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

Emebet T. Seifu
Living In Comfort Adult Family Home
2317 N 159th St
Shoreline, WA 98133

RE: Living In Comfort Adult Family Home License # 752705

Dear Provider:

This letter addresses Compliance Determination(s) 53834 (Completion Date 01/28/2025) and 50678 (Completion Date 12/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/28/2025 and found that you have corrected the violations listed in the Follow up report dated 12/10/2024. Your home is back in compliance as of 12/13/2024 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

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

Sincerely,

Renee' Bourque

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 11/21/2024 and 11/21/2024 of:

Living In Comfort Adult Family Home
1021 Bell St
Edmonds, WA 98020

This document references the following SOD dated: 12/10/2024

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

The department staff that inspected the Adult Family Home:

Theresia Karundeng, NCI

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

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

Alfredo Brown
Residential Care Services

12/12/2024
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 388-76-10430 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 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 2) received medications per physician order and instructions on the Medication Log (ML) was followed. This failure placed Resident 1 at risk for harm related to medication errors, medical complications, and unmet care needs.

Findings included...

Review of Resident 2's NCP, dated 01/30/2024, showed Resident 2 was admitted to the AFH on [redacted]/2023, with multiple medical diagnoses. Further review showed Resident 2 required caregiver assistance with medication.

Review of Resident 2's pharmacy generated Medication Log (ML), dated October 2024, showed the following :
-Clonidine (used for high blood pressure) tablet take one tablet by mouth three times daily.
-Losartan potassium (used for high blood pressure) tablet by mouth every morning.
-Propranolol (used for high blood pressure) tablet three times daily.
-Verapamil (used for high blood pressure) tablet every morning.
-Check blood pressure and pulse three times daily before medications. Records showed Resident 2's blood pressure and pulse were not documented in the October 2024 ML. Records showed Resident 2 was receiving all blood pressure medications.

Review of Resident 2's pharmacy generated ML dated November 2024 showed the following:
-Clonidine tablet take one tablet by mouth three times daily.
-Losartan potassium tablet by mouth every morning.

-Propranolol tablet three times daily.
-Verapamil tablet every morning.
-Check blood pressure and pulse three times daily before medications. Records showed Resident 2's blood pressure and pulse were not documented in the ML from 11/01/2024-11/21/2024. Records showed Resident 2 was receiving all blood pressure medications.
-Alfalfa (herbal supplement) tablet take one tablet by mouth twice daily (family supply). Records showed Resident 2 had not received Alfalfa from 11/01/2024-11/21/2024.

Review of Resident 2's undated Vitals Record showed the following:
-Resident 2's blood pressure was not checked consistently three times a day in the month of October and November 2024.

-Records showed Resident 2's blood pressure was checked once a day for 14 days and twice a day for 1 day in October 2024 (31 days in the month). Further review showed no documentation of refusal.

-Records showed Resident 2's blood pressure was checked once a day for nine days from 11/01/2024-11/21/2024 (21 days). Records showed Resident 2 refused 12 times for blood pressure checks once a day.

In an interview, on 11/21/2024 at 1:40 PM, Staff A, Provider, acknowledged that Resident 2's blood pressure checks were left blank in the medication log in October and November 2024. Staff A stated that Resident 2's blood pressures were documented on a separate sheet. Staff A acknowledged that documentation of refusal was not documented in October 2024. Staff A stated that Resident 2's Alfalfa was not given because they had run out of supplies and were waiting for the family to supply it.

In an interview, on 11/26/2024 at 4:12 PM, Staff A acknowledged that Resident 2's blood pressure should have been checked three times a day as it was written in the medication log.

This is an uncorrected deficiency previously cited on 09/30/2024.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 12/13/24.

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

-Propranolol tablet three times daily.
-Verapamil tablet every morning.
-Check blood pressure and pulse three times daily before medications. Records showed Resident 2's blood pressure and pulse were not documented in the ML from 11/01/2024-11/21/2024. Records showed Resident 2 was receiving all blood pressure medications.
-Alfalfa (herbal supplement) tablet take one tablet by mouth twice daily (family supply). Records showed Resident 2 had not received Alfalfa from 11/01/2024-11/21/2024.

