STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Poplar Ridge Adult Family Home LLC
ELENAS HOME AT LAKE ROAD
14428 LAKE ROAD
LYNNWOOD, WA 98087

RE: ELENAS HOME AT LAKE ROAD License # 752149

Dear Provider:

This letter addresses Compliance Determination(s) 40729 (Completion Date 05/08/2024) and 38719 (Completion Date 04/05/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/08/2024 and found that you have corrected the violations listed in the Full report dated 04/05/2024. Your home is back in compliance as of 04/17/2024 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 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10650-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 752149	Compliance Determination # 38719
Plan of Correction	ELENAS HOME AT LAKE ROAD	Completion Date
Page 1 of 6	Licensee: Poplar Ridge Adult Family Home LLC	04/05/2024

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 03/21/2024 and 03/21/2024 of:
ELENAS HOME AT LAKE ROAD
14428 LAKE ROAD
LYNNWOOD, WA 98087

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renae' Bourgeu
Residential Care Services

04/08/2024
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.

Statement of Deficiencies	License #: 752149	Compliance Determination # 38719
Plan of Correction	ELENAS HOME AT LAKE ROAD	Completion Date
Page 2 of 6	Licensee: Poplar Ridge Adult Family Home LLC	04/05/2024

Provider (or Representative)

4/17/2024
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;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure the medication storage cabinet and medication storage box in the fridge were locked and inaccessible to 5 of 5 residents (Resident 1, 2, 3, 4, and 5). Additionally, the AFH failed to ensure medications in 1 of 2 sampled resident's bedrooms (Resident 1) were kept in locked storage. This failure placed Residents 1, 2, 3, 4, and 5 at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 03/21/2024 at 9:15 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Residents 2, 3 and 5 ambulated with walker independently and Residents 1 and 4 ambulated with assistance in the AFH.

Observation on , 03/21/2024 at 10:45 AM, showed a medication storage cabinet with two drawers in the kitchen of the AFH. Further observation showed the top drawer of the medication cabinet was unlocked.

In an interview, on 03/21/2024 at 10:45 AM, Staff I, Caregiver, stated that they gave residents medications and they forgot to lock the medication cabinet.

Observation, on 03/21/2024 at 10:50 AM, showed the medication storage box was kept with the key in the lock in the fridge. Observation further showed the medication box in the fridge contained three boxes of insulin pens.

In an interview, on 03/21/2024 at 10:55 AM, Staff I stated that staffs forgot to remove the key after they took the insulin from the medication box in the fridge.

Kitchen

Observation, on 03/21/2024 at 11:10 AM, showed an unlock medication storage bin on top of the kitchen counter next to the medication storage cabinet. Observation further showed the following medications in the medication bin: The pharmacy label on the Lidocaine 5% patch (a medication to treat pain) for Resident 1 was unlocked on the kitchen counter. The pharmacy label on the Divalproex Sodium 125 mg (a medication to treat bipolar disorder) bingo pack for Resident 3 was unlocked on the kitchen counter. The pharmacy label on the Bisacodyl Suppository 10 mg (a medication to treat constipation) and a tube of Diclofenac Sodium 1% gel (a medication to treat pain) for Resident 4 were unlocked on the kitchen counter.

In an interview, on 03/21/2024 at 11:15 AM, Staff A, Entity Representative, stated that they gave the residents medications and they forgot to lock the medications. Staff A promptly moved medications to the locked storage.

Observation, on 03/21/2024 at 11:20 AM, showed an unlocked storage cabinet in the hallway. Observation further showed four Remedy Silicone creams and a Barrier ointment kept in the storage cabinet located in the hallway.

In an interview, on 03/21/2024 at 11:22 AM, Staff I stated that they were unaware to keep the barrier cream locked. Staff I moved the unlocked creams and an ointment to the locked storage cabinet in the kitchen.

