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

02/13/2024

Absolute Love and Care Adult Family Home LLC
ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC
11903 SE 206TH ST
KENT, WA 98031

RE: ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC # 752777

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 35470 (Completion Date 02/13/2024) and 30151 (Completion Date 11/21/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/13/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

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

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

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;

(4) At least every twelve months.

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

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

(3) The care and services in a manner and in an environment that:

(a) Actively supports, maintains or improves each resident's quality of life;

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;

(2) In the original container with legible and original labels; and

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(2) Is treated with courtesy, dignity, and respect;

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(c) Be kept confidential so that only authorized persons see their contents;

(f) Be kept for three years after the resident leaves the home or death of the resident;

(g) Be available so that department staff may review them when requested; and

The Department staff who did the On Site verification:
Kirsten Biddle, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, 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 #: 752777	Compliance Determination # 30151
Plan of Correction	ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC	Completion Date
Page 1 of 20	Licensee: Absolute Love and Care Adult Family	11/21/2023

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 09/27/2023 and 10/04/2023 of:
ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC
11903 SE 206TH ST
KENT, WA 98031

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 1 former residents.

The department staff that inspected the Adult Family Home:

Lyra Ouano, AFH Licensor
Kirsten Biddle, 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 — 11/21/2023 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.

Provider (or Representative) 12/4/23 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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observations, interviews, and record review, the Adult Family Home (AFH) failed to ensure 4 of 5 residents (Resident 1, 3, 4, and 5) received medications as ordered or have current supporting documentation for the medication administration record (MAR). This failure placed these residents at risk of medical and physical decline from not receiving medications as ordered.

Findings included...

On 09/27/2023 at 1:03 PM, record reviews of Resident 3 and Resident 4's MARs showed missing information such as the current month, year, or name of prescribing doctor. Under the column of date boxes on the MAR, starting with "12" the MAR showed Staff A's, Provider, initials in blue ink.

In an interview with Staff A on 09/28/2023 at 2:17 PM, they stated that they handwrite the MARs for the residents at the AFH. When asked why the ink appeared to have been photocopied on the MAR, Staff A stated that they bring the MAR to doctor's visits to compare the prescriptions to "make sure (they're) still right" and the MARs that were taken from the binder may have been mixed up from doctor visits and staff "used that one".

In an interview, Staff C, Caregiver, on 10/04/2023 at 8:28 AM, reported that no prescription medications have been provided to the residents, remarking, "she's (Staff A) doing". At 8:39 AM, Staff A reported that they gave four residents their medications, also

informing that Staff C was nurse delegated to administer residents' medications.

RESIDENT 1
Observation on 10/04/2023 at 9:20 AM, showed Resident 1 with a skin condition on their right hand 3 centimeters long by 1 centimeter wide.
In an interview with Staff A, conducted on 10/04/2023 at 9:25 AM, they reported Resident 1 was admitted to the AFH in the afternoon of [redacted]/2023. Staff A stated that Resident 1 arrived with a skin condition on the right hand. Staff A stated that Resident 1's supply of medication arrived at the AFH on 10/03/2023 and they began providing the medication to Resident 1 on 10/04/2023.

Record review of the prescription from the titled home doctor agency, showed the prescription date "09/30/2023... doxycycline (used to treat bacterial infections in many different parts of the body) 100 mg capsule" with instructions reading: "Take 1 capsule by mouth twice daily x 7 days" on page 2 of 4.
Additionally reviewed was a facsimile with the home doctor agency information on the upper left and Resident 1's information in the upper right, dated "09/29/2023". In the record, under "Directives with this visit" it showed the diagnosis of: "... [redacted]" followed by instructions: "(1) START Doxycycline 100mg capsule. Take 1 capsule by mouth twice daily x7 days (#14)".

Observation on 10/04/2023 at 10:20 AM, showed the bubble pack card from the pharmacy having 6 teal capsules. Another bubble pack card from the pharmacy showed 7 teal capsules, both showing the date of 09/30/2023, with the prescription "Doxycycline Hyclate 100 milligram (MG) CAP" below Resident 1's name.

