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

JOSEFINA ULIT
J&M Adult Family Home #2
26420 Cambridge Dr
Kent, WA 98032

RE: J&M Adult Family Home #2 License # 753007

Dear Provider:

This letter addresses Compliance Determination(s) 48425 (Completion Date 10/10/2024) and 44853 (Completion Date 09/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/10/2024 and found that you have corrected the violations listed in the Full report dated 09/16/2024. Your home is back in compliance as of 10/04/2024 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 388-76-10015-1, WAC 388-76-10255-1, WAC 388-76-10290-2, WAC 388-76-10380-4, WAC 388-76-10420-7-b, WAC 388-76-10490-1, WAC 388-76-10463-3, WAC 388-76-10895-2-b

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

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

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 #: 753007	Compliance Determination # 43853
Plan of Correction	J&M Adult Family Home #2	Completion Date
Page 1 of 13	Licensee: JOSEFINA ULIT	09/16/2024

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 07/25/2024 and 07/26/2024 at:
J&M Adult Family Home #2
26420 Cambridge Dr
Kent, WA 98032

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:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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

9-17-2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 07/26/2024 and 07/26/2024 of:

J&M Adult Family Home #2
26420 Cambridge Dr
Kent, WA 98032

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:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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

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 #: 753007	Compliance Determination # 44853
Plan of Correction	J&M Adult Family Home #2	Completion Date
Page 2 of 13	Licensee: JOSEFINA ULIT	09/18/2024

Josefina Ulit
Provider (or Representative)

9/25/24
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW, and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to follow the required Respiratory Protection Program (RPP) that included the annual respiratory fit testing [checking whether a respirator (device used to protect person from inhaling hazardous fumes, vapors, gases, dust, or airborne causing disease) properly fits the face of someone who wears it] for 1 of 2 full time staff (Staff C, Caregiver) who worked in the home. In addition, the AFH COVID-19 (an infectious disease caused by a respiratory virus) test kits were expired. These failures presented risk for residents of acquiring COVID-19 and risk of spreading the disease due to invalid COVID-19 test result.

Findings included...

A review of Washington State Department of Social and Health Services website under "Information for Adult Family Home Providers" in the quick link for "AFH Standard Precautions Table" for Respiratory Protection Program it stated, "Fit test staff annually with N95 respirators, train staff on the importance of respiratory protection and have staff complete a medical clearance to wear an N95 respirator as required. You must have a written RPP and keep fit test, medical clearance, and training records in your home."

In an interview on 07/26/2024 at 10:55 AM , Staff C stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

In an interview on 07/26/2024 at 12:40 AM, Staff B, Resident Manager stated that Staff C worked full- time and slept at the AFH when scheduled to work from Monday to Thursday.

Record review of the AFH personnel records showed that Staff A, Provider and Staff B had completed their annual respiratory fit testing on 03/04/2024. Further review showed that Staff C did not have an annual respiratory fit test done.

Provider (or Representative) Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to follow the required Respiratory Protection Program (RPP) that included the annual respiratory fit testing [checking whether a respirator (device used to protect person from inhaling hazardous fumes, vapors, gases, dust, or airborne causing disease) properly fits the face of someone who wears it] for 1 of 2 full time staff (Staff C, Caregiver) who worked in the home. In addition, the AFH COVID-19 (an infectious disease caused by a respiratory virus) test kits were expired. These failures presented risk for residents of acquiring COVID-19 and risk of spreading the disease due to invalid COVID-19 test result.

Findings included…

A review of Washington State Department of Social and Health Services website under "Information for Adult Family Home Providers" in the quick link for "AFH Standard Precautions Table" for Respiratory Protection Program it stated, "Fit test staff annually with N95 respirators, train staff on the importance of respiratory protection and have staff complete a medical clearance to wear an N95 respirator as required. You must have a written RPP and keep fit test, medical clearance, and training records in your home."

In an interview on 07/26/2024 at 10:55 AM, Staff C stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

In an interview on 07/26/2024 at 12:40 AM, Staff B, Resident Manager stated that Staff C worked full- time and slept at the AFH when scheduled to work from Monday to Thursday.

Record review of the AFH personnel records showed that Staff A, Provider and Staff B had completed their annual respiratory fit testing on 03/04/2024. Further review showed that Staff C did not have an annual respiratory fit test done.

In an interview on 07/26/2024, Staff A confirmed that Staff C did not have the annual respiratory fit test. Staff A stated that they would schedule the respiratory fit test for Staff C.

