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

OVERLAKE VIEW ADULT FAMILY HOME LLC

OVERLAKE VIEW ADULT FAMILY HOME LLC
1917 JONES AVE NE
RENTON, WA 98056

RE: OVERLAKE VIEW ADULT FAMILY HOME LLC License # 752432

Dear Provider:

This letter addresses Compliance Determination(s) 36739 (Completion Date 02/12/2024) and 31859 (Completion Date 11/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/12/2024 and found that you have corrected the violations listed in the Full report dated 11/13/2023. Your home is back in compliance as of 12/05/2023 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 388-76-10380-4, WAC 388-76-10530-2, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10430-2-c, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375

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

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

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit E
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

Statement of Deficiencies	License #: 752432	Compliance Determination # 31959
Plan of Correction	OVERLAKE VIEW ADULT FAMILY HOME LLC	Completion Date
Page 1 of 6	Licensee: OVERLAKE VIEW ADULT FAMILY HOME	11/13/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 10/27/2023 and 10/27/2023 of:
OVERLAKE VIEW ADULT FAMILY HOME LLC
1917 JONES AVE NE
RENTON, WA 98058

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

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — 11/15/2023 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.

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From:
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Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Residential Care Services

11/15/2023
Date

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Statement of Deficiencies	License #: 752432	Compliance Determination # 31859
Plan of Correction	OVERLAKE VIEW ADULT FAMILY HOME LLC	Completion Date
Page 2 of 6	Licensee: OVERLAKE VIEW ADULT FAMILY HOME	11/13/2023

Provider (or Representative) 11- 24 -2023 Date

WAC 388-76-10360 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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update and review the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) at least every twelve months. This failure placed Resident 1 at risk for unmet care needs.

Findings included...

During an unannounced visit on 10/27/2023 between 10:33 AM to 5:58 PM, observation showed staff interacted and provided care to Resident 1.

Record review of Resident 1's most current NCP showed that it was originally signed by Staff A, Entity Representative, on 09/07/2021. There was a date added "8-31 (no year)" on the same row but no signature. Further review of the NCP showed that it was originally signed by the Resident 1's representative on 09/07/2021 and another date 09/08/2023 was added to the same row with no signature of Resident 1 and/or their representative.

In an interview on 10/27/2023 at 3:54 PM, Staff A, Entity Representative, stated that they (Staff A and Staff D, Caregiver) had reviewed the NCP, but it was not reviewed with the resident or the representative. Staff A did not explain why Resident 1's NCP was not reviewed with the resident and/or the resident's representative yearly.

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, OVERLAKE VIEW ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12 - 5 - 2023

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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update and review the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) at least every twelve months. This failure placed Resident 1 at risk for unmet care needs.

Findings included...

During an unannounced visit on 10/27/2023 between 10:33 AM to 5:59 PM, observation showed staff interacted and provided care to Resident 1.

Record review of Resident 1's most current NCP showed that it was originally signed by Staff A, Entity Representative, on 09/07/2021. There was a date added "8-31 (no year)" on the same row but no signature. Further review of the NCP showed that it was originally signed by the Resident 1's representative on 09/07/2021 and another date 09/08/2023 was added to the same row with no signature of Resident 1 and/or their representative.

In an interview on 10/27/2023 at 3:54 PM, Staff A, Entity Representative, stated that they (Staff A and Staff D, Caregiver) had reviewed the NCP, but it was not reviewed with the resident or the representative. Staff A did not explain why Resident 1's NCP was not reviewed with the resident and/or the resident's representative yearly.

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, OVERLAKE VIEW ADULT FAMILY HOME 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) 11-24-2023 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;

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide 1 of 2 sampled residents (Resident 1), written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Resident 1 and/or its representative at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included...

During an unannounced visit on 10/27/2023 between 10:33 AM to 5:59 PM, observation showed staff interacted and provided care to Resident 1.

Review of Resident 1's records showed that Resident 1 and the AFH last reviewed and signed the notice of services on 09/07/2021. The notice of services had another date of 09/08/2023 written next to the original date of 09/07/2021 but there was no signature next to the new date added.

In an interview on 10/27/2023 at 3:57 PM, Staff A, Entity Representative, stated that Resident 1's notice of services was not reviewed and signed every two years with the resident and/or its representative because there were no changes. Staff A further stated

Provider (or Representative) _____ Date _____

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Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide 1 of 2 sampled residents (Resident 1), written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Resident 1 and/or its representative at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included...

During an unannounced visit on 10/27/2023 between 10:33 AM to 5:59 PM, observation showed staff interacted and provided care to Resident 1.

Review of Resident 1's records showed that Resident 1 and the AFH last reviewed and signed the notice of services on 09/07/2021. The notice of services had another date of 09/08/2023 written next to the original date of 09/07/2021 but there was no signature next to the new date added.

In an interview on 10/27/2023 at 3:57 PM, Staff A, Entity Representative, stated that Resident 1's notice of services was not reviewed and signed every two years with the resident and/or its representative because there were no changes. Staff A further stated

that the new date was added when they (Staff A) went through the document.

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, OVERLAKE VIEW ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12-5-2023

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

Provider (or Representative) 11-24-2023 Date

WAC 388-76-10430 Medication system.

(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 a medication system was in place for 1 of 2 sampled current residents (Resident 2) when staff signed their Medication Administration Record (MAR) as medication given although it was not. This failure placed Resident 2 at risk of medication error.

