STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

Life Is Good AFH, Inc

Life Is Good AFH, Inc
4875 Shorecrest Dr NE
Moses Lake, WA 98837

RE: Life Is Good AFH, Inc License # 752816

Dear Provider:

This letter addresses Compliance Determination(s) 30300 (Completion Date 09/05/2023) and 26328 (Completion Date 07/11/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/05/2023 and found that you have corrected the violations listed in the Follow up report dated 07/11/2023. Your home is back in compliance as of 08/17/2023 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 388-76-10490-1, WAC 388-76-10430-1, WAC 388-76-10430-2-c

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor
Tamera Lapierre, Community Complaint Investigator

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

| | | |
|---|---|---|
| Statement of Deficiencies | License #: 752816 | Compliance Determination # 26328 |
| Plan of Correction | Life Is Good AFH, Inc | Completion Date |
| Page 1 of 3 | Licensee: Life Is Good AFH, Inc | 07/11/2023 |

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 an unannounced on-site follow-up on 07/07/2023 and 07/07/2023 of:
Life-Is Good AFH, Inc
7582 McBeth Ln NE
Moses Lake, WA 98837

This document references the following SOD dated: 07/11/2023

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner
Residential Care Services

07/19/2023
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.

| Statement of Deficiencies | License #: 752816 | Compliance Determination # 26328 |
|---|---|---|
| Plan of Correction | Life Is Good AFH, Inc | Completion Date |
| Page 2 of 3 | Licensee: Life Is Good AFH, Inc | 07/11/2023 |

Provider (or Representative)

8/7/23
Date

**WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:**

(1) Current residents living in the adult family home; and

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure disposal of expired medications for 2 of 4 residents (Resident 1 & 3). This failure placed the residents at risk of receiving expired medications.

Findings included...

On 07/07/2023, the AFH's undated medication disposal policy showed expired medication would be sent back to the pharmacy for disposal. The policy for medication was included in the AFH's Admission Agreement: "All medicines that are expired or no longer in use will be sent back to the pharmacy."

Resident 1

July 2023 Medication Administration Records (MAR) and medication supply showed:
-Anti-diarrheal tablets 2 milligrams (mg), give 2 tablets after first episode, then 1 after each following episode – the label showed the medication was delivered to the AFH on 07/05/2022 had expired on 01/05/2023.
-Senna 8.6 mg, give at bedtime if needed for constipation – the label showed the medication was delivered to the AFH on 08/22/2022 had expired on 02/20/2023.

Resident 3
July 2023 MAR and medication supply showed:

-Acetaminophen 325 mg, give 2 tablets if needed for pain – the label showed the medication was delivered to the AFH on 11/16/2022 had expired 05/16/2023.

On 07/07/2023 at 11:00 AM, Staff A, Provider, stated they did not look at the medication supply unless the resident used or requested an as needed medication for symptom management. The medications for Residents 1 and 3 were ordered "as needed" and stored in a different area and the provider did not know they were expired.

| Statement of Deficiencies | License #: 752816 | Compliance Determination # 26328 |
|---|---|---|
| Plan of Correction | Life Is Good AFH, Inc | Completion Date |
| Page 3 of 3 | Licensee: Life Is Good AFH, Inc | 07/11/2023 |

On 07/07/2023 at 11:20 AM, Staff A stated the policy was current. Staff A stated the pharmacy delivery driver would pick up the expired medications to return to the pharmacy.

On 07/11/2023 at 10:55 AM, Collateral Contact 1 (CC1), Regional Pharmacy Manager, of the pharmacy solely used by the AFH stated they did not accept the return of any expired medications. CC1 stated the AFH's were told they must dispose of all expired medications and the pharmacy does not dispose of expired medications.

This is an uncorrected deficiency from 05/18/2023.

