



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

PRECIOUS HANDS SENIOR LIVING LLC
PRECIOUS HANDS SENIOR LIVING LLC
3039 16TH ST SE
AUBURN, WA 98092

RE: PRECIOUS HANDS SENIOR LIVING LLC License # 752315

Dear Provider:

This letter addresses Compliance Determination(s) 52908 (Completion Date 01/10/2025) and 51359 (Completion Date 12/17/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/10/2025 and found that you have corrected the violations listed in the Full report dated 12/17/2024. Your home is back in compliance as of 12/27/2024 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 388-76-10380-2, WAC 388-76-10490-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-e

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

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

Sincerely,

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

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



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

Statement of Deficiencies	License #: 752315	Compliance Determination # 51359
Plan of Correction	PRECIOUS HANDS SENIOR LIVING LLC	Completion Date
Page 1 of 7	Licensee: PRECIOUS HANDS SENIOR LIVING LLC	12/17/2024

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 12/06/2024 and 12/06/2024 of:

PRECIOUS HANDS SENIOR LIVING LLC
3039 16TH ST SE
AUBURN, WA 98092

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 Licensors

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

12-23-2024

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.

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



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

Statement of Deficiencies	License #: 752315	Compliance Determination # 51359
Plan of Correction	PRECIOUS HANDS SENIOR LIVING LLC	Completion Date
Page 1 of 7	Licensee: PRECIOUS HANDS SENIOR LIVING LLC	12/17/2024

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 12/06/2024 and 12/06/2024 of:

PRECIOUS HANDS SENIOR LIVING LLC
3039 16TH ST SE
AUBURN, WA 98092

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 Licenser

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

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.

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

Statement of Deficiencies	License #: 752315	Compliance Determination # 51359
Plan of Correction	PRECIOUS HANDS SENIOR LIVING LLC	Completion Date
Page 2 of 7	Licensee: PRECIOUS HANDS SENIOR LIVING LLC	12/17/2024

Pauline Chege
Provider (or Representative)

12/27/24
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:

(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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled resident's (Resident 1) included the list of the resident's psychopharmacological medications, used to treat mental health disorders. This failure placed Resident 1 at risk of unmet care needs.

Findings included...

During a visit on 12/06/2024 at 8:40 AM, observation showed Resident 1 lived in and received care from the AFH.

A review of Resident 1's NCP updated on 02/06/2024 showed Resident 1 was admitted to the AFH on [REDACTED] 2017. Further review showed Resident 1 was diagnosed with [REDACTED] and [REDACTED]. Resident 1's NCP showed the following psychopharmacological medications were listed,

- "Buspirone HCL" 15 milligrams (mg), take 2 tablets (30 mg) by mouth twice daily for anxiety disorder.
- "Fluoxetine HCL" 10 mg, take one capsule by mouth twice daily for obsessive-compulsive disorder, marked by unwanted thoughts and fears that cause repetitive behavior.
- Lithium Carbonate 300 mg, take 1 capsule by mouth twice daily (with breakfast and dinner) for schizoaffective disorder, marked by delusions, hallucinations, and mood disorder.
- "Buspirone HCL" 15 mg, may also take one tablet by mouth nightly as needed at midnight for anxiety disorder.

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:

(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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled resident's (Resident 1) included the list of the resident's psychopharmacological medications, used to treat mental health disorders. This failure placed Resident 1 at risk of unmet care needs.

Findings included...

During a visit on 12/06/2024 at 8:40 AM, observation showed Resident 1 lived in and received care from the AFH.

A review of Resident 1's NCP updated on 02/06/2024 showed Resident 1 was admitted to the AFH on [REDACTED]/2017. Further review showed Resident 1 was diagnosed with [REDACTED], [REDACTED], and [REDACTED]. Resident 1's NCP showed the following psychopharmacological medications were listed,

- "Buspirone HCL" 15 milligrams (mg), take 2 tablets (30 mg) by mouth twice daily for anxiety disorder.

- "Fluoxetine HCL" 10 mg, take one capsule by mouth twice daily for obsessive-compulsive disorder, marked by unwanted thoughts and fears that cause repetitive behavior.

