STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

SUNSHINE ADULT FAMILY HOME 1 LLC
SUNSHINE ADULT FAMILY HOME #1 LLC
10410 E 9th Ave
Spokane Valley, WA 99206

RE: SUNSHINE ADULT FAMILY HOME #1 LLC License # 752312

Dear Provider:

This letter addresses Compliance Determination(s) 40580 (Completion Date 04/30/2024) and 37507 (Completion Date 04/03/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/30/2024 and found that you have corrected the violations listed in the Complaint, Full report dated 04/03/2024. Your home is back in compliance as of 04/15/2024 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 388-76-10490-1, WAC 388-76-10225-1-b-iii, WAC 388-76-10220-2, WAC 388-76-10380-1, WAC 388-76-10380-2, WAC 388-76-10350-2-a, WAC 388-76-10350-2-b, WAC 388-76-10430-2-d, WAC 388-76-10475-3-a, WAC 388-76-10400-4, WAC 388-76-10560-2-b, WAC 388-76-10560-2-d

The Department staff who did the on-site verification:
Valorie Bradley, AFH/ALF Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: SUNSHINE ADULT FAMILY HOME #1 LLC **Provider Type:** Adult Family Home
License/Cert.#: 752312
Intake ID: 122284
Compliance Determination #: 37507
Region/Unit #: RCS Region 1 / Unit E
Investigator: Valorie Bradley
Investigation Date(s): 02/28/2024 through 04/03/2024
Complainant Contact Date(s):

Allegation(s):

1. A named resident was missing from the AFH.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 4 Closed records sample size: 0
Observations:	Staff searching neighborhood for missing resident.
Interviews:	Staff, resident representatives, residents
Record Reviews:	Negotiated care plans, assessment, incident logs, department online reporting system.

Investigation Summary:

A named resident left the home and was found out in the community by staff members. Review of records showed showed the incident was not reported to the Department and not logged in the home's accident/incident log. The named resident's and negotiated care plan did not reflect the resident's current exit-seeking behaviors and did not have interventions to address these behavioral needs. Citations were written for WACs 388-76010225, 388-76-10380, 388-76-10350, and 388-76-10220; See Statement of Deficiency dated 04/03/2024

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: SUNSHINE ADULT FAMILY HOME #1 LLC **Provider Type:** Adult Family Home
License/Cert.#: 752312
Intake ID: 124081
Compliance Determination #: 37507
Region/Unit #: RCS Region 1 / Unit E
Investigator: Valorie Bradley
Investigation Date(s): 02/28/2024 through 04/03/2024
Complainant Contact Date(s):

Allegation(s):

1. A named resident's money was unable to be located.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 4 Closed records sample size: 0
Observations:	Staff office, residents, staff, general environment
Interviews:	Staff, resident guardians and representatives, residents
Record Reviews:	Negotiated care plans, assessments, admitting paperwork and notice of rights and services.

Investigation Summary:

Review of records showed the AFH failed to maintain a full and complete financial accounting system, and did not deposit personal funds in excess of one hundred dollars into an interest-bearing account for one resident in the home. A citation was written under WAC 388-76-10560(2); see Statement of Deficiency dated 04/03/2024.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: SUNSHINE ADULT FAMILY HOME #1 LLC **Provider Type:** Adult Family Home
License/Cert.#: 752312
Intake ID: 124153
Compliance Determination #: 37507
Region/Unit #: RCS Region 1 / Unit E
Investigator: Valorie Bradley
Investigation Date(s): 02/28/2024 through 04/03/2024
Complainant Contact Date(s):

Allegation(s):

1. A named resident was given medication without an appropriate practitioner order.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents, Staff, Resident medication supply
Interviews:	Staff, residents
Record Reviews:	Resident medication logs, negotiated care plans

Investigation Summary:

