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

R DEOL LLC
THE LOVING ONES ADULT FAMILY HOME III
2315 S 254TH COURT
DES MOINES, WA 98198

RE: THE LOVING ONES ADULT FAMILY HOME III License # 752204

Dear Provider:

This letter addresses Compliance Determination(s) 57388 (Completion Date 04/03/2025) and 54387 (Completion Date 02/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/03/2025 and found that you have corrected the violations listed in the Follow up report dated 02/19/2025. Your home is back in compliance as of 02/19/2025 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 388-76-10430-1, WAC 388-76-10430-2-c

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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 an unannounced on-site follow-up on 02/06/2025 of:
THE LOVING ONES ADULT FAMILY HOME III
25417 22ND AVE S
DES MOINES, WA 98198

This document references the following SOD dated: 02/19/2025

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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

02/24/2025
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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 6 of 6 resident's (Resident 1, 2, 3, 4, 5, and 6) medication log was kept current. This failure placed Resident 1, 2, 3, 4, 5, and 6 at risk of medication errors.

Findings included...

During a visit on 02/06/2025 at 10:55 AM, observation showed Resident 1, 2, 3, 4, 5, and 6 lived in and received medication from the AFH.

Resident 1
A review of Resident 1's February 2025 pharmacy generated medication log showed Resident 1 was prescribed,
-Baclofen 10 milligrams (mg), give 1 tablet by mouth twice daily for neuropathic, nerve pain. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

-Docusate Sodium 250 mg, give 1 capsule by mouth twice daily for constipation. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

- "Duloxetine HCL" 60 mg, give 1 capsule by mouth once daily for pain. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Losartan Potassium 25 mg, give 1 tablet by mouth once daily for hypertension, high blood pressure, hold for Systolic Blood Pressure (SBP), indicates the amount of pressure the blood is exerting against the artery walls, less than 100 or heart rate (HR) less than 60. Review showed no documentation on Resident 1's medication log to indicate if Losartan Potassium 25 mg had been provided or held for the 8:00 AM dose on 02/01/2025, 02/02/2025, and 02/06/2025.

-Melatonin 3 mg, take 3 tablets by mouth at bedtime for sleep. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

-Multivitamins with minerals, give 1 tablet by mouth once daily for supplement [vitamin deficiency]. Review showed no initialed entry for the 8:00 AM dose on 02/01/2025, 02/02/2025, and 02/06/2025.

-Polyethylene Glycol, mix 17 grams in 8 ounces, oz, and drink by mouth once daily for constipation. Review showed no initialed entry for the 8:00 AM dose on 02/01/2025, 02/02/2025, and 02/06/2025.

-Rosuvastatin Calcium 20 mg, give 1 tablet by mouth once daily for high-density lipoprotein, HDL, fat in the blood. Review showed no initialed entry for the 8:00 PM dose on 02/01/2025, 02/02/2025, and 02/05/2025.

-Senna 8.6 mg, give 2 tablets by mouth once daily at bedtime for constipation. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

- "Tamsulosin HCL" 0.4 mg, give 1 capsule by mouth once daily at bedtime for Benign Prostatic Hyperplasia, BPH, enlarged prostate. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

- "Trazodone HCL" 50 mg, take 1 tablet by mouth at bedtime for sleep. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

-Vitamin D-3 25 micrograms (mcg) 1000 units, give 3 tablets by mouth once daily for as a supplement, vitamin deficiency. Review showed no initialed entry for the 8:00 PM

dose on 02/01/2025, 02/02/2025, and 02/05/2025.