-Lithium Carbonate 300 mg, take 1 capsule by mouth twice daily (with breakfast and dinner) for schizoaffective disorder, marked by delusions, hallucinations, and mood disorder.

- "Buspirone HCL" 15 mg, may also take one tablet by mouth nightly as needed at midnight for anxiety disorder.

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

-Propranolol 20 mg, take one tablet by mouth four times daily as needed for anxiety.

A review of Resident 1's Electronic Medication Administration Record (EMAR) dated 12/06/2024 showed Resident 1 was rather prescribed the following psychopharmacologic medications:

-Brexiprazole 3 mg, take one tablet (3 mg) at bedtime. Resident 1's EMAR showed the medication was used to treat depression, schizophrenia, and Alzheimer's disease, affects memory, thinking and behavior.

-Escitalopram, 20 mg, take 1 tablet in the morning. Resident 1's EMAR showed the medication was used to treat depression.

-Lorazepam 0.5 mg, take 1 tablet twice daily. Resident 1's EMAR showed the medication was used to treat panic attacks, anxiety, and seizures.

-Quetiapine Fumarate 25 mg, take 0.5 mg twice daily. Resident 1's EMAR showed the medication was used to treat schizophrenia, and certain types of depression, including bipolar disorder.

-Quetiapine Fumarate 50 mg, take 1 tablet at bedtime. Resident 1's EMAR showed the medication was used to treat schizophrenia, and certain types of depression, including bipolar disorder.

-Hydroxyzine Hydrochloride 25 mg, take 1 tablet three times daily. Resident 1's EMAR showed the medication was used to treat anxiety disorders and certain types of allergic skin conditions.

In an interview on 12/06/2024 at 3:05 PM, Staff A, Entity Representative/Resident Manager, stated that they had made a mistake and entered a different resident's medication into Resident 1's NCP.

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

Attestation Statement

Statement of Deficiencies	License #: 752315	Compliance Determination # 51359
Plan of Correction	PRECIOUS HANDS SENIOR LIVING LLC	Completion Date
Page 4 of 7	Licensee: PRECIOUS HANDS SENIOR LIVING LLC	12/17/2024

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, PRECIOUS HANDS SENIOR LIVING LLC is or will be in compliance with this law and / or regulation on (Date) 12/27/24.

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

Pauline Chese
Provider (or Representative)

12/27/24
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, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 1 of 2 sampled residents (Resident 3), medication found in a hallway closet for a former resident, and medications in 2 of 2 first aid kits. These failures placed all 6 resident's (Residents 1, 2, 3, 4, 5, and 6) who required first aid and Resident 3, at risk of not receiving the full effect of expired medication.

Findings included...

Review of the AFH's undated "Medication Disposal Policy" showed discontinued or expired medication would be placed in a medication disposal bottle, RX Destroyer, a chemical destruction container that converts solid and liquid medications into a non-retrievable form.

During a visit on 12/06/2024 at 8:40 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH.

Resident 3

Observation on 12/06/2024 at 11:45 AM showed Albuterol HFA 90 microgram (mcg), Inhale 2 puffs every 4 hours as needed for wheezing in Resident 3's medication storage container. Further observation showed Resident 3's Albuterol inhaler had an expiration date of 10/31/2024.

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, PRECIOUS HANDS SENIOR LIVING 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 388-76-10490 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, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 1 of 2 sampled residents (Resident 3), medication found in a hallway closet for a former resident, and medications in 2 of 2 first aid kits. These failures placed all 6 resident's (Residents 1, 2, 3, 4, 5, and 6) who required first aid and Resident 3, at risk of not receiving the full effect of expired medication.

Findings included...

Review of the AFH's undated "Medication Disposal Policy" showed discontinued or expired medication would be placed in a medication disposal bottle, RX Destroyer, a chemical destruction container that converts solid and liquid medications into a non-retrievable form.

During a visit on 12/06/2024 at 8:40 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH.