Review of Resident 2's undated Vitals Record showed the following:
-Resident 2's blood pressure was not checked consistently three times a day in the month of October and November 2024.

-Records showed Resident 2's blood pressure was checked once a day for 14 days and twice a day for 1 day in October 2024 (31 days in the month). Further review showed no documentation of refusal.

-Records showed Resident 2's blood pressure was checked once a day for nine days from 11/01/2024-11/21/2024 (21 days). Records showed Resident 2 refused 12 times for blood pressure checks once a day.

In an interview, on 11/21/2024 at 1:40 PM, Staff A, Provider, acknowledged that Resident 2's blood pressure checks were left blank in the medication log in October and November 2024. Staff A stated that Resident 2's blood pressures were documented on a separate sheet. Staff A acknowledged that documentation of refusal was not documented in October 2024. Staff A stated that Resident 2's Alfalfa was not given because they had run out of supplies and were waiting for the family to supply it.

In an interview, on 11/26/2024 at 4:12 PM, Staff A acknowledged that Resident 2's blood pressure should have been checked three times a day as it was written in the medication log.

This is an uncorrected deficiency previously cited on 09/30/2024.

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, Living In Comfort Adult Family Home 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 #: 752705	Compliance Determination # 50678
Plan of Correction	Living In Comfort Adult Family Home	Completion Date
Page 4 of 4	Licensee: Emebet T. Seifu	12/10/2024

Provider (or Representative)

Date 12/13/24

Provider (or Representative) Date

Living In Comfort
1021 Bell st
Edmonds, wa 98020
License # 752705

Attn: Renee Bourque , Field Manager
Residential Care Services
Region 2, Unit 1
20311 52nd Ave W, suite 100
Lynnwood, Wa 98036

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 ;

(d) Receives medications as required.

Plan of correction.

We have conducted a refresher and review with care staff on proper documentation and medication management, also we have discontinued the order in question after discussing it with pcp. The order was d/c on dec 13th 2024. The order was made prior to his move into our home and was an old order.

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

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 complaint investigation on 09/18/2024 and 09/18/2024 of:

Living In Comfort Adult Family Home
1021 Bell St
Edmonds, WA 98020

This document references the following complaint number(s): 147196, 147580

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

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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

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

Renee' Bourque
Residential Care Services

10/04/2024
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 388-76-10430 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 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 residents (Resident 1 and 2) received medications per physician order and instructions on the Medication Log (ML) was followed. Additionally, the AFH failed to ensure as needed medications were documented with reasons and effectiveness after each medication administration for 1 of 3 residents (Resident 2). This failure placed Resident 1 and 2 at risk for harm related to medication errors, medical complications, and unmet care needs.

Findings included…

RESIDENT 1
Review of Resident 1's Negotiated Care Plan (NCP) dated 08/03/2024, showed Resident 1 was admitted to the AFH on [redacted]/2022, with multiple medical diagnoses. Further review showed Resident 1 required caregiver assistance with medication.

Review of Resident 1's ML dated September 2024, showed the following:
• Polyethylene Glycol (used to treat constipation) powder mix in one capful of liquid and drink by mouth every other morning with a start date of 04/26/2024. Records showed that Resident 1 received Polyethylene Glycol on 09/01/2024. Further review of the ML showed Polyethylene Glycol was not given to Resident 1 from 09/03/2024-09/18/2024.
• Probiotic take one capsule by mouth three times a day with a start date of 08/30/2023. Records showed that Resident 1 received probiotic once a day from 09/01/2024-09/17/2024. Further review showed that Probiotic was not given three times a day as ordered to Resident 1 from 09/01/2024-09/18/2024.

In an interview, on 09/18/2024 at 1:52 PM, Staff B, Caregiver, stated that Resident 1 takes Polyethylene Glycol when they want to take it. Staff B stated that Resident 1 wants to take the Probiotic once a day instead of three times a day.

RESIDENT 2
Review of Resident 2's NCP, dated 01/30/2024, showed Resident 2 was admitted to the AFH on [redacted]/2023, with multiple medical diagnoses. Further review showed Resident 2 required caregiver assistance with medication.