Observation on 07/26/2024 at 3:04 PM showed that the AFH had COVID-19 test kits with an expiration date of 08/18/2022 and March 2024. Department staff checked online, it showed the test kit shelf life for the 08/18/2022 was expired. The test kit with an expiration date of March 2024 was extended till 08/14/2024, which was expired at the time of the inspection.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date) 8/01/24.

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

Josefina Ulit
Provider (or Representative)

9/25/24
Date

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

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff C, Caregiver) performed proper hand hygiene in the AFH. This failure placed all current residents at risk of acquiring communicable infections.

Findings included...

In an interview on 07/26/2024 at 10:55 AM, Staff C stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" is a guideline for Hand Hygiene and Staff Education. In the standard precaution link, were steps on how to wash hands with soap and water. The step number 4 stated to rinse hands with

In an interview on 07/26/2024, Staff A confirmed that Staff C did not have the annual respiratory fit test. Staff A stated that they would schedule the respiratory fit test for Staff C.

Observation on 07/26/2024 at 3:04 PM showed that the AFH had COVID-19 test kits with an expiration date of 08/18/2022 and March 2024. Department staff checked online; it showed the test kit shelf life for the 08/18/2022 was expired. The test kit with an expiration date of March 2024 was extended till 06/14/2024, which was expired at the time of the inspection.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff C, Caregiver) performed proper hand hygiene in the AFH. This failure placed all current residents at risk of acquiring communicable infections.

Findings included…

In an interview on 07/26/2024 at 10:55 AM, Staff C stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under “AFH Standard Precaution Table” is a guideline for Hand Hygiene and Staff Education. In the standard precaution link, were steps on how to wash hands with soap and water. The step number 4 stated to rinse hands with

water and use disposable towels to dry. To use towel to turn off the faucet after hand washing.

Observation on 07/26/2024 at 11:19 AM showed Staff C wet their hands with water and applied soap to their hands. Staff C scrubbed their hands and turned off the faucet with their right hand.

In an interview on 07/26/2024 at 11:20 AM, Staff C did not respond when department staff asked why they turned off the faucet. Staff C turned on the faucet and restarted the procedure.

Observation 07/26/2024 at 11:40 AM showed Staff C had assisted Resident 1 in the bathroom. Staff C removed their gloves and washed their hands with soap and water. Staff C turned off the faucet with their right hand and dried their hands with the hand towel.

In an interview on 07/26/2024 at 11:41 AM, Staff C acknowledged that they should have dry their hands before turning off the faucet. Staff C stated that they used the hand towel as there was no paper towel supply in the bathroom.

Observation on 07/26/2024 at 11:43 AM, showed Staff C washed their hands with soap and water in the kitchen sink. Staff C used the hand towel to dry their hands after washing their hands.

In an interview on 07/26/2024 at 11:44 AM, Staff C acknowledged that they should have used the available paper towel to dry their hands instead of the hand towel.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date) 7/29/24.

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

Josefina Ulit

Provider (or Representative)

9/25/24

Date

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Observation on 07/26/2024 at 11:19 AM showed Staff C wet their hands with water and applied soap to their hands. Staff C scrubbed their hands and turned off the faucet with their right hand.

In an interview on 07/26/2024 at 11:20 AM, Staff C did not respond when department staff asked why they turned off the faucet. Staff C turned on the faucet and restarted the procedure.

Observation 07/26/2024 at 11:40 AM showed Staff C had assisted Resident 1 in the bathroom. Staff C removed their gloves and washed their hands with soap and water. Staff C turned off the faucet with their right hand and dried their hands with the hand towel.

In an interview on 07/26/2024 at 11:41 AM, Staff C acknowledged that they should have dry their hands before turning off the faucet. Staff C stated that they used the hand towel as there was no paper towel supply in the bathroom.

Observation on 07/26/2024 at 11:43 AM, showed Staff C washed their hands with soap and water in the kitchen sink. Staff C used the hand towel to dry their hands after washing their hands.

In an interview on 07/26/2024 at 11:44 AM, Staff C acknowledged that they should have used the available paper towel to dry their hands instead of the hand towel.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

Statement of Deficiencies	License # 753607	Compliance Determination # 44853
Plan of Correction	J&M Adult Family Home #2	Completion Date
Page 6 of 13	Licensee: JOSEFINA ULIT	09/16/2024

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff C, Caregiver) with a positive Tuberculosis (TB) test had a TB signs and symptoms evaluation when they were hired. This failure placed all residents at the AFH at risk of exposure to TB, a communicable disease.