Record review of the AFH's handwritten MAR showed a blank white paper with handmade columns and date boxes – there was no date of the prescribed order, no month, no time of day to administer, no resident name or date birth; yet there were initials from Staff A written on the dates starting on 10/04/2023.
The MAR showed, "Vicks Vaporrub Apply thin layer topically daily as needed for toenail fungus. Dry cloth". This was signed with Staff A initials under the column of date boxes "3", "5", "6".
The next prescribed order handwritten showed, "Melatonin 5 milligram (mg) tab Give 1 tablet (tab) by mouth daily at bedtime as needed for insomnia". Staff A initials were marked on the date boxes "5" through the "10" of the handwritten MAR.
The next line on the MAR showed "Doxycyline hyclate 100mg cap Give 1 capsule (cap) by mouth twice daily for 7 days". The date boxes "4" through the "10" were marked with Staff A initials.
"Mupirocin (an antibiotic ointment that works by stopping the growth of certain bacteria) 2% topical ointment Apply to affected area daily with dressing changes 2 gr. (gram) per day". This was marked from date box "1" to "11" with Staff A's initials.
Another record review of a MAR for Resident 1 showed their name and date of birth, with no other information such as month or year. This MAR had handwritten prescriptions on the template of a MAR with pre-printed dates and hour. The first prescription shown was "Risperidone (used to treat schizophrenia, bipolar disorder, or irritability associated with autistic disorder) 0.5mg tab. Take 1 tab (0.5mg total) by mouth 2 times a day as needed." No initials were noted as provided.

On 10/24/2023 at 10:45 AM, Collateral Contact 1 (CC1), Nurse Delegator, was interviewed. CC 1 reported that they reviewed the pre-placement assessment on 09/27/2023. There was no order at that time for Mupirocin and no skin issue, therefore, Resident 1 was not a client for nurse delegation.

In an interview with Collateral Contact 2 (CC 2), Pharmacy Representative, on 10/25/2023 at 2:57 PM, they stated that the prescription of Doxycycline was ordered on 09/30/2023 and delivered on 10/02/2023 at 7:02 PM. CC 2 reported that antibiotics or pain medications can be arranged to be delivered the same day even after a delivery run, as the pharmacy knows it is a priority medication needed for those in long term care settings.

In an interview with Staff A on 10/24/2023 at 11:34 AM, it was reported that Resident 1 was sent to the emergency room on [redacted]/2023 and then discharged to the AFH on [redacted]/2023.

Record review of the titled, "After Visit Summary" showed "New onset of congestive heart failure" with the named healthcare provider to the right of the record. Instructions showed: "Follow Up Procedures Referral to Hospice". Resident 1 passed away on [redacted]/2023.

RESIDENT 3
On 09/27/2023 at 1:02 PM, the MAR for Resident 3 was provided from Staff A.

In an interview on 09/28/2023 at 2:17 PM, Staff A reported to have updated the MAR in person with the contents from the last doctor's visit Resident 3 had in May 2023.

The observation of the MAR on 10/04/2023 at 12:40 PM, showed it was handwritten, had no month or year until Staff A wrote "September 2023" at 12:50 PM. Also noted was an "as needed" medication that were not initialed as provided to Resident 3. This medication showed as: "Acetaminophen 325 mg tab take 650mg by mouth every 6 hours as needed for pain or fever."

Record review of the healthcare provider titled Physician's Orders dated 05/20/2023, showed: "Discontinue Acetaminophen 650 mg every 6 hours as needed. Start Acetaminophen 650 mg by mouth routinely three times a day for chronic back pain."

RESIDENT 4
While on site at the AFH on 09/27/2023 and 10/04/2023, Resident 4's Physician Order's for the month of September were requested. At 9:41 AM on 10/04/2023, Staff A provided the most recent 10/03/2023 pharmacy order. Staff A stated at 9:45 AM, that they could not locate the previous physician orders.

Follow up request via telephone interview was made on 10/24/2023 at 11:34 AM to Staff A. Resident 4's physician order from 10/03/2023, was sent via secure email on 10/24/2023 at 11:50 AM.

Record review of the prescription from the titled home doctor agency, dated 10/03/2023 11:40 AM, showed Resident 4's name and demographics along with "Agrylin (platelet-reducing agent used to treat a blood cell disorder) 0.5mg capsule... 1 capsule by mouth in the evening every Mon/Thu for elevated platelets (cell fragments in our blood that form clots and stop or prevent bleeding) ... prescription date: 09/29/2023".

