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

Catherine's Haven AFH LLC
Catherine's Haven AFH
2824 Skyway Place
Auburn, WA 98092

RE: Catherine's Haven AFH License # 753059

Dear Provider:

This letter addresses Compliance Determination(s) 52010 (Completion Date 12/19/2024) and 48877 (Completion Date 10/17/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/19/2024 and found that you have corrected the violations listed in the Follow up report dated 10/17/2024. Your home is back in compliance as of 11/26/2024 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 388-76-10485-1

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

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***



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 10/17/2024 and 10/17/2024 of:
Catherine's Haven AFH
2824 Skyway Place
Auburn, WA 98092

This document references the following SOD dated: 10/17/2024

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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

10-29-2024
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.

Provider (or Representative)

10/30/24

Date

**WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:**

(1) In locked storage;

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

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 residents (Resident 1 and Resident 3) medication was kept in locked storage. This failure placed all ambulatory residents (Resident 3) at risk of accessing and taking medication not prescribed for their use and placed Resident 1 at risk of accessing and taking the wrong dosage of their prescribed medication.

Findings included…

During a visit on 10/17/2024 at 8:34 AM, observation showed Resident 1 and Resident 3 lived in and received medication assistance from the AFH. Further observation showed Resident 3 ambulated independently with the use of a cane.

In an interview on 10/17/2024 at 8:36 AM, Resident 3 stated that they had not had their morning medication.

Observation on 10/17/2024 at 8:37 AM showed Resident 3 exited the AFH through the front door to smoke.

Observation on 10/17/2024 at 8:40 AM, observation showed a small red cup on a table next to a recliner in the family room.

Observation on 10/17/2024 at 8:48 AM showed Staff B, Caregiver, opened the medication storage closet and removed Resident 1's medication storage container.

Observation on 10/17/2024 at 8:49 AM showed a resident called out from their bedroom and said their daughter's name. Further observation showed Staff B placed Resident 1's medication storage container on the dining room table next to Resident 1 and went to the resident's bedroom, leaving the medication storage container unsupervised. Additional observation showed, Resident 3 entered the AFH through the front door and walked towards the dining room table, with the unsupervised medication in full view, prior to turning down the hallway towards the kitchen and family room.

Observation on 10/17/2024 at 8:50 AM showed Staff B returned to the dining area and picked up Resident 1's medication storage container.

In an interview on 10/17/2024 at 8:51 AM, Staff B stated that they left Resident 1's medication storage container on the dining room table because they thought the resident that called out was an emergency.

Observation on 10/17/2024 at 8:52 AM showed Staff B began to prepare Resident 1's medication in the kitchen.

Observation on 10/17/2024 at 8:55 AM showed the doorbell to the AFH rang and Staff B left Resident 1's medication unsupervised in the kitchen to answer the front door. Further observation showed Resident 3 was seated in the family room next to the kitchen. In addition, observation showed Staff B returned to the kitchen with Staff A, Entity Representative/Resident Manager, who had just arrived to the AFH.

In an interview on 10/17/2024 at 8:57 AM, Staff A stated that they had the nurse delegator retrain Staff B on medication. Staff A further stated that they had reviewed with Staff B multiple times that medication was never to be left out unsupervised.

Observation on 10/17/2024 at 8:59 AM showed Resident 3 was seated in the recliner next to the table with the small red medication cup on top. Further observation showed Staff A picked up the red medication cup, moved it from side to side, and handed it to Resident 3 stating that they needed to take their medication.

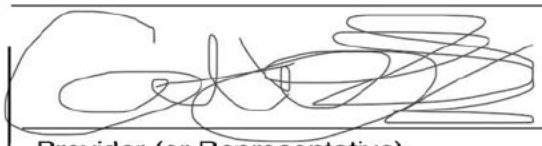
In an interview on 10/17/2024 at 9:00 AM, Staff A stated that Staff B must have just prepared Resident 3's medication. Department Staff (DS) informed Staff A, that from the time DS entered the AFH at 8:34 AM, Staff B had not prepared Resident 3's medication.