Findings included...

In an interview on 07/26/2024 at 10:55 AM, Staff C stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

In an interview on 07/26/2024 at 12:40 PM, Staff B, Resident Manager stated that Staff C worked full- time and would sometimes sleep at the AFH when they worked from Monday to Thursday.

Review of Staff C's AFH orientation record showed they were hired on 12/15/2015. Staff B had a chest x-ray completed on 04/13/2011 related to positive TB skin test. The chest x-ray showed no active disease in the chest. There was another chest x-ray completed on 09/27/2016 that showed the lungs were clear. There were no other TB tests for Staff C.

In an interview on 09/05/2024 at 5:28 PM, Staff B, Resident Manager stated that Staff C did not have any other TB test. Staff B acknowledged that Staff B was not evaluated for TB signs and symptoms when they got hired.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date) 9/18/24.

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

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff C, Caregiver) with a positive Tuberculosis (TB) test had a TB signs and symptoms evaluation when they were hired. This failure placed all residents at the AFH at risk of exposure to TB, a communicable disease.

Findings included…

In an interview on 07/26/2024 at 10:55 AM, Staff C stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

In an interview on 07/26/2024 at 12:40 PM, Staff B, Resident Manager stated that Staff C worked full- time and would sometimes sleep at the AFH when they worked from Monday to Thursday.

Review of Staff C's AFH orientation record showed they were hired on 12/15/2015. Staff B had a chest x-ray completed on 04/13/2011 related to positive TB skin test. The chest x-ray showed no active disease in the chest. There was another chest x-ray completed on 09/27/2016 that showed the lungs were clear. There were no other TB tests for Staff C.

In an interview on 09/05/2024 at 5:26 PM, Staff B, Resident Manager stated that Staff C did not have any other TB test. Staff B acknowledged that Staff B was not evaluated for TB signs and symptoms when they got hired.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Statement of Deficiencies	License #: 753007	Compliance Determination # 44853
Plan of Correction	J&M Adult Family Home #2	Completion Date
Page 6 of 13	Licensee: JOSEFINA ULIT	09/16/2024

Josefina Ulit
Provider (or Representative)

9/25/24
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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) at least every twelve months. This failure placed Resident 1 at risk of unmet needs and of receiving care and services they did not negotiate.

Findings included...

In an interview on 07/26/2024 at 10:55 AM, Staff C, Caregiver stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

Record review on 07/26/2024 of Resident 1's AFH records showed that they were admitted to the home on [redacted]/2019. The AFH last updated and signed Resident 1's NCP on 10/06/2020.

In an interview on 07/26/2024 at 1:28 PM, Staff A, Provider stated that there was no change with Resident 1 when department staff asked if the NCP was reviewed at least every twelve months.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date) 9/24/24 .

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

Josefina Ulit
Provider (or Representative)

9/25/24
Date

Provider (or Representative) 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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) at least every twelve months. This failure placed Resident 1 at risk of unmet needs and of receiving care and services they did not negotiate.

Findings included…

In an interview on 07/26/2024 at 10:55 AM, Staff C, Caregiver stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

Record review on 07/26/2024 of Resident 1's AFH records showed that they were admitted to the home on [redacted]/2019. The AFH last updated and signed Resident 1's NCP on 10/06/2020.

In an interview on 07/26/2024 at 1:28 PM, Staff A, Provider stated that there was no change with Resident 1 when department staff asked if the NCP was reviewed at least every twelve months.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure proper food handling was followed by 1 of 2 sampled staff (Staff C, Caregiver) when they prepared lunch for 4 of 4 residents (Residents 1, 2, 3, and 4) in the AFH. This failure placed all current residents at risk for food borne illness.

Findings included…

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Food Borne Illnesses" dated, May 2013 from Washington Department of Health, showed that single-use gloves may be used to prepare foods that need to be handled a lot, such as when making sandwiches, slicing vegetables, or arranging food on a platter. It is important to remember that gloves are used to protect the food from germs, not to protect your hands from the food. Gloves must be changed often to keep the food safe.

In an interview on 07/26/2024 at 10:55 AM, Staff C stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

Review of AFH personnel records showed that Staff C was hired on 12/15/2015 and had a Food Handler Card that expires on 10/16/2024.