Resident 1
Observation, on 03/21/2024 at 11:30 AM, showed Resident 1 had no roommate and Resident 1 was in bed watching TV. Observation showed an open closet in resident bedroom. Observation further showed an open United States Post Office (USPS) mailing box contained unlocked medications as following, a tube of Asper cream (a medication to treat pain), a pack of Act lozenge for dry mouth with Xylitol, a tube of Campho- Phenique gel (a medication to treat pain and itching), a container of Rolaids with magnesium (an antiacid medication) and a tube of Neosporin ointment (an antibiotic ointment).

In an interview, on 03/21/2024 at 11:35 AM, Staff I stated that Resident 1's family provided the resident with the over the counter (OTC) medications. Further, Staff I stated that they were not aware the medications were in Resident 1's bedroom.

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, ELENAS HOME AT LAKE ROAD is or will be in compliance with this law and / or regulation on (Date) 04 / 11 / 2024 .

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

Statement of Deficiencies	License #: 752149	Compliance Determination # 38719
Plan of Correction	ELENAS HOME AT LAKE ROAD	Completion Date
Page 4 of 6	Licensee: Poplar Ridge Adult Family Home LLC	04/05/2024

Provider (or Representative) — Date: 4/17/2024

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(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 have a system in place to ensure that 1 of 2 sampled residents (Resident 1) were assessed, care planned, and had the risks and benefits explained before the use of four [redacted]. This failure prevented Resident 1 and their representative from making an informed decision about whether to use the [redacted] and placed Resident 1 at risk of harm.

Findings included...

Observation, on 03/21/2024 at 9:15 AM, showed Resident 1 lived in and received care from the AFH. Observation further showed the [redacted] were attached to Resident 1's [redacted] bed on the upper and the lower bilateral sides.

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple medical diagnosis. Resident 1's negotiated care plan (NCP), dated 03/10/2024, showed Resident 1s' use of four [redacted] were not addressed in the NCP.

Resident 1's assessment, dated 02/21/2024, had not included why Resident 1 needed four [redacted]. The assessment had not identified Resident 1's ability to safely use the [redacted]. Resident 1's NCP showed the section labeled "BED MOBILITY/TRANSFER", documented Resident 1 was "dependent" and Staff A's handwriting noted that "[redacted] for repositioning." There was no additional information about using four [redacted] on the upper and lower sides of the Resident 1's bed. Review further showed there was no documentation that the AFH informed Resident 1 and their representative of the safety risks associated with [redacted] use.

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Review of Resident 1's record showed no records of a physician order or physical therapist (PT) order. There was no information about the [redacted] use.

In an interview, on 03/21/2024 at 11:45 AM, Staff A, Entity Representative, stated that Resident 1's representative provided the [redacted] with attached [redacted]. Staff A stated that they forgot to obtain a PT order and to sign a consent form with Resident 1 and their representative at the time of admission.

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, ELENAS HOME AT LAKE ROAD is or will be in compliance with this law and / or regulation on (Date) 4/17/2024.

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

Provider (or Representative) — Date: 4/17/2024

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in a locked storage. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Observation, on 03/21/2024 at 9:15 AM, showed five residents (Residents 1, 2, 3, 4 and 5) lived in and received care from the AFH. Observation further showed Residents 2, 3 and 5 ambulated with walker independently and Residents 1 and 4 ambulated with assistance in the AFH.

Observation, on 03/21/2024 at 10:50 AM, showed an open container of Clorox Bleach wipe and a Clorox disinfection mist spray in the living room.

Statement of Deficiencies	License #: 752149	Compliance Determination # 38719
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Observation, on 03/21/2024 at 10:55, showed an unlocked cabinet underneath the kitchen sink. The cabinet contained a container of 101 Bleach, a Clorox disinfection mist spray, an open container of Clorox Bleach wipe and a bottle of light-yellow liquid was labeled "bleach". All the chemical containers had the following label: "Keep Out of Reach of Children."

During an interview, on 03/21/2024 at 11:00 AM, Staff I, Caregiver, stated that the cabinet with the chemicals was always kept locked and they forgot to lock the cabinet after using the cleaners today. Staff I promptly moved the chemical to the locked laundry room. Staff I was observed to lock the storage cabinet underneath the kitchen sink.

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, ELENAS HOME AT LAKE ROAD is or will be in compliance with this law and / or regulation on (Date) 04/11/2024 .