Review of records showed AFH staff gave a resident medication outside of the physician's prescribed order. A citation was written under WAC 388-76-10475(3) and 388-76-10430(2); see Statement of deficiency dated 04/03/2024.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: SUNSHINE ADULT FAMILY HOME #1 LLC **Provider Type:** Adult Family Home
License/Cert.#: 752312
Intake ID: 124124
Compliance Determination #: 37507
Region/Unit #: RCS Region 1 / Unit E
Investigator: Valorie Bradley
Investigation Date(s): 02/28/2024 through 04/03/2024
Complainant Contact Date(s):

Allegation(s):

1. A named resident was given the incorrect medication dosage by staff,

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 4 Closed records sample size: 0
Observations:	General environment, staff to resident interactions, staff to resident med pass.
Interviews:	Staff, residents, representatives
Record Reviews:	Resident assessments, negotiated care plans, physicians medication orders, resident medication logs.

Investigation Summary:

Review of records showed a named resident was given an incorrect dosage of medication on multiple occasions. A citation was written for WAC 388-76-10430(2); see Statement of Deficiency dated 04.03.2024.

Conclusion / Action:

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

SUNSHINE ADULT FAMILY HOME 1 LLC
SUNSHINE ADULT FAMILY HOME #1 LLC
10410 E 9th Ave
Spokane Valley, WA 99206

RE: SUNSHINE ADULT FAMILY HOME #1 LLC # 752312

Dear Provider:

This document references the following complaint numbers 122284, 123124, 124081, 124153, 124124.

The Department completed a full inspection of your Adult Family Home on 04/03/2024 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:

Selena Clemons, Field Manager

Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

Review of resident admission records showed the notice of rights and services was not updated every twenty-four months for one resident who lived in the home. Documentation showed Resident 4 was admitted to the home [redacted]/2012 and their notice of rights and services was last updated on 12/1/2015. The former resident manager stated that they were unaware the notice of rights and services needed to be updated every twenty-four months from the resident’s admission date. There was no negative outcome to the resident.

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

Review of resident records showed the negotiated care plan was not developed and completed within thirty days of admission for one resident who lived in the home. Admission records showed Resident 2 was admitted to the home on [redacted]/2023 and their negotiated care plan was completed on [redacted]/2023 (66 days after admission). The former resident manager stated the care plan was completed when the AFH became aware of the oversight. There was no negative outcome to the resident.

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)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit E
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:
Selena Clemons, Field Manager

Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 and complaint investigation on 02/28/2024, 03/07/2024, 03/14/2024, 03/22/2024, 03/28/2024 and 03/28/2024 of:
SUNSHINE ADULT FAMILY HOME #1 LLC
917 S Raymond Rd
Spokane Valley, WA 99206

This document references the following complaint numbers: 122284, 123124, 124081, 124153, 124124.

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

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Selena Clemons — Residential Care Services

04/09/2024 — 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.

Provider (or Representative) Date

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview the Adult Family Home (AFH) failed to dispose of discontinued medication for 1 of 4 residents (Resident 2). This failure placed residents at risk of receiving discontinued medications.

Findings included….

Review of the AFH's policy titled "Disposal and or Release of Medications Policies and Procedures" dated 02/19/2024 showed that all expired, discontinued, and contaminated medications will be disposed of via a Drug Buster jug.

Review of Resident 2's negotiated care plan dated [redacted]/2023 showed the resident required medication assistance.

Review of physician's order dated 09/27/2023, showed Bisacodyl suppository (for bowel care), 10 milligrams (mg), insert one rectally once daily as needed, was discontinued.

Observation of Resident 2's medication supply on 02/28/2024 at 11:29 AM showed Bisacodyl suppository, 10 mg, insert one rectally once daily as needed, for bowel care.

In an interview on 02/28/2024 at 11:34 AM Staff B, Former Resident Manager, stated that they did not dispose of the medication because they had forgotten it was discontinued.

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, SUNSHINE ADULT FAMILY HOME #1 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

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(b) Report the following to the department by calling the complaint toll-free hotline number:

(iii) A missing resident.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify the Department hotline when 1 of 1 residents (Resident 3) went missing from the AFH. This failure placed the resident at risk for not receiving appropriate follow-up when missing from the home.

Findings included….

Observation on 03/07/2024 at 12:57 PM showed multiple AFH staff members walking around the adjacent neighborhoods attempting to locate a missing resident.

