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

FIRST CHOICE CARE LLC

FIRST CHOICE CARE LLC
22028 108TH AVE SE
KENT, WA 98031

RE: FIRST CHOICE CARE LLC License # 751963

Dear Provider:

This letter addresses Compliance Determination(s) 37739 (Completion Date 03/04/2024) and 33863 (Completion Date 12/21/2023).

The Department completed a follow-up inspection of your Adult Family Home on 03/04/2024 and found that you have corrected the violations listed in the Full report dated 12/21/2023. Your home is back in compliance as of 01/09/2024 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 388-76-10430-2-d

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

JAN 1 6 2024

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 #: 751963 | Compliance Determination # 33883 |
| Plan of Correction | FIRST CHOICE CARE LLC | Completion Date |
| Page 1 of 4 | Licensee: FIRST CHOICE CARE LLC | 12/21/2023 |

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 12/12/2023 and 12/12/2023 of:
FIRST CHOICE CARE LLC
22028 108TH AVE SE
KENT, WA 98031

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:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 — 01/03/2024 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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 the unannounced on-site full inspection on 12/12/2023 and 12/12/2023 of:

FIRST CHOICE CARE LLC
22028 108TH AVE SE
KENT, WA 98031

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:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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) 1/9/2024 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 ensure the prescribed medications ordered for 2 of 2 sampled residents (Residents 1 and 2) were available. This failure placed the residents at risk for health complications, medication error and/or not receiving the medication when needed due to unavailability of the medications prescribed.

Findings included...

On 12/12/2023 from 10:52 AM to 5:38 PM, observation showed that staff interacted with and provided care to Residents 1 and 2.

In an interview on 12/12/2023 at 11:42 AM, Staff B, Resident Manager, stated that Residents 1 and 2 received medication assistance from staff.

Resident 1

On 12/12/2023 at 4:28 PM, review of Resident 1's physician orders, medication log, and medications supply showed the following:

PHYSICIAN'S ORDER:

The doctor's order dated 03/24/2023 showed, "Mirtazapine (medication used to treat depression) ... take 15 (milligrams) mg. by mouth nightly..."

MEDICATION LOG:

Review of the December 2023 medication log showed the above medications was listed.

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 ensure the prescribed medications ordered for 2 of 2 sampled residents (Residents 1 and 2) were available. This failure placed the residents at risk for health complications, medication error and/or not receiving the medication when needed due to unavailability of the medications prescribed.

Findings included...

On 12 /12/2023 from 10:52 AM to 5:35 PM, observation showed that staff interacted with and provided care to Residents 1 and 2.

In an interview on 12/12/2023 at 11:42 AM, Staff B, Resident Manager, stated that Residents 1 and 2 received medication assistance from staff.

Resident 1

On 12/12/2023 at 4:26 PM, review of Resident 1's physician orders, medication log, and medications supply showed the following:

PHYSICIAN'S ORDER:

The doctor's order dated 03/24/2023 showed; "Mirtazapine (medication used to treat depression) … take 15 (milligrams) mg. by mouth nightly…"

MEDICATION LOG:

Review of the December 2023 medication log showed the above medications was listed.

MEDICATION SUPPLY:

On 12/12/2023 at 4:30 PM, observation showed the above-prescribed medication was not in Resident 1's medication supply.

In an interview on 12/12/2023 at 4:31 PM, Staff B stated that they did not have the above medications because they were still waiting for the delivery of the medications from the pharmacy. Staff B added that Resident 1 did not have the above medication since 12/01/2023.

Resident 2

On 12/12/2023 at 2:03 PM, observation showed staff prepared and gave a prescribed medication to Resident 2.

On 12/12/2023 at 4:41 PM, review of Resident 2's physician orders, medication log, and medications supply showed the following:

PHYSICIAN'S ORDER:

The doctor's order dated 11/02/2023 showed: "Anti-Diarrheal (a medication used to treat loose stools) 2 (milligrams) mg ... Take 2 tablets initially, then 1 tablet after each loose stool ...".

MEDICATION LOG:

Review of the December 2023 medication log showed the above medication was listed.

MEDICATION SUPPLY:

On 12/12/2023 at 4:44 PM, observation showed the above-prescribed medication was not in Resident 2's medication supply.

In an interview on 12/12/2023 at 4:45 PM, Staff B stated that they did not have the above medications because they did not receive the delivery yet from the pharmacy.

**Attestation Statement**

MEDICATION SUPPLY:

On 12/12/2023 at 4:30 PM, observation showed the above-prescribed medication was not in Resident 1's medication supply.

In an interview on 12/12/2023 at 4:31 PM, Staff B stated that they did not have the above medications because they were still waiting for the delivery of the medications from the pharmacy. Staff B added that Resident 1 did not have the above medication since 12/01/2023.

Resident 2

On 12/12/2023 at 2:03 PM, observation showed staff prepared and gave a prescribed medication to Resident 2.

On 12/12/2023 at 4:41 PM, review of Resident 2's physician orders, medication log, and medications supply showed the following:

PHYSICIAN'S ORDER:

The doctor's order dated 11/02/2023 showed; "Anti-Diarrheal (a medication used to treat loose stools) 2 (milligrams) mg … Take 2 tablets initially, then 1 tablet after each loose stool …".

MEDICATION LOG:

Review of the December 2023 medication log showed the above medication was listed.

MEDICATION SUPPLY:

On 12/12/2023 at 4:44 PM, observation showed the above-prescribed medication was not in Resident 2's medication supply.

In an interview on 12/12/2023 at 4:45 PM, Staff B stated that they did not have the above medications because they did not receive the delivery yet from the pharmacy.

**Attestation Statement**

| Statement of Deficiencies | License #: 751963 | Compliance Determination # 33553 |
|---|---|---|
| Plan of Correction | FIRST CHOICE CARE LLC | Completion Date |
| Page 4 of 4 | Licensee: FIRST CHOICE CARE LLC | 12/21/2023 |

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 FIRST CHOICE CARE LLC is or will be in compliance with this law and / or regulation on (Date) 1/9/2023 .

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

David

Provider (or Representative)

1/9/2023.

Date

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, FIRST CHOICE CARE 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

**First Choice Care LLC**
**22028 108th Ave SE**
**Kent, WA 98031**
**License #751963**
**Complaint #3448139**

**Plan of Correction**
**Statement of Deficiencies**
**Completion Date**
**01/03/2024**

Date: January 9th, 2024

Attn: Mrs. Cecile Leano, Field Manager

Mrs. Leano,

I am writing a detail plan of correction for the cited deficiency:

**WAC 388 - 76 – 10430 Medication System**

Resident 1 and 2 medications are in the facility available to the residents based on the Doctor prescription and recommendation.

Caregivers will make multiple attempts for future medications that are not arriving in time and record it accordingly.

Sincerely,
Daniela Torkelson