**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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8/17/23. 8/17/23

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

Provider (or Representative)

8/7/23
Date

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Life Is Good AFH, Inc
**Provider Type:** Adult Family Home
**License/Cert.#:** 752816
**Compliance Determination #:** 22895
**Intake ID:** 79337
**Investigator:** Jo Whitney
**Region/Unit #:** RCS Region 1 / Unit C
**Investigation Date(s):** 04/21/2023 through 05/18/2023
**Complainant Contact Date(s):**

**Allegation(s):**

1) Named Resident (NR) was given insulin injections twice without an order. Staff were aware the order was discontinued.
2) The Adult Family Home (AFH) used discontinued medication remaining in the home, not following their medication disposal policy.
3) AFH did not notify the physician or the legal representative at the time of the condition change.
4) NR had previously expressed insulin treatment stop; AFH gave insulin against resident wishes.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 4<br>Resident sample size: 1<br>Closed records sample size: 0 |
| **Observations:** | Home environment for safety and quality of life, residents, staff to resident interaction, medication supply and storage. |
| **Interviews:** | Provider, resident, collateral contact |
| **Record Reviews:** | Resident record including assessment, negotiated care plan, advance directive, medication log, chart notes, physician orders, hospital records, pharmacy record, staff credential, training/guidance to recognize abnormal blood sugar levels. |

**Investigation Summary:**

1) NR was a diabetic; the AFH had copies of the physician orders to discontinue insulin injections. AFH staff observed resident with symptoms of abnormal blood sugar level; weakened, confusion, warm to touch and flushed. Staff did not hesitate to test NR's blood sugar level - the level was high. AFH staff reported they attempted to contact the prescriber leaving a message. AFH staff administered a dose of insulin from a supply they had retained after the previous order was discontinued. Staff repeated blood sugar testing in the evening, then administered a different insulin again retained from the previous discontinued supply. The Provider stated they were aware the supply was discontinued and they administered medication with physician orders.
2) The AFH received orders to discontinue insulins ordered for NR in August 2022. A

long acting insulin was reordered in October 2022, then discontinued again in February 2023. The AFH stored insulin per manufacturer direction in the refrigerator. On 04/21/2023, the home continued to store the discontinued insulin in the refrigerator. The AFH's medication disposal policy was not implemented.
3) NR was observed with symptoms on 04/18/2023 at 1:00 PM. The Provider stated they contacted Home Health to contact the physician. The physician's office called the AFH after receiving the relayed report - no orders would be given until NR was evaluated by the physician. The AFH did not contact the physician directly. The Provider sent a text message to the legal representative on 04/19/2023, a day after the change was observed, showing NR's condition and the actions of the AFH.
4) Per physician and resident representative interviews, NR had expressed they did not want injections or "poking" every day. Through the informed consent process, the insulin ordered to manage diabetic symptoms and the monitoring was discontinued in February. The pharmacy verified all insulin and blood sugar testing was discontinued at that time. The AFH observed symptoms, "poked" NR and injected insulin without immediate direct contact/orders from the physician and legal representative. NR's diagnosis included [redacted]; they were unable to remember if they requested what the AFH staff did. When asked if they wanted blood sugar testing or injections on 04/21/2023, they stated they would choose not to.

---

**Conclusion / Action:**

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

| | | |
|---|---|---|
| Statement of Deficiencies | License #: 752816 | Compliance Determination # 22895 |
| Plan of Correction | Life Is Good AFH, Inc | Completion Date |
| Page 1 of 4 | Licensee: Life Is Good AFH, Inc | 05/18/2023 |

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 an unannounced on-site complaint investigation on 04/21/2023 and 04/21/2023 of:

Life Is Good AFH, Inc
7582 McBeth Ln NE
Moses Lake, WA 98837

This document references the following complaint number(s): 79337

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner
Residential Care Services

05/26/2023
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) 6/5/23 Date

**WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:**

(1) Current residents living in the adult family home; and

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) did not have a medication disposal policy they could implement to dispose of discontinued medications for 1 of 1 resident (Resident 1). This deficient practice contributed to the AFH's response to administer insulin to Resident 1 without current physician direction.