Resident 2
A review of Resident 2's February 2025 pharmacy generated medication log showed Resident 2 was prescribed,
- "Aspirin EC" 81 mg, take 1 tablet by mouth once daily at bedtime. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

-Divalproex Sodium 125 mg, take 1 tablet by mouth twice daily for bipolar disorder, a mental health disorder characterized by high and low emotions. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

-Furosemide 20 mg, take 1 tablet by mouth once daily for diuretic, removes excess water from the body. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Gabapentin 300 mg, take 1 capsule by mouth 3 times daily. Review showed no initialed entry for the 2:00 PM and 8:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

- "Glipizide ER" 10 mg, take 1 tablet by mouth once daily for diabetes, high blood sugar. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Januvia 100 mg, take 1 tablet by mouth every morning for diabetes. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Jardiance 25 mg, take 1 tablet by mouth every morning for diabetes. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Losartan Potassium 100 mg, take 1 tablet by mouth once daily for high blood pressure. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Metoprolol Tartrate 25 mg, take ½ tablet (12.5 mg) by mouth twice daily for high blood pressure. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

-Simvastatin 20 mg, take 1 tablet by mouth once daily in the evening for high blood pressure. Review showed no initialed entry for the 4:00 PM dose on 02/05/2025.

-Blood Sugar Each, check fasting glucose every morning, let medical doctor know if

persistently greater than180. There was no initialed entry for 8:00 AM on 02/06/2025.

-Blood Sugar Each, check blood sugar fasting every morning. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

Resident 3
A review of Resident 3's February 2025 pharmacy generated medication log showed Resident 3 was prescribed,
-Acetaminophen 325 mg, take 2 tablets by mouth twice daily for pain. Review showed no initialed entry for the 12:00 PM and 4:00 PM dose on 02/05/2025.

-Amlodipine Besylate 5 mg, take 1 tablet by mouth once daily for high blood pressure. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Aripiprazole 5 mg, take 1 tablet by mouth once daily used to treat severe mental health symptoms. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Atorvastatin Calcium 40 mg, take 1 tablet by mouth once daily for high cholesterol. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

-Lacosamide 100 mg, take 1 tablet by mouth every morning and 2 tablets every evening for seizure prevention. Review showed no initialed entry for the 4:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

-Levetiracetam 1,000 mg, take 1 and ¼ tablets (1250 mg) in the morning and 1 and ½ tablets (1500 mg) in the evening for seizure prevention. Review showed no initialed entry for the 4:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

-Losartan Potassium 25 mg, take one tablet by mouth once daily for high blood pressure. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Mirtazapine 15 mg, take 1 tablet by mouth every night at bedtime for depression. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

-Quetiapine Fumarate 25 mg, take 1 tablet (25 mg) by mouth three times daily used to treat severe mental health symptoms. Review showed no initialed entry for the 12:00 PM and 8:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

-Rexulti 0.5 mg, take 1 tablet by mouth at bedtime used to treat severe mental health symptoms. Review showed no initialed entry for the 8:00 PM dose on 02/01/2025,

02/02/2025, and 02/05/2025.

Resident 4
A review of Resident 4's February 2025 pharmacy generated medication log showed Resident 4 was prescribed,
-Acetaminophen 325 mg, give 2 tablets by mouth (650 mg) every 8 hours for pain. Review showed no initialed entry for the 2:00 PM and 10:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

- "Aspirin EC" 81 mg, take 1 tablet by mouth twice daily (before breakfast and bedtime). Review showed no initialed entry for the 8:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

- "Citalopram HBR" 10 mg, take 2 tablets (20 mg) by mouth in the morning for depression. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Ferrous Sulfate 325 mg (65 mg iron), take 1 tablet by mouth daily with breakfast for vitamin deficiency. Review showed no initialed entry for the 8:00 AM dose on 02/01/2025, 02/02/2025, and 02/06/2025.

-Melatonin Rapid Dissolve 5 mg, take 1 tablet sublingually, under the tongue, once daily at bedtime. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

- "Propranolol HCL" 10 mg, take 1 tablet by mouth once daily for high blood pressure. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Quetiapine Fumarate 25 mg, take 2 tablets (50 mg) by mouth three times daily used to treat severe mental health symptoms. Review showed no initialed entry for the 2:00 PM and 8:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

-Senna 8.6 mg, take 1 tablet by mouth once daily at bedtime for constipation. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

-Vitamin D3 50 mcg (2000 unit), take 1 tablet by mouth once daily for vitamin deficiency. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Zolpidem Tartrate 5 mg, take 1 tablet by mouth at bedtime for insomnia. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

Resident 5
A review of Resident 5's February 2025 pharmacy generated medication log showed