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

Provider (or Representative) 04/17/2024 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

04/08/2024

Poplar Ridge Adult Family Home LLC
ELENAS HOME AT LAKE ROAD
14428 LAKE ROAD
LYNNWOOD, WA 98087

RE: ELENAS HOME AT LAKE ROAD # 752149

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/05/2024 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10490 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

The Adult Family Home (AFH) failed to follow their medication disposal policy to dispose of an expired bottle of a Polyethylene Glycol 17 G (a medication to treat constipation) for 1 of 2 sampled residents (Resident 1). The pharmacy label showed the expiration date was 03/10/2024.

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 (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 IDR**s 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

PLAN OF CORRECTION

April 17, 2024

- WAC 388-76-10485 Medication Storage
  Date of Correction: April 11, 2024

1. All prescribed and over the counter medications were put away and kept on locked storage on the day of inspection
2. Additions are made to the home's staff orientation checklist to address deficiencies noted during the inspection. Please see attached, a copy of the amended orientation checklist for staff. Refer to "Additional Topics" under Part 7 Medication Storage
3. Addition made to the home's House Rules which is part of the admission documents for residents. This is to address items (especially medications) being brought to the home by resident visitors without notifying the home's staff. Please refer to the document attached "House Rules", under entry (6). Memo was also sent to the POAs of the home's existing residents to notify and remind them of this addition.
4. In-Service Education held at the home, carried out by Entity Representative, for existing staff members which focuses on proper Medication Storage as detailed on the orientation checklist. Please see attendance record attached. Please note that Staff C is no longer working at the home, and Staff D is on annual leave at the time of the In-Service Education.
5. Newly amended Staff Orientation Checklist was used for new employee Adelita Reynes who was hired April 6, 2024. Please see attached Orientation Packet for the employee.

- WAC 388-76-10650 Medical Devices
  Date of Correction: April 17, 2024

1. [redacted] on the lower bilateral part of the bed were removed at the time of inspection.
2. [redacted] on the upper bilateral side were retained for bed mobility (repositioning), and transfers only.
3. As [redacted] on the head of bed were retained, proper documentation was obtained by the home. Resident's power of attorney was sought for consent, documents given to him were as follows (copies are attached with this POC):
   a. [redacted] Info Sheet (discusses Benefits and Risks of [redacted], Patient Safety, Meeting Patients' Needs, and Risks Reduction)
   b. Use of [redacted] as Enablers
   c. [redacted] Safety Info and Informed Consent Form

   In addition, all forms listed above will be used for any future residents requiring possible use of [redacted]. Referrals for proper assessment from PT/OT/RN/PCP will be sought before application of [redacted].
4. For reference only: A copy of PCP order to have [redacted] up for repositioning and transfers was attached to this POC

5. Negotiated Care Plan of the resident was updated (page with interventions for Bed Mobility/Transfers attached with this POC)

- WAC 388-76-10750 Safety and Maintenance
  Date of Correction: April 11, 2024

1. All toxic substances and hazardous materials were put away and kept on locked storage on the day of inspection
2. Additions are made to the home's staff orientation checklist to address deficiencies noted during the inspection. Please see attached, a copy of the amended orientation checklist for staff. Refer to "Additional Topics" under Part 10 Occupation Health and Safety.
3. In-Service Education held at the home, carried out by Entity Representative, for existing staff members which focuses on proper handling and storage of chemicals as detailed on the orientation checklist. Please see attendance record attached. Please note that Staff C is no longer working at the home, and Staff D is on annual leave at the time of the In-Service Education.
4. Newly amended Staff Orientation Checklist was used for new employee Adelita Reynes who was hired April 6, 2024. Please see attached Orientation Packet for the employee.

Please let me know if I missed anything, to correct the deficiencies found from the full inspection. Hope that the execution of this Plan of Correction will satisfy the state requirements and put my home back in compliance. If there is anything else that is needed, I will be happy to work on it and provide it to the department.

Thank you so much and kind regards,

From: **Carmelita Angeles**
Poplar Ridge AFH Provider
Dba Elena's Home at Lake Rd.

Date: April 17, 2024