STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

SHANNON STEWART
TAYONS ADULT FAMILY HOME
880 STOVER RD
GRANDVIEW, WA 98930

RE: TAYONS ADULT FAMILY HOME License # 751735

Dear Provider:

This letter addresses Compliance Determination(s) 45256 (Completion Date 08/06/2024) and 42822 (Completion Date 07/09/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/06/2024 and found that you have corrected the violations listed in the Full report dated 07/09/2024. Your home is back in compliance as of 07/15/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10750-6-c, WAC 388-76-10475-1, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10475-3-a

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 751735	Compliance Determination # 42822
Plan of Correction	TAYONS ADULT FAMILY HOME	Completion Date
Page 1 of 5	Licensee: SHANNON STEWART	07/09/2024

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

The department completed data collection for the unannounced on-site full inspection on 06/17/2024 and 06/17/2024 of:
TAYONS ADULT FAMILY HOME
880 STOVER RD
GRANDVIEW, WA 98930

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner
Residential Care Services

07/10/2024
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.

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Statement of Deficiencies	License #: 751735	Compliance Determination # 42822
Plan of Correction	TAYONS ADULT FAMILY HOME	Completion Date
Page 2 of 5	Licensee: SHANNON STEWART	07/09/2024

Shannon Stewart
Provider (or Representative)

7/15/2024
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the hot water temperature at 3 of 3 sinks (Rooms A, B, C) used by 5 residents (Resident 1, 2, 3, 4, 5) did not exceed 120 degrees Fahrenheit (F). This failed practice placed the residents at risk of injury.

Findings included...

On 06/17/2024, the hot water temperature was measured at the faucet of the handwashing sink in each of the resident rooms. Each faucet had a hot and cold-water handle for adjusting temperature.
-At 12:15 PM, in Room [redacted] occupied by Residents 3 and 5, the hot water temperature was 123.5 degrees F.
-At 12:17 PM, in Room [redacted] occupied by Resident 2, the hot water temperature was 123.1 degrees F.
-At 12:20 PM, in Room [redacted] occupied by Residents 1 and 4, the hot water temperature was 123.6 degrees F.

On 06/17/2024 at 12:20 PM, Staff A, Provider, stated the AFH had replaced the thermostat on the only hot water heater in 2023 after the previous inspection. The hot water was less than 120 degrees F for the follow-up inspection. Staff A stated they had not checked the hot water temperature since then. The five residents in the home could adjust the water temperature for their comfort.

On 06/18/2024 at 5:00 PM, Staff A stated the thermostat on the hot water tank (located under the AFH) was set at its lowest setting of 120 degrees F. Staff A adjusted the thermostat then measured the hot water temperature; it was less than 118 degrees F using the AFH's thermometer. Staff A stated a thermostat that allowed for water temperature adjustment less than 120 degrees F may be needed.

This is a repeat citation from 01/24/2023.

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

Provider (or Representative) Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

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Findings included...

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-At 12:15 PM, in Room [redacted] occupied by Residents 3 and 5, the hot water temperature was 123.5 degrees F.
-At 12:17 PM, in Room [redacted] occupied by Resident 2, the hot water temperature was 123.1 degrees F.
-At 12:20 PM, in Room [redacted] occupied by Residents 1 and 4, the hot water temperature was 123.6 degrees F.

On 06/17/2024 at 12:20 PM, Staff A, Provider, stated the AFH had replaced the thermostat on the only hot water heater in 2023 after the previous inspection. The hot water was less than 120 degrees F for the follow-up inspection. Staff A stated they had not checked the hot water temperature since then. The five residents in the home could adjust the water temperature for their comfort.

On 06/18/2024 at 5:00 PM, Staff A stated the thermostat on the hot water tank (located under the AFH) was set at its lowest setting of 120 degrees F. Staff A adjusted the thermostat then measured the hot water temperature; it was less than 118 degrees F using the AFH's thermometer. Staff A stated a thermostat that allowed for water temperature adjustment less than 120 degrees F may be needed.

This is a repeat citation from 01/24/2023.

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Statement of Deficiencies	License #: 751735	Compliance Determination # 42822
Plan of Correction	TAYONS ADULT FAMILY HOME	Completion Date
Page 3 of 5	Licensee: SHANNON STEWART	07/09/2024

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, TAYONS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7/15/2024.

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

Shannon Stewart — Provider (or Representative)

7/15/2024 — Date

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

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

(2) Include in each medication log the:

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

(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 ensure an accurate medication log for 1 of 2 residents (Resident 3) showing when prescribed medication was given to the resident. This failed practice placed the resident at risk for medication error.

Findings included...

Resident 3. The assessment dated 03/20/2024 showed they needed assistance with medications. Resident 3 had hospital discharge orders dated [redacted]/2024 with directions to change or stop medications they previously received.

On 06/17/2024, Resident 3's May and June 2024 medication logs, physician orders and the medication supply were reconciled. The following discrepancy was noted.

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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, TAYONS 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 388-76-10475 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.

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(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

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Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure an accurate medication log for 1 of 2 residents (Resident 3) showing when prescribed medication was given to the resident. This failed practice placed the resident at risk for medication error.

Findings included...

Resident 3. The assessment dated 03/20/2024 showed they needed assistance with medications. Resident 3 had hospital discharge orders dated [redacted]/2024 with directions to change or stop medications they previously received.

On 06/17/2024, Resident 3's May and June 2024 medication logs, physician orders and the medication supply were reconciled. The following discrepancy was noted.