This is an uncorrected deficiency previously cited on 09/17/2024.

**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, Catherine's Haven AFH is or will be in compliance with this law and / or regulation on (Date) 11/26/24 .

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



Provider (or Representative)

11/26/24

Date

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 # 753059 | Compliance Determination # 46989 |
|---|---|---|
| Plan of Correction | Catherine's Haven AFH | Completion Date |
| Page 1 of 6 | Licensee: Catherine's Haven AFH LLC | 09/17/2024 |

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 09/10/2024 and 09/10/2024 of:
Catherine's Haven AFH
2824 Skyway Place
Auburn, WA 98092

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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 — 9/25/2024 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 09/10/2024 and 09/10/2024 of:

Catherine's Haven AFH
2824 Skyway Place
Auburn, WA 98092

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

From:
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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.

Catherine Taylor
Provider (or Representative)

9/30/24
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.

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

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure all rules relating to medication were followed when administering 1 of 3 resident's (Resident 1) medication. This failure placed Resident 1 at risk of harm from medication errors.

Findings included...

During a visit on 09/10/2024 at 8:28 AM, observation showed Resident 1 lived in and received medication assistance from the AFH.

Observation on 09/10/2024 at 8:46 AM showed Staff B, Caregiver, punched Resident 1's medication from a bubble pack into a medication cup. Further observation showed Staff B crushed the medication and removed a jar of apple sauce from the refrigerator.

In an interview on 09/10/2024 at 9:09 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 required medication administration, that medications were crushed. Staff A further stated that Resident 1's crushed medications were mixed with apple sauce and fed to the resident.

Review of Resident 1's September 2024 pharmacy-generated Medication Administration Record (MAR), showed Staff A initialed the 8:00 AM dose of Resident 1's medications on 09/10/2024 indicating the medications had been administered.

In an interview on 09/10/2024 at 2:20 PM, Staff A stated that Staff B had prepared Resident 1's medication and that they [Staff A] had fed the medication to the resident. Staff A further stated that they had initialed Resident 1's MAR. In addition, Staff A stated that they had been running late and that was probably why Staff B prepared Resident 1's medication. Additionally, Staff A stated that Staff B was nurse delegated (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed medicines, normally performed only by

Provider (or Representative) 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.

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

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure all rules relating to medication were followed when administering 1 of 3 resident's (Resident 1) medication. This failure placed Resident 1 at risk of harm from medication errors.

Findings included…

During a visit on 09/10/2024 at 8:29 AM, observation showed Resident 1 lived in and received medication assistance from the AFH.

Observation on 09/10/2024 at 8:46 AM showed Staff B, Caregiver, punched Resident 1's medication from a bubble pack into a medication cup. Further observation showed Staff B crushed the medication and removed a jar of apple sauce from the refrigerator.

In an interview on 09/10/2024 at 9:09 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 required medication administration, that medications were crushed. Staff A further stated that Resident 1's crushed medications were mixed with apple sauce and fed to the resident.

Review of Resident 1's September 2024 pharmacy-generated Medication Administration Record (MAR), showed Staff A initialed the 8:00 AM dose of Resident 1's medications on 09/10/2024 indicating the medications had been administered.

In an interview on 09/10/2024 at 2:20 PM, Staff A stated that Staff B had prepared Resident 1's medication and that they [Staff A] had fed the medication to the resident. Staff A further stated that they had initialed Resident 1's MAR. In addition, Staff A stated that they had been running late and that was probably why Staff B prepared Resident 1's medication. Additionally, Staff A stated that Staff B was nurse delegated (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed medicines, normally performed only by

licensed nurses) to crush and administer Resident 1's medication. Staff A further stated that they preferred to give residents their medication.

Review of Resident 1's Nurse Delegation records dated 05/30/2024 showed Resident 1 required their medications to be crushed. Further review showed Resident 1's crushed medication was mixed with food and fed to the resident. In addition, both Staff A and Staff B had been delegated to perform this task for Resident 1.