Findings included...

The AFH policy for medicines that were expired or no longer in use was to send them back to the pharmacy.

On 04/21/2023 at 10:30 AM, Staff A, Provider, stated when Resident 1 presented with symptoms of abnormal blood sugar, a condition of unmanaged diabetes (a chronic disease causing low levels of insulin and high blood sugars), they went to the AFH's refrigerator for their insulin supply. Staff A stated that they had a supply of Lantus insulin pens delivered from the pharmacy on 08/01/2022, 12/20/0222 and 01/17/2023, which the AFH never disposed of after the medications was discontinued.

On 04/21/2023 at 11:00 AM, Staff A stated the pharmacy did not take medications back and the AFH did not destroy or dispose of medications in the home. Staff A would take medication to a designated safe medication disposal location, but that location had changed, and they needed to find a new one.

On 05/03/2023 at 3:00 PM, a pharmacist from the supplying pharmacy reported Resident 1's Humalog insulin was last delivered to the AFH in July 2022. The Lantus insulin was reordered by the physician on 10/17/2022, then discontinued in 02/15/2023. Lantus was last delivered to the home in January 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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 07/01/23.

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

A Kaur — Provider (or Representative)

6/5/23 — 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 ;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a resident was given medication per the written direction of a physician for management of diabetic symptoms for 1 of 1 resident (Resident 1). This deficient practice placed the resident at risk for diabetic management complications.

Findings included...

Resident 1's August medication log on 08/04/2022, showed to discontinue insulin injection of Humalog (short acting insulin) 7 units each morning and Lantus (long-acting insulin) 40 units each evening. A physician's order also showed to discontinue the insulin.

Resident 1's April 2023 medication log showed new directions/orders were handwritten on the log by Staff A. "PRN (if requested or as needed) blood check." "PRN Humalog injection 7 units each AM" (morning), and "PRN Lantus injection 37 units injected HS" (bedtime). The AFH did not have a current written order for Humalog or Lantus insulin injections for Resident 1. AFH staff initials recorded the medication was given to Resident 1.
– 04/18/2023 at 1:00 PM, Staff A initialed the log showing Humalog 7 units was given.
- 04/18/2023 at 8:00 PM Staff B, Caregiver, initialed that Lantus 37 units was given
- 04/19/2023 "AM" Staff A initialed that Humalog 7 units was given
- 04/19/2023 "HS" Staff A initialed Lantus 37 units was given.

On 04/21/2023 at 10:20 AM, Staff A, Licensed Practical Nurse (LPN), stated Staff C, Caregiver, had observed a change in Resident 1 at 1:00 PM [04/18/2023] when they started their shift. Resident 1 was "flushed, feeling warm, cold and clammy." Staff C stated they checked Resident 1's blood sugar level; the meter showed a result of 367. Staff A stated that she injected the resident with Humalog (short acting insulin) 7 units. Staff A stated that she contacted Home Health to notify Resident 1's physician of what had occurred and to call the AFH back with orders. Staff A stated she notified the resident representative of what had occurred. Staff A stated they were aware that Resident 1 did not have any orders for insulin for high blood sugar.

On 05/04/2023 at 10:55 AM, Collateral Contact (CC1), Resident 1's physician office, stated they received information from Home Health on 04/19/2023 at 4:59 PM that Staff A gave Resident 1 insulin. They contacted Staff A on 04/20/2023 to verify the AFH was aware Resident 1 and their representative had directed the discontinuation of all insulin and blood glucose monitoring. CC1 stated they expected the AFH to respond to changes observed in Resident 1's medical condition by accessing emergency medical services to transport to an emergency room if unable to contact the physician.

This is a repeated deficiency previously cited on 02/10/2023.

**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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 7/1/23.

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

Provider (or Representative) — Date 6/5/23