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

HOLMES SWEET HOME CARE INC
Holmes Sweet Home Care Inc
30027 55th Place S
Auburn, WA 98001

RE: Holmes Sweet Home Care Inc License # 752746

Dear Provider:

This letter addresses Compliance Determination(s) 31536 (Completion Date 11/02/2023) and 28811 (Completion Date 09/11/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/02/2023 and found that you have corrected the violations listed in the Full report dated 09/11/2023. Your home is back in compliance as of 09/17/2023 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 388-76-10465, WAC 388-76-10465-1, WAC 388-76-10465-2, WAC 388-76-10465-2-a, WAC 388-76-10465-2-b, WAC 388-76-10465-2-c, WAC 388-76-10255, WAC 388-76-10255-1

The Department staff who did the on-site verification:
Marites Gatan, NCI

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

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Statement of Deficiencies	License #: 752746	Compliance Determination # 28811
Plan of Correction	Holmes Sweet Home Care Inc	Completion Date
Page 1 of 5	Licensee: HOLMES SWEET HOME CARE INC	09/11/2023

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 08/29/2023 and 08/29/2023 of:
Holmes Sweet Home Care Inc
30033 55th Place S
Auburn, WA 98001

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:

Marites Gatan, NCI
Lydia Owusu-Acheampong, Community Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032
Att: Dahl, Kim (Field manager)

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

Dahl Kim — 09/13/2023

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.

Provider (or Representative) 9-17-23 Date

WAC 388-76-10465 Medication Altering Requirements.

(1) For the purposes of this section "altering a medication" means the alteration of prescribed or over the counter medications and includes, but is not limited to crushing tablets, cutting tablets in half; opening capsules and mixing powdered medications with food or liquids.

(2) The adult family home must consult with the practitioner or pharmacist before altering a medication and if the practitioner or pharmacist agrees with altering a medication, record the:

(a) Time: ~~10 AM~~

(b) Date; and ~~9-17-23~~

(c) Name of the person who provided the consultation.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home failed to consult with a physician or pharmacist before crushing 1 of 2 sampled resident (Resident 1) medications before administering. This placed the resident at risk of not getting the full effect of their medications, in the event the medication was not supposed to be crushed.

Findings included...

Observation on 08/29/2023 at 10:02 AM showed Staff D, Caregiver with Resident 1 sitting in the living room area with a Collateral Contact (CC) 1.

In an interview on 08/29/2023 at 10:35 AM, Staff A, Entity Representative stated that Resident 1 required medication administration with nurse delegation.

Observation on 08/29/2023 at 12:06 PM showed Staff B, Resident Manager, prepared medication for Resident 1. Staff B took out one pill from a pharmacy dispensed bubble pack and placed it in a small clear plastic bag. Staff B crushed the pill using a metal medication crusher and mixed the crushed pill in the pudding.

Observation on 08/29/2023 at 12:07 PM showed Staff B gave verbal directions to Resident

9-16-23 - Orders Received for crush meds by provider - Facility will make sure to follow orders in Future NAZ

1 to open mouth and swallow. Resident 1 followed the direction. Staff B spoon fed the pudding with the medication to Resident 1.

Record review of Resident 1's 06/14/2023 Assessment and Negotiated Care Plan (NCP) for Medication Assistance showed that "Caregivers will Follow Doctor's orders regarding use of prescribed medications." In addition, it showed that Resident 1's abilities and preferences as, "Swallow pills in whole in food."

Record review of Resident 1's AFH NCP signed and dated 06/24/2023 showed under Medication with assistance that Resident 1 "can swallow her medications."

Record review of Resident 1's August 2023 pharmacy-generated medication log showed Resident 1 was prescribed seven routine medications. There was a prescription for Docusate Sodium (stool softener) 250 milligram (mg) capsule daily at bedtime. There were prescriptions for tablet forms of Multivitamin one tablet once a day, Vitamin B 12 one tablet every morning , Vitamin D3 one tablet every morning, Zoloft (medication that helps to improve mood, sleep, appetite and energy level) 100 mg tablet every morning and Seroquel (medication that reduces or control the mental health symptoms that interferes with mind's ability to understand what is real) 50 mg three times daily at 8:00 AM, 12:00 PM and 8:00 PM. There was no order to crush any of these medications.

In an interview on 08/29/2023 at 2:33 PM, Staff B stated that Resident 1's collateral contact (CC) 1 wanted the medications crushed due to Resident 1 spitting the medications out. Staff B stated that CC 1 emailed Resident 1's physician to get the order a week and a half ago.

In a telephone interview on 08/31/2023 at 12:47 PM, CC1 stated that they were aware that Resident 1 medications were crushed when given. CC 1 stated that they were not sure how it started and when it started. CC 1 further stated that they would contact Resident 1's physician for orders to crush their medications.

9-16-23

Attestation Statement

orders Received From Physican, For crushed meds -

Facility will make sure to Follow orders in Future -

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, Holmes Sweet Home Care Inc is or will be in compliance with this law and / or regulation on (Date)_____

Sign Here

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

Provider (or Representative) 9-17-23. Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home failed to ensure that infection control procedure was followed by 1 of 6 staff (Staff F) when they provided care for 2 of 6 residents (Resident 1 and Resident 6). This failure placed Resident 1 and Resident 6 at risk of acquiring infectious disease.

Findings included...

Observation on 08/29/2023 at 10:02 AM showed Staff D, Caregiver with one resident and one visitor in the living room area. Staff B, Resident Manager, stated there were six residents that lived in and received care from the AFH.

Observation on 08/29/2023 at 11:47 AM, showed that Staff F, Caregiver wore gloves when assisted Resident 6 transferred from recliner chair to a wheelchair. Staff F then wheeled Resident 6 to the dining table.

Observation on 08/29/2023 at 11:51 AM, showed that Staff F walked towards the living room area still wearing the same gloves and was about to touch Resident 1. Department Staff stopped Staff F from touching Resident 1.

In an interview on 08/29/2023 at 11:52 AM, Department Staff asked Staff F what should have been done prior to touching Resident 1. Staff F answered that they should have changed their gloves.

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Observation on 08/29/2023 at 11:54 AM showed Staff F removed their gloves and washed their hands.

In an interview on 08/29/203 at 11:55 AM, Staff A, Entity Representative stated they saw that Staff F did not change their gloves and did not wash their hands after attending Resident 6.

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, Holmes Sweet Home Care Inc is or will be in compliance with this law and / or regulation on (Date) 9-17-23.

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

Provider (or Representative) — Date: 9-17-23

9-17-23 -

Staff meeting was done on infection control, esp - on changing gloves, washing hands

9-17-23