**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, Catherine's Haven AFH is or will be in compliance with this law and / or regulation on (Date) 09/12/24

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

Catherine Taylor

Provider (or Representative) — Date 9/30/2024

**WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:**

(1) In locked storage;

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

Based on observation and interview, the Adult Family Home (AFH) failed to ensure medication in the medication closet and in the bedroom of 1 of 1 staff (Staff B, Caregiver) were kept in locked storage. This failure placed ambulatory residents (Resident 3) at risk of taking medication that was not prescribed for their use.

Findings included...

During a visit on 09/10/2024 at 8:29 AM, observation showed Residents 1, 2, and 3 lived in and received care from the AFH. Further observation showed Resident 3 ambulated independently with the use of a cane throughout the AFH.

Observation on 09/10/2024 at 8:47 AM, showed Staff B opened the medication storage closet located in the hallway between the kitchen and dining area and removed medication for a resident. Further observation showed Staff B left the medication storage closet opened and walked into the kitchen. Additionally, Staff B was not within line-of-sight supervision of the opened medication storage closet.

licensed nurses) to crush and administer Resident 1's medication. Staff A further stated that they preferred to give residents their medication.

Review of Resident 1's Nurse Delegation records dated 05/30/2024 showed Resident 1 required their medications to be crushed. Further review showed Resident 1's crushed medication was mixed with food and fed to the resident. In addition, both Staff A and Staff B had been delegated to perform this task for Resident 1.

**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, Catherine's Haven AFH 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:**

(1) In locked storage;

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

Based on observation and interview, the Adult Family Home (AFH) failed to ensure medication in the medication closet and in the bedroom of 1 of 1 staff (Staff B, Caregiver) were kept in locked storage. This failure placed ambulatory residents (Resident 3) at risk of taking medication that was not prescribed for their use.

Findings included…

During a visit on 09/10/2024 at 8:29 AM, observation showed Residents 1, 2, and 3 lived in and received care from the AFH. Further observation showed Resident 3 ambulated independently with the use of a cane throughout the AFH.

Observation on 09/10/2024 at 8:47 AM, showed Staff B opened the medication storage closet located in the hallway between the kitchen and dining area and removed medication for a resident. Further observation showed Staff B left the medication storage closet opened and walked into the kitchen. Additionally, Staff B was not within line-of-sight supervision of the opened medication storage closet.

Observation on 09/10/2024 at 8:59 AM showed Department Staff (DS) was able to open the closed medication storage closet door without the use of a key.

In an interview on 09/10/2024 at 9:01 AM, Staff A, Entity Representative/Resident Manager, stated that staff had been trained to always keep the medication storage closet locked. Staff A further stated there was a sign on the door to keep the medication storage closet locked and pointed at the sign.

Observation on 09/10/2024 at 2:58 PM showed DS was able to open Staff B's bedroom door without the use of a key. Observation further showed 2 bottles of Fluticasone Propionate, nasal spray to treat allergies, and a bottle of prescribed Losartan Potassium, for high blood pressure, on top of the dresser in Staff B's bedroom.

In an interview on 09/10/2024 at 2:59 PM, Staff A stated that Staff B's medication would be locked up.

**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, Catherine's Haven AFH is or will be in compliance with this law and / or regulation on (Date) 9/12/24.

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

Catherine Taylor

Provider (or Representative) — Date 9/20/2024

**WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:**

(3) At least one door leading to the outside is designated as an emergency exit. In homes licensed after January 1, 2016, this door must have a lever door handle on both sides and hardware that allows residents to exit when the door is locked and immediately reenter without a key, tool, or special knowledge or effort by residents;

(4) Other doors leading to the outside that are not designated as an emergency exit must open without any special skills or knowledge, and they must remain accessible to residents unless doing so poses a risk to the health or safety of at least one resident; and

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

Observation on 09/10/2024 at 8:59 AM showed Department Staff (DS) was able to open the closed medication storage closet door without the use of a key.

In an interview on 09/10/2024 at 9:01 AM, Staff A, Entity Representative/Resident Manager, stated that staff had been trained to always keep the medication storage closet locked. Staff A further stated there was a sign on the door to keep the medication storage closet locked and pointed at the sign.