Record review of the undated MAR showed Resident 4's name and date of birth handwritten in the pre-printed sections, with Staff A initials in each of the dated boxes under "1" through "30" next to medications provided. One prescription showed, "Agrylin 0.5mg capsule Give 1 cap by mouth in the evening every Mon., Thu for elevated platelets 5pm". This showed to be given each day of the month in September.

RESIDENT 5
While on-site at the AFH on 09/27/2023 at 12:55 PM, observation showed that the medication closet was disorganized and had a roll of medications supplied by a pharmacy with the label showing "**Patient Start Bag**" for Resident 5 and their date of birth, with a "Date Pk'd 09/25/23". The "Reason" listed showed a box marked with a typed statement: "This is a one-time emergency supply."

In an interview on 09/27/2023 at 12:55 PM, Staff A stated that their home doctor had "shut down" and that they needed to make an emergency order of medications for Resident 5. At 12:58 PM, a prescribed medication, Sertraline (used to treat depression) HCL 100mg, for Resident 5 could not be located.

Another interview with Staff A on 09/28/2023 at 2:17 PM, revealed that staff found the missing medication for Resident 5 once the closet was organized.

Interview with Staff A on 10/04/2023 at 10:32 AM, revealed that Resident 5 had no primary care doctor or home doctor services in place from 03/2023 to 09/28/2023, until they signed up with another home doctor service.

An observation made on 10/04/2023 at 1:13 PM, showed Resident 5 had experienced an event that required emergency medical services to respond.

In an interview with Staff A on 10/05/2023 at 3:06 PM, Resident 5 was reported have been diagnosed with a [redacted] and returned the evening of 10/04/2023.

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, ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12/1/23 .

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

Provider (or Representative) 12/4/2023 Date

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

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

This requirement was not met as evidenced by:

Based on observations, interviews, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 staff (Staff C, Caregiver), practiced infection control measures such as handwashing or changing of gloves in between tasks while providing residents hands-on assistance and food preparation for 5 of 5 residents (Resident 1, 2, 3, 4, and 5). This failure placed the residents at risk of foodborne illness and unknown adverse health risks.

Findings included...

Upon entry to the AFH, an observation made on 09/27/2023 at 11:40 AM, showed Staff C opening the door with a black surgical mask on while two residents sat on the couch, and another sat at the dining room table.

In an interview with Staff C, on 09/27/2023 at 11:42 AM, stated that Staff A, Provider, was out sick and not at the AFH. Staff C denied that they were ill and wears a mask "all the time" when Department Representative inquired of infectious or contagious respiratory illness in the home.

On 09/27/2023 at 11:50 AM, Staff C began the tour of the AFH with the Department Representative. Staff C received a telephone call from Staff A at 11:58 AM. At 11:59 AM, Staff C was observed to empty the bedside commode in Resident 3 and Resident 4's bedroom with no use of gloves while still on the phone. Staff C was not observed washing their hands or using hand sanitizer afterwards.

Observations showed on 09/27/2023 at 12:17 PM, Staff C removing dish soap from the kitchen and locking it in the medication closet. As the medication closet next to the front door was opened, an observation showed laundry soap, a bucket, a gallon of bleach,

window cleaner, and several other household chemical products placed on shelves intermittently where resident medications were kept.

In an interview and observation on 09/27/2023 at 12:20 PM, Staff C stated that Staff A was going to arrive at the AFH despite the Department Representative's request not to if they were ill. At 12:21 PM, Staff C assisted Resident 4 to their bedroom with their hands wrapped around the residents' arm. At 12:22 PM, observation showed Staff C returned to the kitchen to plate the food from the pot on the stove to bowls on the counter without handwashing or use of gloves.

Another observation made on 09/27/2023 at 12:24 PM showed Staff C receiving a phone call, speaking another language while on speakerphone and plating cabbage soup and bread in the kitchen bare handed. At 12:26 PM, Staff C brought the meal to Resident 5 sitting at the dining room table where they were eating a bowl of chocolate snacks.

Observation on 09/27/2023 at 12:47 PM, showed the arrival of Staff A without a mask on, stating they had just come from a doctor's appointment.

In an interview with Staff A on 09/27/2023 at 12:49 PM, they stated that they have been "sick for weeks" describing to have a "scratchy throat". When asked if they had tested for any illness, they reported to have done so "a few weeks ago" and denied any respiratory illness.