Resident 3

Observation on 12/06/2024 at 11:45 AM showed Albuterol HFA 90 microgram (mcg), Inhale 2 puffs every 4 hours as needed for wheezing in Resident 3's medication storage container. Further observation showed Resident 3's Albuterol inhaler had an expiration date of 10/31/2024.

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

Statement of Deficiencies	License #: 752315	Compliance Determination # 51359
Plan of Correction	PRECIOUS HANDS SENIOR LIVING LLC	Completion Date
Page 5 of 7	Licensee: PRECIOUS HANDS SENIOR LIVING LLC	12/17/2024

In an interview on 12/06/2024 at 11:49 AM, Staff B, Caregiver, stated that they had reviewed the resident's medication and had missed the expired Albuterol inhaler.

Hallway Closet

Observation on 12/06/2024 at 10:14 AM of the hallway closet showed a tube of Bacitracin Ointment with an expiration date of January 2023.

In an interview on 12/06/2024 at 10:17 AM, Staff B stated that a former resident who required wound care, had this Bacitracin Ointment as part of their treatment.

First Aid Kits

Observation on 12/06/2024 at 10:15 AM showed in First Aid Kit 1 a tube of Neosporin and a tube of Benadryl both with expiration dates of December 2019. Further observation showed 2 packets with 2 tablets of Tylenol had expiration dates of October 2021.

Observation on 12/06/2024 at 10:25 AM showed First Aid Kit 2, had a tube of Benadryl with an expiration date of October 2020. Further observation showed a tube of Neosporin with an expiration date of November 2020. In addition, observation showed 2 packets of Tylenol with two tablets had expiration dates of August 2022.

In an interview on 12/06/2024 at 10:27 AM, Staff A, Entity Representative/Resident Manager, stated that they had forgotten to check the first aid kits for expired medication.

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, PRECIOUS HANDS SENIOR LIVING LLC is or will be in compliance with this law and / or regulation on
(Date) 12/27/24.

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

In an interview on 12/06/2024 at 11:49 AM, Staff B, Caregiver, stated that they had reviewed the resident's medication and had missed the expired Albuterol inhaler.

Hallway Closet

Observation on 12/06/2024 at 10:14 AM of the hallway closet showed a tube of Bacitracin Ointment with an expiration date of January 2023.

In an interview on 12/06/2024 at 10:17 AM, Staff B stated that a former resident who required wound care, had this Bacitracin Ointment as part of their treatment.

First Aid Kits

Observation on 12/06/2024 at 10:15 AM showed in First Aid Kit 1 a tube of Neosporin and a tube of Benadryl both with expiration dates of December 2019. Further observation showed 2 packets with 2 tablets of Tylenol had expiration dates of October 2021.

Observation on 12/06/2024 at 10:25 AM showed First Aid Kit 2, had a tube of Benadryl with an expiration date of October 2020. Further observation showed a tube of Neosporin with an expiration date of November 2020. In addition, observation showed 2 packets of Tylenol with two tablets had expiration dates of August 2022.

In an interview on 12/06/2024 at 10:27 AM, Staff A, Entity Representative/Resident Manager, stated that they had forgotten to check the first aid kits for expired medication.

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, PRECIOUS HANDS SENIOR LIVING 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.

Statement of Deficiencies	License #: 752315	Compliance Determination # 51359
Plan of Correction	PRECIOUS HANDS SENIOR LIVING LLC	Completion Date
Page 6 of 7	Licensee: PRECIOUS HANDS SENIOR LIVING LLC	12/17/2024

<u>Pauline Chege</u>	<u>12/27/24</u>
Provider (or Representative)	Date

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the notice of rights and services was reviewed, signed, and dated by 2 of 2 sampled resident's (Resident 1 and Resident 3) Representative at least every twenty-four months. This failure placed Resident 1 and Resident 3 at risk of being unaware of house rules, rights, services, and charges of the AFH.

Findings included...

During a visit on 12/06/2024 at 8:40 AM, observation showed Resident 1 and Resident 3 lived in and received care from the AFH.