Observation on 07/26/2024 at 11:21 AM showed Staff C donned gloves after washing their hands with soap and water. With the gloved hands, Staff C took out a pan from the kitchen cabinet and placed it on top of the stove. Then, Staff C with gloved hands removed a bag of frozen vegetables from the freezer and opened the bag with scissors. Staff C still wearing the same gloves, removed the frozen vegetables from the bag.

In an interview on 07/26/2024 at 11:23 AM, Staff C stated that they were "nervous" when department staff asked them if they followed the correct steps in handling food. Staff C acknowledged that the gloves they wore were contaminated and should have not been used to remove the food from the bag.

Observation on 07/26/2024 at 11:48 AM showed Staff C with gloved hands opened the refrigerator and removed plastic packages of grapes and strawberries. Staff C with the same gloved hands opened a package and was going to remove grapes when department staff stopped them.

Statement of Deficiencies	License #: 753607	Compliance Determination # 44853
Plan of Correction	J&M Adult Family Home #2	Completion Date
Page 8 of 13	Licensee: JOSEFINA ULIT	09/16/2024

In an interview on 07/26/2024 at 11:49 AM, Staff C had no response when asked why department staff stopped them from removing grapes from the package. Instead, Staff C removed their gloves and washed their hands with soap and water. Staff C donned gloves and removed grapes from the plastic container.

Observation on 07/26/2024 at 11:50 AM showed Staff C with gloves on, took out a knife from the cabinet and turned on the faucet to rinse the knife. Staff C then turned off the faucet. Staff C asked department staff if it was alright for them to cut up the grapes with the same gloves.

In an interview on 07/26/2024 at 11:50 AM, Staff C stated that they realized that they would need new gloves for cutting up the grapes

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date) 7/29/24.

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

Josefina Ulit — Provider (or Representative)

9/25/24 — 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 follow their medication disposal policy for expired resident medications for 2 of 2 sampled residents (Resident 1 and Resident 3). This failure placed Resident 1 and Resident 3 at risk of unmet medication need and harm from expired medications.

Findings included...

In an interview on 07/26/2024 at 11:49 AM, Staff C had no response when asked why department staff stopped them from removing grapes from the package. Instead, Staff C removed their gloves and washed their hands with soap and water. Staff C donned gloves and removed grapes from the plastic container.

Observation on 07/26/2024 at 11:50 AM showed Staff C with gloves on, took out a knife from the cabinet and turned on the faucet to rinse the knife. Staff C then turned off the faucet. Staff C asked department staff if it was alright for them to cut up the grapes with the same gloves.

In an interview on 07/26/2024 at 11:50 AM, Staff C stated that they realized that they would need new gloves for cutting up the grapes

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) 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 follow their medication disposal policy for expired resident medications for 2 of 2 sampled residents (Resident 1 and Resident 3). This failure placed Resident 1 and Resident 3 at risk of unmet medication need and harm from expired medications.

Findings included…

In an interview on 07/26/2024 at 10:55 AM, Staff C, Caregiver stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

In an interview on 07/26/2024 at 11:15 AM, Staff C stated that all four residents (Residents 1, 2, 3, and 4) were provided with medication assistance.

Record review of the facility's undated "Medication Disposal" policy stated that the home "will ensure that all unused medications are removed from the home promptly and safely, to minimize errors. Medications will be destroyed and properly disposed of in the RX destroyer all-purpose formula when: Medications have expired, discontinued, the resident passed away."

Resident 1

Record review on 07/26/2024 of Resident 1's AFH records showed that they were admitted to the home on [redacted]/2019. Resident 1's July 2024 pharmacy generated log showed they were prescribed Loratadine (to treat allergy symptoms that may include runny nose, itchy or watery eyes, hives and swelling) 10 milligram (mg) one tablet every day as needed for dry cough or runny nose.

Observation on 07/26/2024 at 1:25 PM of Resident 1's medication supply showed a pharmacy dispensed bubble pack (medications placed within small, clear plastic bubbles secured by a strong, paper-backed foil that protects the pills until dispensed) marked with "RX 6104675" labelled with Loratadine 10 mg tablet with an expiration date of 10/18/2021.

In an interview on 07/26/2024 at 1:26 PM, Staff B stated, "Why did I not discard this?"

Resident 3

Record review on 07/26/2024 of Resident 3's AFH records showed that they were admitted to the home on [redacted]/2023. Resident 3's July 2024 pharmacy generated log showed they were prescribed Acetaminophen (medication for pain relief and to reduce fever) 650 mg twice daily as needed for pain.