In an interview on 03/07/2024 at 1:00 PM Staff H, Caregiver, stated that Resident 3 had left the home while Staff H was bathing another resident. Staff H stated they were unsure where the resident was currently located.

Review of Department's tracking system on 03/08/2024 at 11:15 AM showed no record of the AFH reporting that Resident 3 had gone missing from the home on 03/07/2024.

In an interview on 03/14/2024 at 10:25 AM Staff C, Administrator, stated that they had not reported the missing resident to the Department's complaint hotline and had no knowledge of any other staff contacting the complaint hotline to report Resident 3 going missing. Staff C stated they were unsure why no AFH staff reported the missing resident to

the Department.

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, SUNSHINE ADULT FAMILY HOME #1 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

WAC 388-76-10220 Incident log. The adult family home must keep a log of:

(2) Accidents or incidents affecting a resident's welfare; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to log an incident affecting resident welfare for 1 or 4 residents (Resident 3). This failure placed residents at risk for ongoing incidents and behaviors.

Findings included….

Observation on 03/07/2024 at 12:57 PM showed multiple AFH staff members walking around the adjacent neighborhoods attempting to locate a missing resident.

Review of the AFH's incident log on 03/14/2024 showed no documentation that Resident 3 had gone missing from the home on 03/07/2024.

In an interview on 03/14/2024 at 10:35 AM Staff H, Caregiver, stated that on 03/07/2024 Resident 3 had exited the AFH unaccompanied, and staff were unsure where Resident 3 had gone. Resident 3 was found by a staff member and was returned to the home. Staff H stated they had forgotten to document in the incident log that Resident 3 had gone missing.

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, SUNSHINE ADULT FAMILY HOME #1 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

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(1) After an assessment for a significant change in the resident's physical or mental condition;

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a negotiated care plan (NCP) was updated to reflect current behaviors and care needs for 1 of 4 residents (Resident 3). This failure placed the resident at risk for not having their care needs met.

Findings included….

Review of admission records showed Resident 3 was admitted to the home on [redacted]/2023.

Review of negotiated care plan (NCP) dated 09/21/2023 showed Resident 3 had a current medical diagnosis of [redacted] and [redacted]. The NCP showed Resident 3 had short term memory loss and moderately impaired independence. The NCP did not include information about Resident 3's exit seeking behaviors and did not show interventions to address these behaviors.

Review of the AFH's incident log on 03/14/2024 showed that on 10/19/2023 Resident 3 displayed exit-seeking behaviors and tried to leave the home. The incident log showed that on 10/25/2023 Resident 3 tried to leave the home and became verbally aggressive with staff when they attempted to intervene.

Review of faxed correspondence received on 03/14/2024 showed that on10/20/2023 Staff B, Former Resident Manager, contacted Resident 3's physician to report the resident was exhibiting exit-seeking behaviors. Review of the correspondence showed Staff B requested medication to reduce Resident 3's anxiety and agitation.

In an interview on 03/19/2024 at 9:14 AM Collateral Contact 1 (CC1), Resident Representative, stated that Resident 3's had symptoms related to their dementia including agitation and wandering and those symptoms had increased in frequency since moving into the AFH. CC1 reported the resident had attempted to leave the home on several occasions.

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, SUNSHINE ADULT FAMILY HOME #1 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

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(a) When there is a significant change in the resident's physical or mental condition;

(b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a resident assessment was completed after a significant change in condition related to agitation, wandering, and exit-seeking for 1 of 4 residents (Resident 3). This failure placed the resident at risk for unmet care needs.

Findings included….

On 03/14/2024 review of Resident 3's annual assessment dated 08/18/2023 showed the

resident was ambulatory with minimal assistance from staff. The assessment did not include information about wandering or exit-seeking behaviors.

On 03/14/2024 review of the AFH's incident log showed that on 10/19/2023 Resident 3 displayed exit-seeking behaviors and tried to leave the home. The incident log showed that on 10/25/2023 Resident 3 tried to leave the home and became verbally aggressive with staff when they attempted to intervene.