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Statement of Deficiencies	License #: 751735	Compliance Determination # 42822
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The medication supply included a pharmacy labeled package for Ditropan (treats loss of bladder control) 5 milligrams (mg) with directions to give twice daily. The delivery date for a month's supply of medication was 05/22/2024. The bubble pack cards showed medication was given twice daily.

Hospital discharge orders dated [redacted]/2024 showed Ditropan 5 mg, give twice daily for a duration of 30 days.

The May 2024 log printed by the pharmacy listed Ditropan 5 mg, give three times daily at 6:00 AM, 11:00 AM and 8:00 PM. AFH staff corrected the May 2024 log to show the current order to give twice a day (the 11:00 AM listing was marked discontinued). Initials recorded the medication was given twice daily in May.

The June 2024 medication log did not list Ditropan as a prescribed medication.

On 06/17/2024 at 3:30 PM, Staff A, Provider, called the pharmacy to verify Resident 3 had the Ditropan order after 30 days. Per the pharmacy, they had contacted the prescriber and received the order for Ditropan 5 mg twice a day. When requested the pharmacy sent the order dated 05/22/2024 to the AFH. Staff A asked the pharmacy why the new order for Ditropan was not listed on the June 2024 medication log; they were unaware it was not of the log.

On 06/17/2024 at 3:35 PM, Staff B, Caregiver, stated resident medications cards were banded by time of day to give. They would place a tablet in a medication cup from each of the cards banded together at the designated administration time, take the cup to the resident, then initial the log. Staff B stated they did not verify the supply of medication with the listing of medications of the log.

On 06/17/2024 at 3:45 PM, Staff A stated they checked the new logs sent by the pharmacy; they missed the absence of the Ditropan listing. Staff A stated the Ditropan was previously given three times a day, knew it was dropped to twice a day, and saw that staff gave it twice day from the medication supply. Staff A stated they assumed the Ditropan was listed on the log.

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, TAYONS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7/15/2024.

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.

The medication supply included a pharmacy labeled package for Ditropan (treats loss of bladder control) 5 milligrams (mg) with directions to give twice daily. The delivery date for a month's supply of medication was 05/22/2024. The bubble pack cards showed medication was given twice daily.

Hospital discharge orders dated [redacted]/2024 showed Ditropan 5 mg, give twice daily for a duration of 30 days.

The May 2024 log printed by the pharmacy listed Ditropan 5 mg, give three times daily at 6:00 AM, 11:00 AM and 8:00 PM. AFH staff corrected the May 2024 log to show the current order to give twice a day (the 11:00 AM listing was marked discontinued). Initials recorded the medication was given twice daily in May.

The June 2024 medication log did not list Ditropan as a prescribed medication.

On 06/17/2024 at 3:30 PM, Staff A, Provider, called the pharmacy to verify Resident 3 had the Ditropan order after 30 days. Per the pharmacy, they had contacted the prescriber and received the order for Ditropan 5 mg twice a day. When requested the pharmacy sent the order dated 05/22/2024 to the AFH. Staff A asked the pharmacy why the new order for Ditropan was not listed on the June 2024 medication log; they were unaware it was not of the log.

On 06/17/2024 at 3:35 PM, Staff B, Caregiver, stated resident medications cards were banded by time of day to give. They would place a tablet in a medication cup from each of the cards banded together at the designated administration time, take the cup to the resident, then initial the log. Staff B stated they did not verify the supply of medication with the listing of medications of the log.

On 06/17/2024 at 3:45 PM, Staff A stated they checked the new logs sent by the pharmacy; they missed the absence of the Ditropan listing. Staff A stated the Ditropan was previously given three times a day, knew it was dropped to twice a day, and saw that staff gave it twice day from the medication supply. Staff A stated they assumed the Ditropan was listed on the log.

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, TAYONS 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.

Statement of Deficiencies	License #: 751735	Compliance Determination # 42822
Plan of Correction	TAYONS ADULT FAMILY HOME	Completion Date
Page 5 of 5	Licensee: SHANNON STEWART	07/09/2024

Shannon Stewart
Provider (or Representative)

7/15/2024
Date

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

_____	_____
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
1200 Alder Street, Union Gap, WA 98903

SHANNON STEWART
TAYONS ADULT FAMILY HOME
880 STOVER RD
GRANDVIEW, WA 98930

RE: TAYONS ADULT FAMILY HOME # 751735

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/09/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

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

You Must:

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

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

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

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

Union Gap, WA 98903

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

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

WAC 388-112A-0600 What is continuing education and what topics may be covered in continuing education?

(1) Continuing education is annual training designed to promote professional development and increase a long-term care worker's knowledge, expertise, and skills. DSHS must approve continuing education curricula and instructors.

On 06/17/2024, Staff E, Caregiver, did not take a first aid and cardiopulmonary resuscitation (CPR) course or food safety training from a DSHS approved trainer.

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(1) If an adult family home serves one or more residents with special needs, the adult family home must ensure that a long-term care worker employed by the home completes and demonstrates competency in specialty training as described in WAC 388-112A-0400 within one hundred twenty days of hire.

On 06/17/2024, Staff E, Caregiver, hired 09/09/2023 to fill-in shifts, did not complete the specialty training required to meet the needs of the residents within 120 days of hire.

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

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

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

If You Have Any Questions:
• Please contact me at (509)572-7394.

Sincerely,
Michelle Closner

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

Michelle Closner, Field Manager
Region 1, Unit C
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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

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

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel 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.

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

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

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