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

HILLWOOD SENIOR CARE AFH LLC
HILLWOOD SENIOR CARE AFH LLC
19342 FREMONT AVE N
SHORELINE, WA 98133

RE: HILLWOOD SENIOR CARE AFH LLC License # 752853

Dear Provider:

This letter addresses Compliance Determination(s) 28459 (Completion Date 08/23/2023) and 26142 (Completion Date 07/18/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/23/2023 and found that you have corrected the violations listed in the Follow up report dated 07/18/2023. Your home is back in compliance as of 07/18/2023 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

The Department staff who did the on-site verification:
Twyla Robinson, AFH Licensor

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

Statement of Deficiencies	License #: 752853	Compliance Determination # 26142
Plan of Correction	HILLWOOD SENIOR CARE AFH LLC	Completion Date
Page 1 of 3	Licensee: HILLWOOD SENIOR CARE AFH LLC	07/18/2023

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 follow-up on 07/03/2023 and 07/03/2023 of:
HILLWOOD SENIOR CARE AFH LLC
19342 FREMONT AVE N
SHORELINE, WA 98133

This document references the following SOD dated: 07/18/2023

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:

Twyla Robinson, AFH Licensor

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

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.

Ivan Popadiuc
Provider (or Representative)

7-26-23
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, interviews and record review, the Adult Family Home (AFH) failed to dispose of expired medications for 1 of 2 sampled residents (Resident 3). This failure resulted in Resident 3 receiving expired medication.

Findings included...

Record review showed that the AFH's general Medication Disposal Policy, signed and dated on [redacted]/2021, stated that "When medications are discontinued, expired... the facility will dispose of medications."

Resident record review showed the AFH admitted Resident 3 on [redacted]/2021. Resident 3's Negotiated Care Plan, signed and dated on 01/21/2023, showed that the AFH would provide care including medication management.

Observation, on 07/03/2023 at 11:12 a.m., showed Resident 3's medication supply contained Tramadol (a medication used to help relieve moderate to moderately severe pain). The medication was administered on 05/10/2023 and 06/29/2023. The medication expired on 04/21/2023.

In interview, on 07/18/2023 at 3:13 p.m., when asked why expired medications remained present in the medication supply, Staff B (Caregiver) stated that actual medication had not expired and needed to obtain a new label from the pharmacy. Staff A (Provider) stated that a system of weekly checks may need to be created to resolve the issue.

This is an uncorrected deficiency previously cited on 05/15/2023.

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, HILLWOOD SENIOR CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 7-18-23 .

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

IVAN POPADIUC — Provider (or Representative)

7-26-23 — Date

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 the unannounced on-site full inspection on 04/13/2023 and 04/17/2023 of:
HILLWOOD SENIOR CARE AFH LLC
19342 FREMONT AVE N
SHORELINE, WA 98133

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Twyla Robinson, AFH Licensor
Rodolfo Antonio Baylon, Adult Family Home Licensor

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

05/16/2023
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.

Ivan Popadiuc
Provider (or Representative)

5-26-2023
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have all staff complete the Washington State Name and Date of Birth Background Checks (BGC) every two years. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of exposure to a caregiver with an unknown background.

Findings included...

Record review showed that Former Staff 1's employment ended on 11/15/2021. Former Staff 1's BGC expired on 04/08/2021.

In interview, on 05/15/2023 at 3:15 p.m., when questioned how often BGCs should be completed, Staff A (Provider) stated every two years. When asked why Former Staff 1's BGC was not completed, Staff A (Provider) reported that they may have forgotten and needed to implement a reminder system.

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, HILLWOOD SENIOR CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5-26-2023 .

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

Ivan Popadine — Provider (or Representative)

5-26-2023 — Date

WAC 388-76-10161 Background checks Who is required to have.

(1) An adult family home applicant and anyone affiliated with an applicant must have the following background checks before licensure:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have all staff complete the Washington State Name and Date of Birth Background Check (BGC). This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of exposure to former staff with unknown backgrounds.

Findings included...

Record review of Former Staff 2's (Caregiver) record showed the AFH hired Former Staff 2 on 09/13/2022. There was no BGC on file.

Record review of Former Staff 4's (Caregiver) record showed the AFH hired Former Staff 4 on 03/15/2020. There was no BGC on file.

In interview, on 05/15/2023 at 3:16 p.m., when asked why the BGCs were not completed, Staff A (Provider) reported that Former Staff 2 was briefly employed and may have forgotten. When asked the timeframe to complete the BGC for new employees, Staff A stated immediately.

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, HILLWOOD SENIOR CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5-26-2023.

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

Ivan Popadine — Provider (or Representative)

5-26-2023 — Date

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to post the most recent licensing inspection and complaint investigation reports for review. This failure placed all 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of being unaware of regulatory compliance issues.

Findings included...

During the inspection, on 04/13/2023 at 9:35 a.m., observation showed six residents resided in the facility.

Observation, on 04/13/2023 at 11:36 a.m., during the environmental tour, showed that the last licensing inspection was not posted for review.

In interview, on 04/13/2023 at 11:39 a.m., when asked why the last full inspection was not posted in communal area for review, Staff A (Provider) stated that they may have removed it to submit to the AFH insurer.

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, HILLWOOD SENIOR CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5-26-23 .

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

Ivan Popudlic — Provider (or Representative)

5-26-23 — 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, interviews and record review, the Adult Family Home (AFH) did not dispose expired medications for 1 of 4 sampled residents (Resident 3). This failure placed Resident 3 at risk of health complications from expired medication.

Findings included...

Record review showed that the AFH's general Medication Disposal Policy, signed and dated on [redacted]/2021, stated that "When medications are discontinued, expired... the facility will dispose of medications."

Resident record review showed the AFH admitted Resident 3 on [redacted]/2021. Resident 3's Negotiated Care Plan, signed and dated on 01/21/2023, showed that the AFH would provide care including medication management.

Observation, on 04/13/2023 at 3:38 p.m., showed Resident 3's medication supply contained Simethicone Chew (a medication used to relieve symptoms of extra gas such as belching, bloating, and feelings of pressure or discomfort in the stomach). The medication expired on 11/01/2022.

Observation, on 04/13/2023 at 3:39 p.m., showed Resident 3's medication supply contained Meclizine (a medication used to treat certain serious fungal infections in the body by stopping the growth of the fungus). The medication expired on 11/01/2022.

Record review of Resident 3's April 2023 Medication Log showed that the Meclizine was last administered on 04/11/2023.

In interview, on 04/13/2023 at 3:39 p.m., when asked about completing medication reconciliations, Staff B (Caregiver) stated that they normally did it monthly and did not check the last time. When asked about the expiration dates, Staff B stated that the pharmacy was informed and tried to obtain a new physician's order.

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, HILLWOOD SENIOR CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5-26-23 .

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

Iram Rojas

Provider (or Representative)

5-26-23

Date

RECEIVED

MAY 31 2023

DSHS/ALTSA/RCS

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

05/16/2023

CERTIFIED MAIL

94890090002760729965 82

HILLWOOD SENIOR CARE AFH LLC
HILLWOOD SENIOR CARE AFH LLC
19342 FREMONT AVE N
SHORELINE, WA 98133

RE: HILLWOOD SENIOR CARE AFH LLC # 752853

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/15/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10225 Reporting requirement.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(a) The local public health officer; and

(b) The department's complaint toll-free hotline number.

The Adult Family Home (AFH) failed to ensure an outbreak of Covid-19 was reported to the Department of Social and Health Services. This failure placed residents at risk of exposure to a communicable disease.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

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

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600