Observation on 09/10/2024 at 2:58 PM showed DS was able to open Staff B's bedroom door without the use of a key. Observation further showed 2 bottles of Fluticasone Propionate, nasal spray to treat allergies, and a bottle of prescribed Losartan Potassium, for high blood pressure, on top of the dresser in Staff B's bedroom.

In an interview on 09/10/2024 at 2:59 PM, Staff A stated that Staff B's medication would be locked up.

**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, Catherine's Haven AFH 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 388-76-10715 Doors Ability to open. The adult family home must ensure:**

(3) At least one door leading to the outside is designated as an emergency exit. In homes licensed after January 1, 2016, this door must have a lever door handle on both sides and hardware that allows residents to exit when the door is locked and immediately reenter without a key, tool, or special knowledge or effort by residents;

(4) Other doors leading to the outside that are not designated as an emergency exit must open without any special skills or knowledge, and they must remain accessible to residents unless doing so poses a risk to the health or safety of at least one resident; and

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

Based on observation and interview, the Adult Family Home (AFH) failed to keep the designated emergency exit accessible, so residents were able to exit and reenter the AFH without special knowledge or effort on their part. In addition, the AFH failed to ensure the slider door in the living room was able to open without any special skills or knowledge and remained accessible to residents. These failures placed all residents (Residents 1, 2, and 3) at risk of serious injury in the event of an emergency requiring evacuation from the AFH.

Findings included…

On 09/10/2024 at 8:28 AM Department Staff (DS) rang the doorbell to the AFH. Observation showed the sound of items being moved near the front door inside the AFH. Further observation showed upon entrance to the home, a wheelchair was found on the left side of the door against the wall.

During a visit on 09/10/2024 at 8:29 AM, observation showed Residents 1, 2, and 3 lived in and received care from the AFH.

In an interview on 09/10/2024 at 8:31 AM, Staff B, Caregiver, stated that the wheelchair was placed behind the front door to prevent a resident from leaving the home at night.

Observation on 09/10/2024 at 8:46 AM showed a stick in the track of the sliding glass door in the living room that prevented the door from opening. Further observation showed a sign on the slider door that it was not an exit.

In an interview on 09/10/2024 at 8:55 AM, Staff A, Entity Representative/Resident Manager, stated that the sliding door in the living room was not an exit. Staff A further stated that Resident 3 put the stick in the track of the slider door to keep everyone safe. Additionally, Staff A stated that when residents wanted to go outside, the stick was removed and the door opened.

In an interview on 09/10/2024 at 8:57 AM, Staff A stated that Resident 3 put the wheelchair behind the front door. Staff A further stated that Resident 3 had anxiety and put the wheelchair there to prevent anyone from entering the AFH.

In an interview on 09/10/2024 at 8:58 AM, Resident 3 stated that they put the wheelchair behind the front door to prevent Resident 2 from leaving the AFH as they like to go on midnight walks. Resident 3 further stated that the wheelchair was hard to move.

In an interview on 09/10/2024 at 3:50 PM, Resident 3 stated that they put the wheelchair behind the front door before they went to bed and made sure the wheels were locked so it was difficult to move.

Observation on 09/10/2024 at 4:20 PM showed Staff A folded the wheelchair and removed it from the entry area of the AFH.

In an interview on 09/10/2024 at 4:26 PM, Staff A stated that Resident 3 had been placing the wheelchair behind the front door for the past 2 weeks.

**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, Catherine's Haven AFH is or will be in compliance with this law and / or regulation on (Date) 9/10/24.

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

Catherine Taylor
Provider (or Representative)

9/26/2024
Date

Observation on 09/10/2024 at 4:20 PM showed Staff A folded the wheelchair and removed it from the entry area of the AFH.

In an interview on 09/10/2024 at 4:26 PM, Staff A stated that Resident 3 had been placing the wheelchair behind the front door for the past 2 weeks.

**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, Catherine's Haven AFH 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