A review of Resident 1's records showed Resident 1 was admitted to the AFH on [REDACTED] 2017. Review of Resident 1's notice of rights and services, that included the house rules, rights, services, and charges of the AFH, showed it was last signed and dated on 04/18/2021 by both the AFH and Resident 1's Representative. Further review showed no other notice of rights and services in Resident 1's records.

A review of Resident 3's records showed Resident 3 was admitted to the AFH on [REDACTED] 2018. A review of Resident 3's notice of rights and services showed it was signed and dated on 06/08/2021 by both the AFH and Resident 3's Representative. Further review showed the AFH had signed and dated Resident 3's notice of rights and services on 06/08/2023. In addition, Resident 3's Representative had not signed or dated the

_____ Provider (or Representative)	_____ Date
---------------------------------------	---------------

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the notice of rights and services was reviewed, signed, and dated by 2 of 2 sampled resident's (Resident 1 and Resident 3) Representative at least every twenty-four months. This failure placed Resident 1 and Resident 3 at risk of being unaware of house rules, rights, services, and charges of the AFH.

Findings included...

During a visit on 12/06/2024 at 8:40 AM, observation showed Resident 1 and Resident 3 lived in and received care from the AFH.

A review of Resident 1's records showed Resident 1 was admitted to the AFH on [REDACTED]/2017. Review of Resident 1's notice of rights and services, that included the house rules, rights, services, and charges of the AFH, showed it was last signed and dated on 04/18/2021 by both the AFH and Resident 1's Representative. Further review showed no other notice of rights and services in Resident 1's records.

A review of Resident 3's records showed Resident 3 was admitted to the AFH on [REDACTED]/2018. A review of Resident 3's notice of rights and services showed it was signed and dated on 06/08/2021 by both the AFH and Resident 3's Representative. Further review showed the AFH had signed and dated Resident 3's notice of rights and services on 06/08/2023. In addition, Resident 3's Representative had not signed or dated the

Statement of Deficiencies	License #: 752315	Compliance Determination # 51359
Plan of Correction	PRECIOUS HANDS SENIOR LIVING LLC	Completion Date
Page 7 of 7	Licensee: PRECIOUS HANDS SENIOR LIVING LLC	12/17/2024

house rules, rights, services, and charges of the AFH.

In an interview on 12/06/2024 at 12:41 PM, Staff A, Entity Representative/Resident Manager, stated that they had forgotten to give the notice of rights and services to Resident 1's Representative to review. Staff A further stated that they had sent Resident 3's notice of rights and services to Resident 3's Guardianship service but had never received a signed copy in return.

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, PRECIOUS HANDS SENIOR LIVING LLC is or will be in compliance with this law and / or regulation on
(Date) 12/27/24.

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

Rauline Chege
Provider (or Representative)

12/27/24
Date

house rules, rights, services, and charges of the AFH.

In an interview on 12/06/2024 at 12:41 PM, Staff A, Entity Representative/Resident Manager, stated that they had forgotten to give the notice of rights and services to Resident 1's Representative to review. Staff A further stated that they had sent Resident 3's notice of rights and services to Resident 3's Guardianship service but had never received a signed copy in return.

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, PRECIOUS HANDS SENIOR LIVING 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

PRECIOUS HANDS SENIOR LIVING LLC

3039 16TH ST SE AUBURN WA 98092

12/26/2024

Attn Lydia Owusu Acheampong

REGION 2, UNIT G

RESIDENTIAL CARE SERVICES.

RE: PLAN OF CORRECTION.

. WAC 388-76-10490 Medication Disposal

The home will make sure all clients' medications ,first aid kit meds are not expired and expired meds are disposed correctly according to the WAC.

WAC 388-76-10380 Negotiated Care Plan.

The home will ensure all residents' negotiated care plans are up to date ,making sure all the medications in the care plan are reconciling with the doctor's orders and the mar.

WAC 388-76-10530 Resident's Notice of Rights and Services.

The home will make sure Resident's Notice of Rights and Services documents are signed by the Resident or Resident s representative and the provider upon admission , reviewed and signed every two years according to the Wac.