On 10/04/2023, additional observation showed at 8:33 AM, Staff C in the kitchen wearing gloves and getting a cup of water for Resident 1 then walking with Resident 1 to their bedroom continuing to wear the same gloves.

On 10/04/2023, further observation showed at 9:19 AM, Staff C walking to Resident 1's bedroom with a pair of gloves on, then going to Resident 2's bedroom down the hall, then entering Resident 3 and 4's bedroom while wearing the same gloves, and then going into the kitchen. No disposal of gloves, handwashing or use of sanitizer was observed before entering the kitchen. At 9:28 AM, Staff C served Resident 1 a pastry and warm beverage while wearing the same gloves.

On 10/04/2023 at 10:22 AM, observation showed Staff C in the kitchen wearing no gloves while stirring a pot of chicken and rice on the stovetop and prepping a salad. At 10:24 AM, Staff C was still in the kitchen observed wearing gloves while adding spices to pan and opening the oven, then cupboards while proceeding to place a food tray atop a cutting board that had chicken prepped on to serve for the resident's lunch. Following this, Staff C leaned down to retrieve something under the sink and resumed cooking while wearing the same gloves.

An observation while sitting to the right of the hallway on 10/04/2023 at 12:41 PM, Staff C was observed to leave Resident 2's bedroom with gloves on, opened the kitchen door and

took a napkin returning to Resident 2's bedroom with no change of gloves or use of sanitizer or handwashing before re-entering the kitchen at 12:43 PM.

Record review on 10/04/2023 while on-site did not show food worker cards for Staff A or Staff C.

In an interview on 10/04/2023 at 12:23 PM with Staff A and C, they stated that they did not recall if this training was completed along with other trainings and thought it was a topic covered in the renewal of their Nursing Assistant Registration license.

On 10/13/2023 at 11:03 AM, review of an email sent by Staff A to Department Representative showed a "Public Health Seattle & King County Washington State Food Worker Card" dated "10/05/2023 to 10/05/2025" for both Staff A and Staff C, the date was after the Department Representative's visit 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, ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12/15/23 .

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

Provider (or Representative) — Date: 12/3/23

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interviews, observations, and record reviews, the Adult Family Home (AFH) failed to ensure 1 of 2 caregiving staff (Staff C, Caregiver), completed Dementia and Mental Health specialty training. This failure placed residents at risk of not having their special needs met in the AFH by qualified staff.

Findings included...

An observation on 09/27/2023 at 11:40 AM, showed three residents (Resident 3, 4, and 5) sitting in the living and dining room area. No music, activities, or television was on as

Resident 3, and Resident 4 sat on separate couches while Resident 5 sat at the dining room table eating a bowl of candies.

Observation on 09/27/2023 at 12:21 PM, showed Staff C assisting Resident 4 with care. At 12:24 PM, Resident 4 was brought lunch in their bedroom by Staff C while on the phone speaking another language. Resident 4 asked Staff C, "what is this?" and Staff C continued to talk on the phone, not responding to the resident, while leaving the room.

Record review of Resident assessments showed the residents had a diagnosis of [redacted] ([redacted]) and [redacted] ([redacted]).

Observation on 10/04/2023 at 8:31 AM, showed Resident 1 walking out from their bedroom into the hallway, then sitting at the dining room table. Staff C was observed walking to the kitchen when Resident 1 asked Staff C for a glass of water. Resident 1 followed Staff C to the kitchen wearing only socks. At 8:33 AM, Staff C stated that breakfast will be soon and assisted Resident 1 back to their bedroom.

Another observation on 10/04/2023 at 8:36 AM, showed Resident 5 walking to the dining and living room area looking around. At 9:09 AM, Resident 3 was observed walking down the hallway towards the dining and living room area. Staff C redirects the residents to their bedroom.

Observation on 10/04/2023 at 9:28 AM, showed Staff C provided Resident 1 with a pastry and coffee. Resident 1 was observed to ask Staff C at 9:49 AM, "Is this sugar?" asking two times, while there was no response from Staff C.

Record review on 10/04/2023 at 12:15 PM, showed Staff C was hired on 09/01/2019. There was no specialty training in the records found.

In an interview at 12:23 PM, the Department Representative asked Staff C if they completed the dementia and mental health training. Staff C responded, "I don't remember".