Review of Resident 2's ML dated September 2024, showed the following:
• Check blood pressure and pulse three times daily before medications. Records showed Resident 2's blood pressure and pulse were not checked from 09/01/2024-09/18/2024. Further review showed Resident 2 was taking blood pressure medications.
• Albuterol (used to treat shortness of breath) inhaler inhale two puffs by mouth every four hours as needed with a start date of 07/22/2024. Records showed Resident 2 received Albuterol inhaler on 09/02/2024, 09/05/2024, 09/07/2024, 09/09/2024, 09/12/2024, 09/13/2024,09/16/2024, and 09/17/2024. Further review showed documentation of reason and results for the albuterol inhaler usage were not documented on Resident 2's ML.
• Hydroxyzine (used to treat anxiety) capsule take one capsule by mouth three times a day as needed for anxiety with a start date of 08/10/2024. Records showed Resident 2 received Hydroxyzine from 09/01/2024-09/15/2024. Further review showed documentation of reason and results for the hydroxyzine usage were not documented on Resident 2's ML.
• Ondansetron (used to treat nausea) tablet take one tablet by mouth every six hours as needed with a start date of 05/29/2024. Records showed Resident 2 received Ondansetron daily from 09/08/2024-09/12/2024. Further review showed documentation of reason and results for the Ondansetron usage were not documented on Resident 2's ML.

In an interview, on 09/18/2024 at 1:52 PM, Staff B stated that Resident 2 requested their as needed medication because they have it. Staff B stated that Resident 2 takes the albuterol inhaler because they complained of shortness of breath. Staff B further stated that they did not document the reasoning in the ML because they didn't visualize Resident 2's shortness of breath. Staff B reported that they did not document the reason and results for the usage of hydroxyzine and ondansetron because they (Staff B) didn't visualize the symptoms. Staff B reported that Resident 2 refused the blood pressure checks. Staff B acknowledged that no documentation of refusal was noted in Resident 2's ML.

In an interview, on 09/30/2024 at 1:24 PM, Staff A, Provider, stated they would expect their staff to give medications according to the prescribed order. Staff A stated that they expected staff to document any medication refusal in the ML and follow up with the doctor when medication refusal continued the next day. Staff A stated that they expected staff to document as needed medication reasons and result in the ML.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) ~~10/10/24~~ 9/18/2024

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

Provider (or Representative) — Date: 10/10/24

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medication was kept in a locked storage for 1 of 5 residents (Residents 1). This placed residents at risk for harm had they accessed and inappropriately taken medications not prescribed for them.

Findings included...

Review of Resident 1's Negotiated Care Plan (NCP) dated 08/03/2024, showed Resident 1 was admitted to the AFH on [redacted]/2022, with multiple medical diagnoses. Further review showed Resident 1 required caregiver assistance with medication.

In an observation, on 09/18/2024 at 10:00 AM, showed Resident 1 had the following medications kept in their room on top of a dresser without a locked container:

- Fosfomycin Tromethamine (used to treat infection) granules oral solution packet
- One bottle of D-Mannose (a supplement to prevent infection)
- One bottle of Multivitamins (a supplement)
- One bottle of Probiotic Cranberry liquid (a supplement to prevent infection)
- One bottle of Floracil (a supplement for gut health)
- One bottle of daily Probiotic (a supplement for gut health)
- One bottle of Creatine supplement bottle (a supplement to improve strength)
- One bottle of Senokot (used to treat constipation)

In an interview, on 09/18/2024 at 10:00 AM, Resident 1 stated that they were taking the medications above their dresser. Resident 1 stated it was their preference to keep their medication in their room above the dresser.

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, Living In Comfort Adult Family Home 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medication was kept in a locked storage for 1 of 5 residents (Residents 1). This placed residents at risk for harm had they accessed and inappropriately taken medications not prescribed for them.

Findings included…

Review of Resident 1's Negotiated Care Plan (NCP) dated 08/03/2024, showed Resident 1 was admitted to the AFH on [redacted]/2022, with multiple medical diagnoses. Further review showed Resident 1 required caregiver assistance with medication.