Review of faxed correspondence received on 03/14/2024 showed that on 10/20/2023 Staff B, Former Resident Manager, contacted Resident 3's physician regarding the episodes of exit-seeking, anxiety, and agitation.

In an interview on 03/19/2024 at 9:14 AM Collateral Contact 1 (CC1), Resident Representative, stated that Resident 3's agitation and wandering had increased since moving into the AFH. CC1 stated AFH staff had reported to them that Resident 3 had tried to leave the home on several occasions.

In an interview on 03/14/2024 at 10:22 AM Staff C, Administrator stated that they were unsure why Resident 3's assessment had not been updated to reflect the significant change and the exit-seeking and wandering behaviors.

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, SUNSHINE ADULT FAMILY HOME #1 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

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, record review, and interview, the Adult Family Home (AFH) failed to ensure a system was in place to meet the medication needs and provide medication

assistance as required for 1 of 4 residents (Resident 4). This failure resulted in residents of not receiving medications as prescribed by their medical practitioner.

Findings included…

<Resident 4>

Review of Resident 4's negotiated care plan dated 09/21/2023 showed the resident required medication assistance.

Review of Resident 4's medication log dated March 2024 showed Lorazepam, 0.5 milligrams (mg), take one tablet as needed thirty minutes before dental appointments.

Observation of Resident 4's medication supply on 03/22/2024 at 10:25 AM showed Lorazepam, 0.5 mg, take one tablet as needed thirty minutes before dental appointment. The medication card dated 11/27/2023 showed three Lorazepam tablets, 0.5 mg, had been provided by pharmacy, and two Lorazepam tablets remained in the medication card.

Review of the Resident 4's narcotics log showed that on 03/17/2024 Staff E, Caregiver, provided staff assistance when giving Resident 4 one Lorazepam tablet.

In an interview on 03/28/2024 at 2:18 PM Staff E stated they gave Resident 4 the Lorazepam to reduce the resident's agitation and anxiety.

In an interview on 03/28/2024 at 9:30 AM Staff C, Administrator, stated that on 03/20/2024 they were reviewing the residents' narcotics log and noticed that Lorazepam, 0.5 mg, had been given to Resident 4 by Staff E, Caregiver on 03/17/2024. Staff C stated the Lorazepam was only to be given to Resident 4 before visiting the dentist, and Resident 4 had not visited the dentist in over one year. Staff C stated that Staff E gave Resident E the Lorazepam because Resident 4 was agitated.

<Resident 3>

Review of negotiated care plan dated 09/21/2024 showed Resident 3 required medication assistance.

Review of physician's order dated 01/24/2024 showed that Acetaminophen, 650 mg, take one tablet three times daily, had been prescribed to Resident 3 on 08/17/2023.

Review of Resident 3's medication logs dated January 2024, February 2024, and March 2024 showed Acetaminophen, 650 mg, take one tablet three times daily for pain. Review of Resident 3's medication logs on 03/28/2024 showed Staff B, Former Resident Manager, Staff D, Caregiver, Staff E, Caregiver and Staff F, Caregiver, had initialed for daily staff assistance with Acetaminophen, 650 mg, in January 2024, February 2024 and March 2024.

In an interview on 03/22/2024 at 10:22 AM Staff C, Administrator, stated they were inventorying Resident 3's medications when they discovered the bottle of Acetaminophen, 500 mg, did not match the physician's order of Acetaminophen, 650 mg. Staff C stated that they were told by Staff D, Staff E & Staff F that they had always given Resident 3 Acetaminophen, 500 mg, because that was the dosage in Resident 3's medication supply.

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, SUNSHINE ADULT FAMILY HOME #1 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

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

(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, record review, and interview, the Adult Family Home (AFH) failed to keep an up-to-date daily medication log that included the initials of staff who assisted with the medication for 1 of 4 residents (Resident 4). This failure placed residents at risk for medication errors.

Findings included….

Review of negotiated care plan dated 09/21/2023 showed Resident 4 required medication assistance.