Resident 5 was prescribed,
-Gabapentin 300 mg, take 1 capsule by mouth every 6 hours up to three times daily. Review showed no initialed entry for the 2:00 PM and 8:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

-Haloperidol 0.5 mg, take 1 tablet by mouth at bedtime for severe mental health symptoms. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

-Lamotrigine 25 mg, take 4 tablets (100 mg) by mouth twice daily for mental health symptoms. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

-Latanoprost 0.005 percent (%) drops, instill 1 drop into both eyes every night for pressure in the eyes. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

-Lidocaine 5% patch, apply 1 patch to left hip once daily for pain. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

-Pantoprazole Sodium 40 mg, take 1 tablet by mouth twice daily before meals for acid reflux. Review showed no initialed entry for the 4:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

-Pravastatin Sodium 40 mg, take 1 tablet by mouth at bedtime for high cholesterol. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

- "Tramadol HCL" 50 mg, take 1 tablet by mouth twice daily for pain. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025 and the 8:00 AM dose on 02/06/2025.

-Vitamin D3 25 mcg (1,000 unit), take 1 tablet by mouth every morning for vitamin deficiency. Review showed no initialed entry for the 8:00 AM dose on 02/06/2025.

Resident 6
A review of Resident 6's February 2025 pharmacy generated medication log showed Resident 6 was prescribed,
- "Sertraline HCL" 100 mg, take 1 tablet by mouth at bedtime for depression. Review showed no initialed entry for the 8:00 PM dose on 02/05/2025.

-Xarelto 25 mg, take 1 tablet by mouth every evening with dinner used to prevent blood clots. Review showed no initialed entry for the 5:00 PM dose on 02/05/2025.

In an interview on 02/06/2025 at 11:20 AM, Staff E, Caregiver, stated that they had provided the residents their morning medication. Staff E further stated that they had gotten busy and had forgotten to sign the resident's medication logs.

In a phone interview on 02/06/2025 at 2:40 PM, Staff C, Designee/Caregiver, stated that they had spoken with Staff F, Caregiver, who had worked in the AFH over the weekend [02/01/2025 and 02/02/2025]. Staff C stated that Staff F reported they had missed signing a page of the resident's medication logs.

This is an uncorrected deficiency previously cited on 01/06/2025 for subsection (2)(c).

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, THE LOVING ONES ADULT FAMILY HOME III 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

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 #: 752204	Compliance Determination # 51810
Plan of Correction	THE LOVING ONES ADULT FAMILY HOME III	Completion Date
Page 1 of 11	Licensee: R DEOL LLC	01/06/2025

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 12/12/2024 and 12/12/2024 of:
THE LOVING ONES ADULT FAMILY HOME III
25417 22ND AVE S
DES MOINES, WA 98198

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:

Michele Grumke, AFH Licensor

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 — 1-8-2025 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)

1/13/25
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they had a Medical Test Site Waiver (MTSW) to complete medical testing of the residents without being a licensed laboratory. This failure placed the AFH at risk of penalties due to testing Resident 2's blood glucose (checks blood sugar levels in the blood) and from potentially using COVID-19 rapid tests to determine if a resident was positive for COVID-19 without the required MTSW.

Findings included...

A review of Dear Provider letter dated 04/01/2022 from the department showed AFH's were required to follow state and federal regulations related to COVID-19 and other medical tests completed in AFH's. Further review showed an MTSW was required when staff administer a medical test such as a COVID-19 rapid test or testing of a resident's blood glucose, interprets the test results, or acts upon the test results. In addition, AFH's were also required to have an MTSW when the home reported test results to a medical provider who may adjust a resident's diet or medication in response to a test result. The 04/01/2022 Dear Provider letter instructed AFH providers on how to attain the MTSW from the Department of Health. In addition, Dear Provider letters referencing MTSW were dated 04/22/2022, 08/12/2022, and 11/15/2024 showed the MTSW was still required under the same circumstances as indicated in the 04/01/2022 Dear Provider letter.

During a visit on 12/12/2024 at 8:38 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH.