In an observation, on 09/18/2024 at 10:00 AM, showed Resident 1 had the following medications kept in their room on top of a dresser without a locked container:

- Fosfomycin Tromethamine (used to treat infection) granules oral solution packet
- One bottle of D-Mannose (a supplement to prevent infection)
- One bottle of Multivitamins (a supplement)
- One bottle of Probiotic Cranberry liquid (a supplement to prevent infection)
- One bottle of Floracil (a supplement for gut health)
- One bottle of daily Probiotic (a supplement for gut health)
- One bottle of Creatine supplement bottle (a supplement to improve strength)
- One bottle of Senokot (used to treat constipation)

In an interview, on 09/18/2024 at 10:00 AM, Resident 1 stated that they were taking the medications above their dresser. Resident 1 stated it was their preference to keep their medication in their room above the dresser.

In a joint observation and interview, on 09/18/2024 at 11:27 AM, with Staff A, Provider, and Staff D, Caregiver, showed Resident 1 kept medications (listed above) above their dresser in their room without a locked container. Staff A acknowledged that Resident 1 kept medications in their room without a locked container.

In an interview, on 09/30/2024 at 1:24 PM, Staff A stated that Resident 1's medications should be kept in a locked container.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 9/18/24.

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

Provider (or Representative) 10/10/24 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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the Negotiated Care Plan (NCP) was agreed to and signed by the resident or their representative and the AFH for 1 of 3 residents (Resident 3). This failure placed Resident 3 at risk of unrecognized and/or unmet care needs.

Findings included...

Review of Resident 3's NCP dated 09/12/2024, showed Resident 3 was admitted to the AFH on [redacted]/2024, with multiple medical diagnoses. Further review showed there were no signatures and dates noting that the NCP was reviewed with either Resident 3 or their representative and the AFH.

In a joint observation and interview, on 09/18/2024 at 11:27 AM, with Staff A, Provider, and Staff D, Caregiver, showed Resident 1 kept medications (listed above) above their dresser in their room without a locked container. Staff A acknowledged that Resident 1 kept medications in their room without a locked container.

In an interview, on 09/30/2024 at 1:24 PM, Staff A stated that Resident 1's medications should be kept in a locked container.

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, Living In Comfort Adult Family Home 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 388-76-10375 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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the Negotiated Care Plan (NCP) was agreed to and signed by the resident or their representative and the AFH for 1 of 3 residents (Resident 3). This failure placed Resident 3 at risk of unrecognized and/or unmet care needs.

Findings included…

Review of Resident 3's NCP dated 09/12/2024, showed Resident 3 was admitted to the AFH on [redacted]/2024, with multiple medical diagnoses. Further review showed there were no signatures and dates noting that the NCP was reviewed with either Resident 3 or their representative and the AFH.

In an interview, on 09/30/2024 at 1:24 PM, Staff A, Provider, stated that the NCP should be signed and reviewed yearly. Staff A stated that Resident 3's NCP was not signed/reviewed because they were newly admitted to the AFH.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 9/2/24.

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

Provider (or Representative) — Date 10/10/24

In an interview, on 09/30/2024 at 1:24 PM, Staff A, Provider, stated that the NCP should be signed and reviewed yearly. Staff A stated that Resident 3's NCP was not signed/reviewed because they were newly admitted to the AFH.

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, Living In Comfort Adult Family Home 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

Living In Comfort
1021 Bell st
Edmonds, wa 98020
License # 752705

Attn: Renee Bourque , Field Manager
Residential Care Services
Region 2, Unit 1
20311 52nd Ave W, suite 100
Lynnwood, Wa 98036

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 ;

(d) Receives medications as required.

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

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:

Plan of Correction

WAC 388-76-10430

We have conducted a refresher in medication management and documentation. Gone over procedures what to do if and when residents refuse medication and the proper documentation procedures. To document any refused medication and reason of refusal, notify pcp if multiple refusals occur to get it d/c or change orders. Refresher was conducted by provider on Emebet on September 18th 2024When giving PRN we have gone over proper documentation such as reason for prn outcome and type of med ect.

Refresher was conducted by provider on Emebet on September 18th 2024

Wac 388-76-1085

AFH and resident have come to an agreement to lock the medication back up in the faculity medication lock up storage.

Wac 388-76-10375

NCP has been signed 09/21/24

Provider Emebet Seifu
10/10/24