Observation on 07/26/2024 at 3:01 PM of Resident 3's medication supply showed a pharmacy dispensed bubble pack marked with "RX 9938618" labelled with Acetaminophen 250 mg tablet with an expiration date of 06/04/2024.

In an interview on 07/26/2024 at 3:02 PM, Staff B had no response when the expired medication supply was presented to them.

Statement of Deficiencies	License #: 753007	Compliance Determination #: 44853
Plan of Correction	J&M Adult Family Home #2	Completion Date
Page of 13	Licensee: JOSEFINA ULIT	09/16/2024

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date) 10/4/24.

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

Josefina Ulit
Provider (or Representative)

9/25/24
Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to address in the Negotiated Care Plans (NCP) for 1 of 2 sampled residents (Resident 3) their use of psychopharmacological medications (medications that influence mood, sensation, thinking and behavior) and the interventions for the symptoms for which the medications were prescribed. This failure placed Resident 3 at risk of unmet medication and care needs.

Findings included...

In an interview on 07/26/2024 at 10:55 AM, Staff C, Caregiver stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

Record review on 07/26/2024 of Resident 3's AFH records showed that they were admitted to the home on [redacted] 2023. Resident 3's July 2024 pharmacy generated log showed they were prescribed Mirtazapine (medication that treats feelings of sadness and loss of interest that interferes with daily activities) 15 milligram (mg) one tablet at bedtime and Quetiapine Fumarate (medication that are used to treat mental illness that affect the ability to tell what's real and what isn't) 25 mg one tablet daily at bedtime. In addition, Resident 3 was prescribed Trazadone (medication that may help to improve mood, appetite and energy levels and can be used to induce sedation for sleep problems) 50 mg take one tablet at bedtime.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to address in the Negotiated Care Plans (NCP) for 1 of 2 sampled residents (Resident 3) their use of psychopharmacological medications (medications that influence mood, sensation, thinking and behavior) and the interventions for the symptoms for which the medications were prescribed. This failure placed Resident 3 at risk of unmet medication and care needs.

Findings included…

In an interview on 07/26/2024 at 10:55 AM, Staff C, Caregiver stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

Record review on 07/26/2024 of Resident 3's AFH records showed that they were admitted to the home on [redacted]/2023. Resident 3's July 2024 pharmacy generated log showed they were prescribed Mirtazapine (medication that treats feelings of sadness and loss of interest that interferes with daily activities) 15 milligram (mg) one tablet at bedtime and Quetiapine Fumarate (medication that are used to treat mental illness that affect the ability to tell what's real and what isn't) 25 mg one tablet daily at bedtime. In addition, Resident 3 was prescribed Trazadone (medication that may help to improve mood, appetite and energy levels and can be used to induce sedation for sleep problems) 50 mg take one tablet at bedtime.

Statement of Deficiencies	License #: 753607	Compliance Determination # 44553
Plan of Correction	J&M Adult Family Home #2	Completion Date
Page of 13	Licensee: JOSEFINA ULIT	09/18/2024

Record review on 07/26/2024 of Resident 3's 07/21/2023 assessment showed they were prescribed Mirtazapine for Depression, Quetiapine Fumarate for agitation and anxiety and Trazadone for Depression. The assessment listed behaviors of resistive to care, mood swings, manipulative, verbally abusive, combative, assaultive, easily irritable/agitated and repetitive anxious complaints or questions. The assessment included caregivers' instructions on handling the behaviors.

Review of Resident 3's 08/30/2023 NCP showed their use of the psychopharmacologic medications and the interventions for the symptoms for which the medications were prescribed were not addressed and care planned.

In an interview on 07/26/2024 at 2:30 PM, Staff B acknowledged that Resident 3's NCP did not address their psychopharmacologic medications and the interventions for the symptoms for which the medications were prescribed.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date) 9/24/24.

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

Josefina Ulit

Provider (or Representative)

9/25/24

Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct full emergency evacuation drill at least once each calendar year affecting 4 of 4 residents (Residents 1, 2, 3, and 4). This failure placed all four residents at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included...

Record review on 07/26/2024 of Resident 3's 07/21/2023 assessment showed they were prescribed Mirtazapine for Depression, Quetiapine Fumarate for agitation and anxiety and Trazadone for Depression. The assessment listed behaviors of resistive to care, mood swings, manipulative, verbally abusive, combative, assaultive, easily irritable/agitated and repetitive anxious complaints or questions. The assessment included caregivers' instructions on handling the behaviors.