On 03/22/2024 review of Resident 4's medication log dated March 2024 showed Lorazepam, 0.5 milligrams (mg), take one tablet as needed thirty minutes before dental

appointment.

Review of Resident 4's medication log on 03/22/2024 showed no initials for daily staff assistance with as-needed doses of Lorazepam.

Review of Resident 4's narcotic count log showed that on 03/17/2024 Staff E, Caregiver, signed that they provided staff assistance when giving Resident 4 one Lorazepam tablet.

In an interview on 03/22/2024 at 10:40 AM Staff E, Caregiver, stated they were busy and forgot to initial when they gave Resident 4 the Lorazepam tablet.

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, SUNSHINE ADULT FAMILY HOME #1 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

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure only nurse delegated staff administered medication to 1 of 5 residents (Resident 5). This failure resulted in Resident 5 receiving medication administered by undelegated staff.

Findings included….

Record review on 03/22/2024 showed Nurse Delegation Instructions, dated 03/18/2024, specified Resident 5 received nurse delegated care for the following:

-Muro 128, 5% ointment, place in the right eye at night for eye discomfort.
-Latanaprost, 0.005% Ophthalmic Solution, one drop in each eye at night for eye

discomfort.
-Voltaren gel, 1%, apply to both knees three times daily for pain.
-Ketotifen Fumarate ophthalmic solution, 0.35%, one drop into each eye every twelve hours as needed for allergies.

Review of Resident 5's March 2024 medication log on 03/22/2024 showed Staff G, Caregiver, initialed for staff assistance with nurse delegated medications.

Review of staff training records on 03/22/2024 showed no documentation that Staff G had completed nurse delegation training. There was no documentation to show Staff G had been delegated to administer medications to Resident 5.

In an interview on 03/28/2024 at 9:35 AM Staff C, Administrator, stated that Staff G had not yet obtained nurse delegation training. Staff C stated they were aware Staff G was completing nurse delegated tasks for Resident 5.

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, SUNSHINE ADULT FAMILY HOME #1 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

WAC 388-76-10560 Resident rights Adult family home management of resident financial affairs.

(2) If the adult family home agrees to manage a resident's personal funds, the home must:

(b) Develop and maintain a system that assures a full, complete, and separate accounting of each resident's personal funds given to the home on the resident's behalf;

(d) Deposit a resident's personal funds in excess of one hundred dollars in an interest-bearing account(s) separate from any of the home's operating accounts and that credits all interest earned on residents' funds to that account;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to maintain a full and complete financial accounting system and deposit personal funds of more than one hundred dollars into an interest-bearing account for 1 of 4 residents (Resident 2). This

failure placed the resident at risk for theft and financial exploitation.

Findings included….

Review of negotiated care plan (NCP) dated 09/21/2023 showed Resident 4 required assistance to manage their finances.

Review of a Superior Court of Washington Letter of Guardianship on 04/02/2024 showed on 11/30/2017 Resident 4 was assigned Collateral Contact 2 to act as their guardian and manage their finances.

In an interview on 03/27/2024 at 12:11 PM Collateral Contact 2 (CC2), Legal Guardian, stated they are Resident 4's financial guardian. CC2 stated money is taken from Resident 4's trust account when Resident 4 engages in community activities.CC2 stated they believed the money found in the home was left over from these activity expenses. CC2 stated they were unsure how much of Resident 4's money was in the home.

In an interview on 03/28/2024 at 9:39 AM Staff C, Administrator, stated that on 03/14/2024 they discovered one hundred and one dollars in cash and nineteen dollars and forty cents in change inside multiple envelopes in a locked office file drawer. Staff C stated Resident 4's name was on the envelopes and there were receipts and an outdated ledger found with the money. Staff C reported they placed the money and ledger in a secured lockbox in the staff office. Staff C stated the corporate office controls an interest-bearing bank account for Resident 4's funds and they were unsure why the money they found was in the home. Staff C stated that on 03/18/2024 they discovered Resident 4's money was no longer in the lockbox and staff did know where the money was located.

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, SUNSHINE ADULT FAMILY HOME #1 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