Findings included...

During an unannounced visit on 10/27/2023 between 10:33 AM to 5:59 PM, observation showed staff interacted and provided care to Resident 2.

On 10/27/2023 at 2:55 PM, Staff A, Entity Representative, stated that Resident 2 received medication administration from staff.

Review of Resident 2's October 2023 MAR included "Vitamin D3 (used as a dietary supplement) 5,000 units Take 1 tablet ... every morning...". The MAR was signed by staff from October 1-October 27, 2023, to indicate that the medication was given on those days at 8:00 AM.

During medication reconciliation (a process of comparing and reviewing medication orders,

that the new date was added when they (Staff A) went through the document.

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, OVERLAKE VIEW ADULT FAMILY HOME 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

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a medication system was in place for 1 of 2 sampled current residents (Resident 2) when staff signed their Medication Administration Record (MAR) as medication given although it was not. This failure placed Resident 2 at risk of medication error.

Findings included...

During an unannounced visit on 10/27/2023 between 10:33 AM to 5:59 PM, observation showed staff interacted and provided care to Resident 2.

On 10/27/2023 at 2:55 PM, Staff A, Entity Representative, stated that Resident 2 received medication administration from staff.

Review of Resident 2's October 2023 MAR included "Vitamin D3 (used as a dietary supplement) 5,000 units Take 1 tablet ... every morning... ". The MAR was signed by staff from October 1-October 27, 2023, to indicate that the medication was given on those days at 8:00 AM.

During medication reconciliation (a process of comparing and reviewing medication orders,

medication supplies, and MAR), on 10/27/2023 at 4:07 PM, observation showed the resident's medication supply did not include Vitamin D3.

In an interview on 10/27/2023 at 4:17 PM, Staff C, Caregiver, stated that they had been signing the MAR, although the Vitamin D3 was not given. Staff C was unable to say when the medication ran out.

In an interview on 10/27/2023 at 4:28 PM, Staff A did not say when the Vitamin D3 ran out and why staff continued signing the MAR as given.

On 10/27/2023 at 4:38 PM, Staff A was observed calling the Pharmacy and asked regarding Resident 2's Vitamin D3.

On 10/27/2023 at 4:36 PM, Staff A stated that the pharmacy tried calling Resident 2's doctor but the refill order got declined.

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, OVERLAKE VIEW ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12-5-2023

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

Provider (or Representative) 11-24-2023 Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

medication supplies, and MAR), on 10/27/2023 at 4:07 PM, observation showed the resident's medication supply did not include Vitamin D3.

In an interview on 10/27/2023 at 4:17 PM, Staff C, Caregiver, stated that they had been signing the MAR, although the Vitamin D3 was not given. Staff C was unable to say when the medication ran out.

In an interview on 10/27/2023 at 4:28 PM, Staff A did not say when the Vitamin D3 ran out and why staff continued signing the MAR as given.

On 10/27/2023 at 4:36 PM, Staff A was observed calling the Pharmacy and asked regarding Resident 2's Vitamin D3.

On 10/27/2023 at 4:36 PM, Staff A stated that the pharmacy tried calling Resident 2's doctor but the refill order got declined.

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

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Provider (or Representative) Date

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(1) Resident; and

(2) Adult family home.

Statement of Deficiencies	License # 752432	Compliance Determination # 31859
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Page 6 of 6	Licensee: OVERLAKE VIEW ADULT FAMILY HOME	11/13/2023

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 2) was signed by the resident and/or representative and the AFH. This failure placed Resident 2 at risk of unmet care needs and receiving services that was not negotiated and agreed.

Findings included...

During an unannounced visit on 10/27/2023 between 10:33 AM to 5:59 PM, observation showed staff interacted and provided care to Resident 2.

Review of Resident 2's NCP showed that it was originally signed and dated by the Resident 2's Representative on 02/18/2021. There were additional dates added on the same row where it says "Resident Representative" for 02/12/2022 and 02/12/2023 but there was no signature for both 2022 and 2023. The AFH Entity Representative originally signed and dated the NCP on 02/18/2021. There were additional dates added on the same row where it says "Provider/owner" for 02/12/2022 and 02/01/2023 but there was no signature for both 2022 and 2023.

In a telephone interview on 11/13/2023, Staff A, Entity Representative, stated that Resident 2's NCP was reviewed with Resident 2's Representative yearly, but it was not signed because there was not enough room for the signature.

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Provider (or Representative) — Date: 11-24-2023

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Findings included...

During an unannounced visit on 10/27/2023 between 10:33 AM to 5:59 PM, observation showed staff interacted and provided care to Resident 2.

Review of Resident 2's NCP showed that it was originally signed and dated by the Resident 2's Representative on 02/18/2021. There were additional dates added on the same row where it says "Resident Representative" for 02/12/2022 and 02/12/2023 but there was no signature for both 2022 and 2023. The AFH Entity Representative originally signed and dated the NCP on 02/10/2021. There were additional dates added on the same row where it says "Provider/owner" for 02/12/2022 and 02/01/2023 but there was no signature for both 2022 and 2023.

In a telephone interview on 11/13/2023, Staff A, Entity Representative, stated that Resident 2's NCP was reviewed with Resident 2's Representative yearly, but it was not signed because there was not enough room for the signature.

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Provider (or Representative) Date