Review of Resident 3's 08/30/2023 NCP showed their use of the psychopharmacologic medications and the interventions for the symptoms for which the medications were prescribed were not addressed and care planned.

In an interview on 07/26/2024 at 2:30 PM, Staff B acknowledged that Resident 3's NCP did not address their psychopharmacologic medications and the interventions for the symptoms for which the medications were prescribed.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct full emergency evacuation drill at least once each calendar year affecting 4 of 4 residents (Residents 1, 2, 3, and 4). This failure placed all four residents at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included…

Statement of Deficiencies	License #: 753807	Compliance Determination # 44553
Plan of Correction	J&M Adult Family Home #2	Completion Date
Page of 13	Licensee: JOSEFINA ULIT	09/18/2024

In an interview on 07/26/2024 at 10:55 AM, Staff C, Caregiver stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

In an interview on 07/26/2024 at 11:08 AM, Staff C stated that all four residents (Residents 1, 2, 3, and 4) required assistance with emergency evacuation.

Record review on 07/26/2024 of the AFH's 2023 emergency evacuation drills showed six fire drills were completed. A fire drill on 12/01/2023 marked as every two months participated by two staff and four residents, that took one minute and 45 seconds. The fire drill completed on 10/17/2023 marked as every two months participated by two staff and four residents, that took one minute and 36 seconds. A fire drill completed on 08/15/2023 marked as every two months participated by two staff and three residents, that that took one minute and 26 seconds. A fire drill completed on 06/19/2023 participated by one staff and two residents, marked as every two months that took one minute. A fire drill completed on 04/20/2023 participated by two staff and two residents that took one minute. A fire drill completed on 02/14/2023 participated by two staff and three residents, that took one minute and 30 seconds. Fire drill marked as full evacuation or annual evacuation was missing from all the 2023 completed fire drills.

Record review on 07/26/2024 of the AFH 2024 emergency evacuation drills showed three fire drills were completed. A fire drill on 06/17/2024 marked as partial evacuation, participated by two staff and four residents, that took one minute and 37 seconds. Fire drill completed on 04/15/2024 marked as partial evacuation drill participated by two staff and four residents, that took one minute and 45 seconds. Fire drill completed 02/15/2024 was not marked to show the type of fire drill, participated by two staff and three residents, that took one minute and 35 seconds. There was no fire drill marked as full evacuation or annual evacuation from the three 2024 completed fire drills.

In an interview on 07/26/2024 at 5:25 PM, Staff B stated that they will perform a full evacuation fire drill.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date) 8/15/24 .

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

Josefina Ulit

Provider (or Representative)

9/25/24

Date

In an interview on 07/26/2024 at 10:55 AM, Staff C, Caregiver stated that they have four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH.

In an interview on 07/26/2024 at 11:08 AM, Staff C stated that all four residents (Residents 1, 2, 3, and 4) required assistance with emergency evacuation.

Record review on 07/26/2024 of the AFH's 2023 emergency evacuation drills showed six fire drills were completed. A fire drill on 12/01/2023 marked as every two months participated by two staff and four residents. that took one minute and 45 seconds. The fire drill completed on 10/17/2023 marked as every two months participated by two staff and four residents, that took one minute and 30 seconds. A fire drill completed on 08/15/2023 marked as every two months participated by two staff and three residents, that that took one minute and 25 seconds. A fire drill completed on 06/19/2023 participated by one staff and two residents, marked as every two months that took one minute. A fire drill completed on 04/20/2023 participated by two staff and two residents that took one minute. A fire drill completed on 02/14/2023 participated by two staff and three residents, that took one minute and 30 seconds. Fire drill marked as full evacuation or annual evacuation was missing from all the 2023 completed fire drills.

Record review on 07/26/2024 of the AFH 2024 emergency evacuation drills showed three fire drills were completed. A fire drill on 06/17/2024 marked as partial evacuation, participated by two staff and four residents, that took one minute and 37 seconds. Fire drill completed on 04/15/2024 marked as partial evacuation drill participated by two staff and four residents, that took one minute and 45 seconds. Fire drill completed 02/15/2024 was not marked to show the type of fire drill, participated by two staff and three residents, that took one minute and 35 seconds. There was no fire drill marked as full evacuation or annual evacuation from the three 2024 completed fire drills.

In an interview on 07/26/2024 at 5:25 PM, Staff B stated that they will perform a full evacuation fire drill.

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, J&M Adult Family Home #2 is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date