 NCP showed their use of the psychopharmacologic medication was not addressed and care planned.

Resident 4

Observation on 07/13/2023 at 11:11 AM showed Resident 4's pharmacy-dispensed bubble packed medications contained Citalopram (medication that treats feelings of sadness and loss of interest that interferes with daily activities) and Trazadone (medication to improve mood, appetite, energy level, and promotes sleep).

Review of Resident 4's pharmacy-generated July 2023 medication log showed that the resident was prescribed Citalopram 10 mg daily and Trazadone 25 mg daily at bedtime.

Review of Resident 4's 05/06/2023 NCP showed their use of the psychopharmacologic medications were not addressed and care planned.

In an interview on 07/13/2023 at 4:30 PM, Staff A said they did not know that the residents' use of psychopharmacologic medications were to be care planned.

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

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to place three prescribed medications for 1 of 2 sampled residents (Resident 4) in locked storage. This failure placed Resident 4 at risk of worsening condition from using

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medications not as prescribed by their physician. In addition, this failure placed Resident 4's ambulatory roommate (Resident 3) at risk of harm from accidental use of the unlocked medications.

Findings included…

Observation on 07/13/2023 at 9:43 AM showed four residents (Residents 1, 2, 3 and 4) in the AFH with Staff A, Entity Representative/ Resident Manager, and Staff C, Caregiver.

In an interview on 07/13/2023 at 9:48 AM, Staff A stated that Residents 3 and 4 required staff assistance with their medications. Staff A said Resident 4 shared a bedroom with Resident 3, who had cognitive (relating to thinking, reasoning, remembering, and using language) issues.

Review of Resident 4's July 2023 medication log showed that Resident 4 was prescribed 11 routine medications daily.

Observation of Resident 4's medication supply on 07/13/2023 at 11:05 AM showed no Fluticasone (nasal spray medication that treats congestion, sneezing, runny nose) and Spiriva (oral inhalation medication that relaxes the airways and prevents narrowing of the airways in the lungs). There was also no Albuterol (inhalation solution medication delivered as a mist to the lungs that treats and prevents narrowing of airways in the lungs).

In an interview on 07/13/2023 at 11:06 AM, Staff A stated that the Fluticasone, Spiriva, and Albuterol medications were in Resident 4's bedroom shared with Resident 3.

Observation on 07/13/2023 at 11:14 AM showed the Albuterol and Fluticasone were on top of a metal cart beside Resident 4's bed. The medications were not locked. The Spiriva was on top of the table next to the armchair where Resident 3 sat watching television. The medications were not in locked storage.

Observation on 07/13/2023 at 2:58 PM showed Resident 3 walked to Resident 4's bed and metal cart area, then Resident 3 walked back to their chair next to the table where Resident 4's medications were.

In an interview on 07/13/2023 at 11:15 AM, Staff A stated that Resident 4 wanted the three medications in their bedroom.

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

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10490 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 observation, interview, and record review, the Adult Family Home (AFH) failed to follow their own medication disposal policy for 1 of 2 sampled current residents (Resident 2). This failure placed Resident 2 at risk of receiving less effect from expired medications.

Findings included…

Observation on 07/13/2023 at 9:43 AM showed two staff (Staff A, Entity Representative/Resident Manager and Staff C, Caregiver) in the AFH with four residents, including Resident 2.

In an interview on 07/13/2023 at 9:48 AM, Staff A stated that Resident 2 required staff assistance with their medications.

Review of Resident 2's July 2023 pharmacy-generated medication log showed the resident was prescribed Amlodipine (medication that treats high blood pressure) 10 milligram (mg) once a day and Carvedilol (medication that treats high blood pressure) 25 mg twice daily.

Observation of Resident 2's medication supply on 07/13/2023 at 10:52 AM showed a pharmacy-dispensed bubble pack of Amlodipine with an expiration date of 04/30/2023. There was also a pharmacy-dispensed bubble pack of Carvedilol with an expiration date of 06/30/2023.

On 07/13/2023 at 11:52 AM, Staff A had no response when asked about the expired

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medications. Staff A looked through their medication cabinet and showed the department staff a pharmacy-dispensed, full bubble pack of Amlodipine and a full bubble pack of Carvedilol, that were not expired. Staff A said they should have been giving these medications to Resident 2, instead of those from the old bubble packs that they did not realize had expired

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

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

_____ _____

Provider (or Representative) Date

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