In an interview on 12/12/2024 at 9:30 AM, Staff C, Designee/Caregiver, stated that staff checked Resident 2's blood glucose daily.

In an interview on 12/12/2024 at 9:46 AM, Staff C stated that the AFH would administer a COVID-19 rapid test if a resident was suspected of having COVID-19. Staff C further stated they did not know what an MTSW was and did not think the AFH had one.

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, THE LOVING ONES ADULT FAMILY HOME III is or will be in compliance with this law and / or regulation on (Date) 1/13/25 .

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

Provider (or Representative) 1/13/25 Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 staff (Staff G, Caregiver) signed a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime pending the results of a Washington state name and date of birth Background Inquiry (BGI) prior to employment. This failure placed all resident's (Residents 1, 2, 3, 4, 5, and 6) at risk of harm from staff with an unknown current criminal background.

Findings included...

During a visit on 12/12/2024 at 8:38 AM, observation showed Resident's 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH. Further observation showed Staff D, Caregiver, was the only staff in the AFH.

In an interview on 12/12/2024 at 9:03 AM, Staff C, Designee/Caregiver, stated that there was 1 staff on shift and a "helper" staff as well. Department Staff informed Staff C that upon arrival Staff D was alone with no other staff present in the AFH.

A review of Staff G's personnel records showed a hire date of 11/08/2024. Further

review showed Staff G's BGI was completed on 11/13/2024.

In an interview on 12/12/2024 at 1:05 PM, Staff C stated they had never heard that staff were required to sign a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime pending the results of a BGI.

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, THE LOVING ONES ADULT FAMILY HOME III is or will be in compliance with this law and / or regulation on (Date) 1/13/25 .

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

Provider (or Representative) 1/13/25 Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure staff followed food handling procedures for 1 of 1 staff (Staff D, Caregiver) when they prepared breakfast for 6 of 6 resident's (Residents 1, 2, 3, 4, 5, and 6). This failure placed all residents at risk of food borne illnesses.

Findings included...

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Foodborne Illnesses" dated, May 2013 from the Washington Department of Health, showed that even when food workers wash their hands well, they were not allowed to touch ready-to-eat foods with their bare hands. This is to keep germs that might remain on the hands from getting onto ready-to-eat foods. Further review showed when handling food, clean gloves helped to prevent germs from contaminating food.

During a visit on 12/12/2024 at 8:38 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH.

Observation on 12/12/2024 at 9:06 AM showed Staff D was making breakfast for the residents. Further review showed Staff D removed a bagel from the package with ungloved hands.

In an interview on 12/12/2024 at 9:07 AM, Department Staff (DS) asked Staff D if the bagel was part of a resident's breakfast. Staff D stated that it was and that they had just washed their hands.

Observation on 12/12/2024 at 9:08 AM, Staff C, Designee/Caregiver, informed Staff D they needed to wear gloves when they touched food.

Observation on 12/12/2024 at 9:11 AM showed Staff D donned gloves, removed a lid from a container, opened the refrigerator, and removed a jar of jam. Further observation showed Staff D picked up a hand towel to open the lid of the jam. In addition, Staff D picked up a bagel with the same gloved hands.

In an interview on 12/12/2024 at 9:12 AM, DS informed Staff D that they needed to wear clean gloves when touching food. Staff D stated that they were just told to wear gloves.

Observation on 12/12/2024 at 9:13 AM, Staff C informed Staff D that they needed to wear clean gloves when touching food.

In an interview on 12/12/2024 at 9:14 AM, Staff C stated that they did not know why Staff D was not following proper food handling procedures.

In an interview on 12/12/2024 at 9:15 AM, Staff D stated that lately they had been doing things differently and that they always washed their hands. Staff D stated that they normally wore gloves, but they were nervous.

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, THE LOVING ONES ADULT FAMILY HOME III is or will be in compliance with this law and / or regulation on (Date) 1/13/25 .

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

Provider (or Representative) 1/13/25 Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 3 of 3 staff (Staff C, Designee/Caregiver, Staff D, Caregiver, and Staff E, Caregiver) followed all laws and rules relating to medication administration when they signed residents' medication logs without providing the resident their medication. This failure placed all residents at risk of harm from medication errors.