In an interview on 10/24/2023 at 11:34 AM, Staff A, Provider, was asked to provide the specialty training certificates for Staff C. Staff A stated that Staff C was "grandfathered in" (an old rule continues to apply) to the training requirements.

Attestation Statement

Statement of Deficiencies	License #: 752777	Compliance Determination # 30151
Plan of Correction	ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC	Completion Date
Page of 20	Licensee: Absolute Love and Care Adult Family	11/21/2023

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, ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12/1/23.

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

Provider (or Representative) — Date: 12/4/2023

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) failed to maintain the medication closet safe and sanitary by not placing cleaning material together with residents' medications, bedroom, and side yard free of obstructions to allow ease of access for staff and 4 of 5 residents (Resident 1, 3, 4, and 5). This failure placed residents and staff at risk of harm due to not being able to safely retrieve medications for residents or evacuate in case of an emergency at the AFH.

Findings included..

MEDICATION CLOSET
On 09/27/2023 at 12:17 PM, Staff C, Caregiver, was observed removing dish soap from the kitchen and locking it in the medication closet.

In an interview on 09/27/2023 at 12:45 PM, with Staff C, it was disclosed that the medications observed disorganized on the shelves were from current and deceased residents.

At 12:47 Staff A, Provider, had arrived in the common area of the AFH. As the medication closet next to the front door was opened, an observation showed laundry soap, a bucket, a gallon of bleach, window cleaner, and several other household chemical products placed on shelves intermittently where resident medications were kept.

In an exit interview with Staff A on 09/27/2023 at 1:15 PM, Staff A stated they thought the medication closet was okay to use for locking up the household products, then stated they would find another locking space.

RESIDENT 5 BEDROOM
Observation showed at 12:02 PM, items such as a refrigerator with juices, breads, yogurts, and frozen meats was unlocked, blocking the room's light switch, and stored in the same room that Resident 5 lives in. Another light switch close to the closet which had no cover on it, as its metal components were exposed was observed on the opposite wall of the bedroom door.

Observation on 09/27/2023 at 12:03 PM, of Resident 5's bedroom included a twin-size mattress resting along the wall with a patio table in front of their closet where their clothes were kept in a plastic bag. Additionally, two patio chairs were stacked next to each other in front of a desk.

SIDE YARD
An observation made during the environmental tour of the AFH on 09/27/2023 at 12:01 PM, showed the window of Resident 5's room obstructed from the outside with clutter of piled boxes, gas can, commode, a twin-size mattress, 2 two laundry baskets filled with personal belongings (i.e., large brown shoes, clothing, pillows); stored along the side of the home.

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, ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12-1-23 .

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

Provider (or Representative) 12-4-23 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;

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the Adult Family Home (AFH) failed to update and review the Negotiated Care Plan (NCP) for 3 of 5 residents (Resident 3, 4 and

5). This failure placed the residents at risk of unmet care needs.

Findings included...

RESIDENT 3
An observation made on 10/04/2023 at 9:09 AM, showed Resident 3 walking from their bedroom down the hallway towards the common area. Staff C, Caregiver, was observed to meet Resident 3 in the hallway and redirect them back to their bedroom.

Observation on 10/04/2023 at 10:23 AM, showed Resident 3 sleeping in their bed.

In an interview on 10/04/2023 at 12:07 PM, Staff A, Provider, was informed that there has been no observation of any care and services for 2 of the 4 residents (Resident 3 and 4). Staff A stated that they prefer to sleep late and eat later in the day.

Record review of Resident 3's titled, "AFH Negotiated Care Plan" had "Current Date" shown as blank. Under "Date Entered" it showed as "[redacted]/2022". The NCP did not show any other dates in the content except for page 10, where the Resident Representative's signature was shown as "09/30/23".

Additionally, under the undated section "Care and Services... Eating " it showed "Eating habits... Good appetite" while under "Preferences/equipment" there was nothing noted in the NCP about Resident 3's time-of-day preferences as stated by Staff A.

RESIDENT 4
An observation and interview made on 09/27/2023 at 12:21 PM, showed Resident 4 receiving hands on assistance from Staff C who was putting their hand around Resident 4's arm, walking from the living room to their bedroom. Staff C and Resident 4 both stated "yes" to the question of whether a walker is used to walk around the home.

