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) 30387 (Completion Date 10/02/2023) and 28349 (Completion Date 08/18/2023).

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 Complaint report dated 08/18/2023. Your home is back in compliance as of with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10475-1, WAC 388-76-10475-3, WAC 388-76-10475-3-a, WAC 388-76-10475

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

Residential Care Services
Investigation Summary Report

Provider/Facility: CHRISTIAN CARE ADULT FAMILY HOME
Provider Type: Adult Family Home
License/Cert.#: 751684
Intake ID: 94365
Compliance Determination #: 28349
Region/Unit #: RCS Region 2 / Unit G
Investigator: Marites Gatan
Investigation Date(s): 08/14/2023 through 08/18/2023
Complainant Contact Date(s):

Allegation(s):
The Adult Family Home (AFH) did not initial the as needed (PRN) medications given to Named Resident (NR) every day.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents, PRN medications of NR and another sampled resident, staff interaction with residents, general AFH environment
Interviews:	NR, three caregivers
Record Reviews:	Medication logs, negotiated care plans, nurse delegation records

Investigation Summary:
Interviews of the AFH staff and NR indicated the staff gave NR a PRN medication three times daily. The staff did not initial the August 2023 medication log for the PRN medication they gave to Resident 1.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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

The department completed data collection for an unannounced on-site complaint investigation on 08/14/2023, 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 complaint number(s): 94365

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

The department staff that investigated 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

Date

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

Provider (or Representative) Date

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

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

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have the AFH staff initial the as needed (PRN) medication they gave to 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk of harm from medication errors.

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 in their wheelchair watching television in their bedroom. To the left of Resident 4's bed was a metal cart. There was a nebulizer (a delivery device used to administer medication in the form of a mist inhaled into the lungs) on top of the metal cart. Next to the nebulizer was a plastic tube of Albuterol (inhalation solution delivered via nebulizer that treats and prevents narrowing of airways in the lungs).

In an interview on 08/14/2023 at 4:40 PM, Staff D stated that the AFH staff assisted Resident 4 with their medications, including preparation of the Albuterol for the nebulizer.

In an interview on 08/14/2023 at 5:12 PM, Resident 4 stated that they received Albuterol in the morning of 08/14/2023, before their breakfast.

In an interview on 08/14/2023 at 5:21 PM, Staff C and Staff D stated that they gave Albuterol to Resident 4 three times a day, per Resident 4's request.

In a further interview on 08/14/2023 at 5:22 PM, Resident 4 stated that they asked for the Albuterol three times a day, as they got short of breath before or after meals.

Review of Resident 4's pharmacy-generated, August 2023 medication log showed a prescription for Albuterol via nebulizer every four hours PRN for shortness of breath. There were no AFH staff initials that showed they gave Resident 4 the Albuterol. There was no documentation on the back page of the medication log of when the Albuterol was given by the staff, why, and the effect of the Albuterol given.

In an interview on 08/14/2023 at 5:23 PM, Staff C and Staff D stated that they forgot to initial the August 2023 medication log for the Albuterol they gave to Resident 4. When asked when the staff started giving Resident 4 the Albuterol three times a day, Staff C said when the resident moved in to the AFH.

Review of Resident 4's Negotiated Care Plan showed the AFH admitted the resident on [redacted]/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