Findings included...

During a visit on 12/12/2024 at 8:38 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received medication from the AFH. Further observation showed Staff D worked in the AFH.

Observation on 12/12/2024 at 8:47 AM showed Staff C and Staff E arrived at the AFH.

In an interview on 12/12/2024 at 12:05 PM, Staff D stated that they were going to provide Resident 3 with their medication. Staff D further stated that they told Resident 3 they were receiving vitamins not medication. In addition, Staff D stated that if they told Resident 3 they were taking medication the resident would not take it.

Observation on 12/12/2024 at 12:07 PM showed Staff D told Resident 3 that it was time for their vitamins. Staff D placed Resident 3's medication in the resident's mouth and provided water for the resident to drink.

A review of Resident 3's Nurse Delegation Visit paperwork showed Staff D was nurse delegated (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed medicines, normally

performed only by licensed nurses) to provide Resident 3 medication administration.

In an interview on 12/12/2024 at 12:15 PM, Staff D stated that they give residents their medication and other staff initialed the residents Medication Administration Record (MAR).

In an interview on 12/12/2024 at 1:58 PM, Staff C stated that Staff D did provide residents their medication and they initialed the MAR for Staff D. Staff C further stated that Staff E and Staff F, Caregiver, also initialed the MAR for Staff D. In addition, Staff C stated that staff are trained to follow the 6 rights of medication administration (right-person, medication, dose, time, route, and documentation.) which included documentation.

In an interview on 12/12/2024 at 2:00 PM, Staff E confirmed that they signed resident MARs for Staff D.

In an interview on 12/12/2024 at 2:01 PM, Staff D stated that every day they provided residents with medication. Staff D further stated that afterwards they let other staff know so they could initial the residents MAR.

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, THE LOVING ONES ADULT FAMILY HOME III is or will be in compliance with this law and / or regulation on (Date) 1/13/25 .

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

Provider (or Representative) — Date: 1/13/25

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

medication was kept in locked storage. This failure placed the ambulatory residents (Resident 2 and Resident 5) at risk of accessing and taking medication not prescribed for their use.

Findings included...

During a visit on 12/12/2024 at 8:38 AM, observation showed Resident 2 and Resident 5 lived in and received care from the AFH. Further observation showed Resident 2 and Resident 5 both ambulated independently with the use of walkers.

Observation on 12/12/2024 at 10:24 AM showed a metal locker behind an opened door leading out of the kitchen towards the back door. Further observation showed the top shelf of the locker was unlocked and contained resident medication.

In an interview on 12/12/2024 at 10:25 AM, Staff E, Caregiver, stated that resident medication was stored in a kitchen cabinet. Staff E further stated that the medication in the locker was for the following week or when the resident ran out of medication.

Refrigerator
Observation on 12/12/2024 at 10:50 AM showed in the refrigerator, a polyester storage container with a zipper. Further observation showed Staff C, Designee/Caregiver, opened the container without the use of an unlocking device or system. Further observation showed 3 small bottles of prescription eye drops for Resident 5 inside the polyester storage container.

In an interview on 12/12/2024 at 10:51 AM, Staff C stated that there was a lock on the container, and did not know what happened to it.

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, THE LOVING ONES ADULT FAMILY HOME III is or will be in compliance with this law and / or regulation on (Date) 1/13/25 .

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

Provider (or Representative) _____ Date 1/13/25

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 residents' (Resident 6) had a way of alerting staff in an emergency or always had a staff member within hearing distance, of Resident 6's bedroom. This failure placed Resident 6 at risk of serious harm or injury in the event of an emergency.

Findings included...

During a visit on 12/12/2024 at 8:38 AM, observation showed Resident 6 lived in and received care from the AFH. Further observation showed Staff D, Caregiver, worked alone in the AFH.

In an interview on 12/12/2024 at 8:39 AM, Staff D stated that the reason it took so long to answer the door was that they were cleaning and did not hear Department Staff (DS) at the door.