Record review of Resident 4's dated, "3-1-2023" titled, "AFH Negotiated Care Plan" showed under, "Care and Services... Mobility" section was the box "Assistance" marked. Under "Equipment" it showed Resident 4 uses a walker. Under the titled, "What Provider/Caregiver/Support Person Does/When & How", it showed, "Caregiver gives resident a call button within (their) reach and reminds to use the button when wants to get up or use the commode not to fall. Caregiver does know and understands how to use call button." Review of the section, "Body Care" showed the statement, "... Resident needs toenails cut by podiatrist."

Observation on 10/04/2023 at 10:23 AM, showed Resident 4 sleeping in their bed.

In an interview on 10/04/2023 at 12:48 PM, about safety at the AFH Resident 4 replied

with, "we're supposed to have beepers, but I haven't seen them in a while". At this time, an observation of Resident 4's toenails was seen to be an inch and a half past the top of the big toe.

In an interview with Staff A, on 10/04/2023 at 1:06 PM, they stated that call buttons were in the kitchen currently and did not explain why they were not in the resident's rooms. Additionally, Staff A reported that Resident 4 would not allow them to cut their toenails when the length of the toenails was discussed Staff A stated that Resident 4's daughter tried to take them to a nail salon although the resident requires a podiatrist per the NCP.

In review of Resident 4's record dated, "3-1-2023" titled, "AFH Negotiated Care Plan" under the section "Care and Services... Eating " it showed "Eating habits... Small Portions" while under "Preferences/equipment" there was nothing noted in the NCP about Resident 4's later time-of-day preferences as stated by Staff A.

Record review of the dated, "3-1-2023" titled "AFH Negotiated Care Plan" showed Resident 4 admitted to the AFH "[redacted]/2023". Under the "Care and Services" section was "Administration... Nurse Delegated?" and an area for checking "Yes" or "No" was not marked. Shown under this was "Injections... Yes No" where the "Yes" box was marked followed by a sentence that reads: "Resident has an injection pen that (they) can administer (themselves). If Resident is to be out of facility caregiver will give family meds (medications) to go."

In an interview on 10/25/2023 at 2:37 PM, with Resident 4, they reported that "one of the attendants (unknown)" give them an injection of their prescribed medication.

When speaking with Collateral Contact 1 (CC 1), Nurse Delegator, on 10/24/2023 at 10:45 AM, Resident 4's "name was familiar" to them but was not a nurse delegated client.

On 11/02/2023 at 1:33PM, Resident 4 reported to the Department Representative when asked, that they inject their own prescribed medication.

Additional record review showed in the department's database that an assessment was requested by Staff A to add behaviors as of 05/01/2023. Review of the dated 05/01/2023, document titled "Assessment Details Current Interim" showed Staff A reported Resident 4's behaviors to include: "yelling, wanders/exit seeking, takes belongings of others, many incidences of uncontrollable crying/tearfulness, accuses others of stealing".

Review of Resident 4's dated, "3-1-2023" titled "AFH Negotiated Care Plan" showed under "Care and Services ... Psych/Social/Cognitive Status" the "No" box checked for the following behaviors: "disruptive behavior, assaultive, wandering in home, exit seeking". The box for "Depression" was not marked along with the box for "Anxiety".

RESIDENT 5
Record review of Resident 5's titled, "AFH Negotiated Care Plan" showed under the "Current Date" as "08-20-2020". Under the "Date Entered" section, it showed "[redacted]-2020". There was no signature page found to this NCP in the resident records to determine when/if this could have been updated.

Additional record review showed that in the department's database Resident 5 had an assessment completed every year in August-September, the last one done in August 2023, by another division. While on site at the AFH, there were no other NCP's or assessments found.

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, ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12-15-23 .

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

Provider (or Representative) 12-4-23 Date

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

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

(3) The care and services in a manner and in an environment that:

(a) Actively supports, maintains or improves each resident's quality of life;

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the Adult Family Home (AFH) staff failed to provide necessary care and services to support psychosocial well-being paid by the Department for 3 of 5 residents (Resident 3, 4, and 5). This failure placed residents at potential risk of not receiving services the Department provides additional funding to the AFH for residents requiring extra care and attention.

Findings included...

