STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Brook House AFH LLC

Brook House AFH LLC
8202 Garnet LN SW
Lakewood, WA 98498

RE: Brook House AFH LLC License # 752819

Dear Provider:

This letter addresses Compliance Determination(s) 23962 (Completion Date 06/05/2023) and 20920 (Completion Date 03/17/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/05/2023 and found that you have corrected the violations listed in the Follow up report dated 03/17/2023. Your home is back in compliance as of 03/27/2023 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 388-76-10475-1, WAC 388-76-10475-2-d, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-3-c-iv

The Department staff who did the on-site verification:
Andria Underwood, LTC Surveyor
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Jennifer LeMaster Jennifer LeMaster, Field Manager Region 3, Unit G

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 752819	Compliance Determination # 20920
Plan of Correction	Brook House AFH LLC	Completion Date
Page 1 of 3	Licensee: Brook House AFH LLC	03/17/2023

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 03/09/2023 and 03/09/2023 of:
Brook House AFH LLC
8202 Garnet LN SW
Lakewood, WA 98498

This document references the following SOD dated: 03/17/2023

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 inspected the Adult Family Home:

Andria Underwood, LTC Surveyor
Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LaMaster
Residential Care Services

03/24/2023
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) Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(d) Frequency which the medications are taken; and

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to keep an up-to-date Medication Administration Record (MAR) for 4 of 5 residents (Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), and Resident 4 (R4)). This resulted in R1, R2, R3, and R4 not having an accurate medication log and placed them at risk for not receiving accurate medication administration.

Findings included...

Record review of R1's MAR dated March 2023 showed missing administration signatures on 03/08/2023 for medications Sodium Chloride (electrolyte stabilizer), Trazadone (sleeping medication), and Valproic Acid (mental health medication).

Record review of R2's MAR dated March 2023 showed a missing administration signature for the medication Bisacodyl (bowel medication) for the evening of 03/08/2023.

During interview with the Provider on 03/09/2023 at 10:43 AM, they said the medications were administered to R1 and R2, but they had forgotten to sign off on their MARs.

Record review of R3's MAR dated March 2023 showed medication Robafen (cough medicine). Review of R3's physician orders dated 03/01/2023 showed Robafen was

prescribed as needed (PRN).

R3's March 2023 MAR also showed a prescription of Metoprolol Tartrate (high blood pressure medication) for 25mg (milligrams) 1 tablet twice daily. Review of the prescription instructions on the medication showed the dosage was 50 mg, 1.5 tablets twice daily.

Observation on 03/09/2023 at 11:00 AM showed Robafen was not in R3's medication supply.

During interview with the Provider on 03/09/2023 at 11:10 AM, they said R3 was not using Robafen. The Provider stated that they only order a refill when the medication was requested by R3, so Robafen was not in currently supply. The Provider also said they had been calling R3's physician regarding the mismatched Metoprolol Tartrate dosages. The Provider did not have any documentation of attempts to reach R3's physician.

Record review of R4's MAR dated March 2023 showed a daily dose of Trazadone (sleeping medication) was ordered for R4 to take at bedtime every day, but there were no signatures 03/01/2023 - 03/08/2023 showing medication had been administered.

During interview with the Provider on 03/09/2023 at 11:05 AM, they said Trazadone was being given to R4, but staff kept forgetting to sign off on the MAR.

This an uncorrected deficiency previously cited on 02/08/2023 for subsections 1 and 3 only.

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, Brook House AFH LLC is or will be in compliance with this law and / or regulation on (Date) 03/27/2023

Corrected while the Licensor was still in the facility

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

[redacted] 03/27/2023

Provider (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 752819	Compliance Determination # 18596
Plan of Correction	Brook House AFH LLC	Completion Date
Page 1 of 3	Licensee: Brook House AFH LLC	02/08/2023

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 01/17/2023 and 01/17/2023 of:

Brook House AFH LLC
8202 Garnet LN SW
Lakewood, WA 98498

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor
Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

02/10/2023
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.

Ruth KAMAU
Provider (or Representative)

02/20/23
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(d) Frequency which the medications are taken; and

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to keep an up-to-date medication log for 1 of 6 residents (Resident 2 (R2)). This resulted in R2 not having an accurate medication log and placed R2 at risk for not receiving accurate medication administration.

Findings included...

During resident record review on 01/17/2023 at 12:30 PM, R2's Medication Administration Record (MAR) dated January 2023 showed two separate entries for Depakote (mood disorder medication) being administered for a total of three times a day (two times at 8 PM and once at 8 AM). The prescription for Depakote stated that R2 was to receive Depakote twice a day at 8 AM and 8 PM. Staff initials were on R2's January 2023 MAR showing that both 8 PM administrations and the 8 AM administration of medication were administered to R2.

During interview with the Provider on 01/17/2023 at 12:45 PM regarding additional dosage of medication, Provider said this was a mistake and R2 was only getting this medication twice a day as prescribed. Provider explained she had asked the pharmacy multiple times to take the additional prescription off R2's MAR but this has not occurred. Provider said they did not know why staff were signing off twice for 8 PM administration but her staff probably did not notice the double prescription and were just signing for the medication. Provider understood that it appeared staff were double dosing R2 at 8 PM due

to staff signing off on medication twice.

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, Brook House AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/20/23 .

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

Ruth KAMAU — Provider (or Representative)

02/20/23 — Date

RECEIVED

FEB 27 2023

DSHS RCS REGION 3
Tumwater Field Office