Observation on 12/12/2024 at 8:40 AM showed Staff D walked through the kitchen and laundry room to a bathroom located at one side of the AFH.

Observation on 12/12/2024 at 8:47 AM, Staff C, Designee/Caregiver, and Staff E, Caregiver, arrived at the AFH and provided DS with an initial tour of the AFH. Further observation showed the front door was centrally located in the AFH. Further observation showed Resident 6 used Bedroom [redacted] that was located through the dining room, family room, and a short hallway on one side of the AFH. In addition, the bathroom Staff D was observed in was located at the other side of the AFH.

In an initial interview on 12/12/2024 at 9:54 AM, Staff C stated that the AFH had 2 staff on shift during the day. Staff C further stated that at night there was 1 awake night staff. In addition, Staff C stated that there were no staff bedrooms in the AFH, as staff were awake at night.

In an interview on 12/12/2024 at 10:09 AM, Staff E stated that Resident 6 was unable to use a call bell. Staff E further stated that there was no alternative way of Resident 6 alerting staff in an emergency.

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, THE LOVING ONES ADULT FAMILY HOME III is or will be in compliance with this law and / or regulation on (Date) 1/13/25 .

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

Provider (or Representative) Date 1/13/25

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a full evacuation drill was completed annually. The AFH also failed to ensure 6 of 10 current staff (Staff B, Resident Manager, Staff D, Caregiver, Staff G, Caregiver, Staff H, Caregiver, Staff I, Caregiver, and Staff J, Caregiver) participated in emergency evacuation drills that occurred during random staffing shifts. This failure placed all 6 resident's (Resident's 1, 2, 3, 4, 5, and 6) at risk of harm or injury from delays in the event of an emergency requiring evacuation occurred where staff on duty had not been involved or practiced an emergency evacuation drill.

Findings included...

During a visit on 12/12/2024 at 8:38 AM, observation showed Resident 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH.

In an initial interview on 12/12/2024 at 9:30 AM, Staff C, Designee/Caregiver, stated that Resident 1, 3, and 6 required 1 person transfer assistance and all three residents each used a wheelchair for mobility. Staff C further stated that Resident 2 and Resident 5 each used a walker and were independent with mobility. In addition, Staff C stated that Resident 4 used a walker but required staff assistance with mobility. Staff C stated

that Resident 1, 3, 4, and 6 required assistance in an evacuation and Resident 2 and 5 were independent.

A review of the AFH's "Emergency Evacuation Drill" logs showed the following,
-02/01/2024 log showed 2 staff participated in the partial evacuation drill that lasted 5 minutes with 6 residents. [Note: Log was requested by Department Staff but had not been received and therefore, could not determine which staff had participated in the evacuation drill].
-04/01/2024 log showed Staff E, Caregiver, and Staff M, Former Caregiver, participated in the partial evacuation drill conducted by Staff A, Entity Representative, from 8:00 AM-8:05 AM with 6 residents.
-06/01/2024 log showed Staff E and Staff M participated in the partial evacuation drill conducted by Staff A from 8:00 AM-8:05 AM with 5 residents.
-08/01/2024 log showed Staff K, Former Caregiver, and Staff L, Former Caregiver, participated in the partial evacuation drill conducted by Staff A from 9:00 AM-9:05 AM with 5 residents.
-10/01/2024 log showed Staff E and Staff L participated in the partial evacuation drill conducted by Staff A from 8:00 AM-8:05 AM with 5 residents.
-12/01/2024 log showed Staff E and Staff F participated in a partial evacuation drill conducted by Staff A from 9:00 AM-9:05 AM with 6 residents.

In an interview on 12/12/2024 at 1:07 PM, Staff C stated that the AFH always conducted full evacuation drills in February. Staff C further stated that it must have been a mistake that the log indicated partial instead of full evacuation. In addition, Staff C stated that they were not aware evacuation drills were to occur on different staffing shifts to ensure all staff had been trained on how to evacuate residents in the event of an emergency.

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, THE LOVING ONES ADULT FAMILY HOME III is or will be in compliance with this law and / or regulation on (Date) 1/13/25 .

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

Provider (or Representative) 1/13/25 Date