Entrance to the AFH made on 09/27/2023 at 11:40 AM, showed two residents in the common area and one resident at the dining room table. No television was on, music, or

activities were present. Resident 5 sitting at the dining room table responded to the question of whether they were waiting for lunch asked by Department Representative using another language. One of the residents on the couch, Resident 3, confirmed that there was no lunch served yet at the AFH. The other resident sitting on the opposite couch, Resident 4, stated their son was missing and stated the son had a diagnosis where he "couldn't move really well".

At 12:22 PM on 09/27/2023, Resident 3 spoke random words and phrases when attempting to explain the observed meal served by Staff C, Caregiver. Resident 4 was asked what activities they would like to see or if there was something they would like to do and they responded, "it's more than anything here".

In an interview with Resident 4 on 10/04/2023 at 12:48 PM, they reported that there were no activities offered and no one talks with them that lives or works at the AFH.

In an interview on 10/04/2023 at 12:53 PM, Resident 3 stated that they were friends at the AFH since they are roommates, but they enjoy reading when they can.

Record review of the Department's database found that Residents 3, Resident 4, and Resident 5 receive additional funding paid to the AFH to provide enhanced activity services specialized for each resident, based on their preferences. This individualized service is called "Meaningful Day Program" whereby Staff A is to provide this daily.

On 10/04/2023 at 11:18 AM, record review of Resident 5's file found a handwritten monthly calendar titled, "Meaningful Day Activities", dated May 2023. No other calendars were in Resident 5's file.

Record review of Resident 3 and Resident 4's file did not find an activity calendar.

In an interview with Collateral Contact 3 (CC 3), Case Manager, on 10/25/2023 at 1:15 PM, Meaningful Day Activities program was described for residents in an AFH that have a diagnosis of [redacted] with behaviors. CC3 added that the AFH providers were to keep a daily log in a binder or resident file for each of the residents that participate.

On 11/02/2023, the Department Representative could not locate a calendar, or any activities scheduled for Resident 4 in their records.

Attestation Statement

Statement of Deficiencies	License #: 752777	Compliance Determination # 30151
Plan of Correction	ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC	Completion Date
Page of 20	Licensee: Absolute Love and Care Adult Family	11/21/2023

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, ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 11/02/23.

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

Provider (or Representative) 12-4-23 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;

(2) In the original container with legible and original labels; and

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) staff failed to ensure 1 of 1 medication storage closet was locked when not in use. This failure placed 4 of 5 ambulatory residents (Resident 1, 3, 4, and 5) at risk of accessing medications that would have caused harm or injury if taken.

Findings included...

On 09/27/2023 at 12:17 PM, Staff C, Caregiver, was observed unlocking the medication closet, going down the hall to retrieve laundry soap then placing this in the unlocked medication closet, went to the kitchen then removed dish soap and returned to the medication closet placing it in and locking the medication closet.

Observation on 09/27/2023 at 12:21 PM, showed Resident 4 walking independently in the common area and Staff C assisting them to their room. At 12:32 PM, Resident 4 returned to the common area independently. Staff C was in the kitchen putting dishes in the dishwasher.

Further observations of the medication closet made on 09/27/2023 at 12:44 PM, while assessing the contents showed "Allergy Relief" 400 tablet Amazon brand bottle sitting next to a plastic square tray full of prescriptions from Walgreens, a disinfectant aerosol can next to Resident 4's medications; 2 Former Resident 1 (FR 1) prescriptions and 1

Former Resident (FR 2) prescription bottle; a bottle of Rite Aid Acetaminophen next to Jergens lotion; and a bottle of lemon Pine Sol on the shelf below that; and on the shelf was

a small clear plastic cup with a white capsule in it next to Resident 3's "Adult Low Dose Aspirin" and their prescription bottle.

An interview with Staff A on 09/27/2023 at 12:55 PM, confirmed that they did not know what the pill in cup was or for what resident.

Another observation on 09/27/2023 at 12:59 PM, showed Staff A, Provider, left the medication closet unlocked with the door open and went downstairs with some of the household chemicals stored inside the medication closet.

Observation and interview on 09/27/2023 at 1:07 PM, showed Staff A returned from downstairs, shutting and locking the medication closet. They stated they did not realize that leaving the medication closet door open was an issue since the Department Representative was standing there.

Attestation Statement

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

Provider (or Representative) 12-4-23 Date

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(2) Is treated with courtesy, dignity, and respect;

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) staff failed to treat with courtesy and respect 2 of 5 residents (Resident 1 and 4). This failure placed residents at potential risk of not receiving appropriate services from AFH staff.

Findings included..

On 09/27/2023 from 11:58 AM to 12:13 PM, after on-site entry, observation showed Staff C, Caregiver, on their cell phone walking around to various locations in the AFH while speaking another language.

In an interview with Staff C, at 12:15 PM, they reported that they were on the phone with Staff A, Provider, after the Department Representative asked what delayed Staff C from providing the requested a tour after entry.

Observation on 09/27/2023 at 12:21 PM, showed Staff C assisting Resident 4 with care. Then at 12:24 PM, Resident 4 was brought lunch in their room by Staff C while on the phone speaking another language. Resident 4 asked Staff C "what is this?" and Staff C continued to talk on the phone, not responding to the resident, and left the room.

On 10/04/2023 at 9:11 AM, Staff A and the Department Representative were talking and Resident 1 asked if they could have "more food". Staff A responded to Resident 1 "one second" and continued to assist the Resident 1 with their clothing and talk at the Department Representative. At 9:15 AM, Resident 1 asked Staff A if they could have "more food" again and Staff A responded "one second" while their attention was with a small child pulling at their hand.

Observation on 10/04/2023 at 9:28 AM, showed Staff C provided Resident 1 with a pastry and coffee. Resident 1 was observed to ask Staff C at 9:49 AM "is this sugar?" asking two times, while there was no response from Staff C.

In an interview with Resident 4 on 10/04/2023 at 12:48 PM, they reported that there was no one who talks with them that lives or works at 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, ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12/1/2023

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

Provider (or Representative) 12-4-23 Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(c) Be kept confidential so that only authorized persons see their contents;

(f) Be kept for three years after the resident leaves the home or death of the resident;

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the Adult Family Home (AFH) failed to provide the Negotiated Care Plan (NCP) for 4 of 4 residents (Resident 1, 2, 3, and 4) in a timely manner; preserve medical information in a secure area; and provide 1 of 2 closed resident records (Former Resident 2) to the Department. This failure resulted in a delayed inspection process, presented a challenge in receiving accurate or current information on care and services of residents, leading to mishandling and loss of the required resident information on the premises of the AFH.

Findings included...

In an interview on 09/27/2023 at 11:41AM, with Staff C, Caregiver, they reported that Staff A, Provider, was not present at the AFH. In a telephone interview at 11:43 AM, Staff A was asked if Staff C had access to resident records, they stated Staff C did not have access.

On 09/27/2023 at 1:02 PM, the NCP and medication administration record (MAR) for Residents 1, 2, 3, and 4 were requested from Staff A. Staff A stated they would look for the NCP while presenting the binder used for the resident's current MAR.

In an interview with Staff A on 09/27/2023 at 1:15 PM, the NCP and Physician Orders for Residents 1, 2, 3, and 4 were requested to be sent to Department Representative by the end of the day.

In another interview on 09/28/2023 at 2:17 PM, Staff A reported they had problems sending the requested information via fax to Department Representative.

The Department Representative sent an email securely to Staff A outlining the requested information on 09/28/2023 at 4:33 PM.

Record review of a department database showed on 09/28/2023 at 8:59 AM, that Staff A requested a copy of Resident 3's assessment from the home and community services case manager.

UNSECURED MEDICAL INFORMATION
On 09/27/2023 at 12:22 PM, an observation was made of a bench to the left of the front door while inside the AFH. Observed medication administration records were on top of a green 3-inch binder along with current resident medication information (Resident 4) on the printer adjacent to the bench, near the front door. At 12:27 PM, Staff C took the green binder and other resident information observed on the bench and printer downstairs to the living area of Staff A.

On 10/04/2023 at 8:36 AM, an observation of Resident 4's undated "Medication Guide" was sitting at the printer located to the right of the front door.

Review of Former Resident 2's (FR 2) record showed a document titled, "Nursing Assessment and Preliminary Service Plan", dated 09/01/2023.

On 10/04/2023 at 11:10 AM, Staff A was asked for the admission and discharge documentation of FR 2. Staff A returned at 11:22 AM, stating there were no other records found for FR 2.

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, ABSOLUTE LOVE AND CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12/1/23.

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

Provider (or Representative) 12-4-23 Date