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

Tsigereda Russom Teklu
Flower View Adult Family Home
6620 200th St SW
Lynnwood, WA 98036

RE: Flower View Adult Family Home License # 753134

Dear Provider:

This letter addresses Compliance Determination(s) 45002 (Completion Date 08/05/2024) and 42583 (Completion Date 07/08/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/05/2024 and found that you have corrected the violations listed in the Complaint report dated 07/08/2024. Your home is back in compliance as of 07/18/2024 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10485-1, WAC 388-76-10400-1

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

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 #: 753134	Compliance Determination # 42583
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 1 of 7	Licensee: Tsigereda Russom Teklu	07/08/2024

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 an unannounced on-site complaint investigation on 06/12/2024 and 07/08/2024 of:

Flower View Adult Family Home
6416 180th St SW
Lynnwood , WA 98037

This document references the following complaint number(s): 134333

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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' Bourgue
Residential Care Services

July 11, 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.

Statement of Deficiencies	License #: 753134	Compliance Determination # 42583
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 2 of 7	Licensee: Tsigereda Russom Teklu	07/08/2024

Provider (or Representative) Date 7/26/24

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 1) received medications per physician's orders, documentation in medication log was up to date, and expired medications was discarded. This failure placed Resident 1 at risk for harm related to medication errors, medical complications, and unmet care needs.

Findings included...

MEDICATION LOG
Review of Resident 1's Negotiated Care Plan (NCP) dated 02/15/2024, showed Resident 1 was admitted to the AFH on [redacted]2024, with multiple medical diagnoses including [redacted]. Further review showed Resident 1 required caregiver assistance with medication administration.

Review of Resident 1's Medication Logs (ML), dated April 2024, showed the following:
- Fluticasone-Vilanterol (medication to improve breathing problems), inhale one puff by mouth every morning (family supply). Order dated 02/05/2024. Staff initialed the ML as given daily from 04/01/2024- 04/30/2024.
- Spiriva Respimat (medication to improve breathing problems), inhale two puffs by mouth every morning (family supply). Order dated 02/06/2024. Staff initialed the ML as given daily from 04/01/2024- 04/30/2024.
- Albuterol inhaler (medication to improve breathing problems) every six hours as needed for shortness of breath/wheezing. Order dated 03/22/2024.

Review of Resident 1's Medication Logs (ML), dated May 2024, showed the following:
- Fluticasone-Vilanterol, inhale one puff by mouth every morning (family supply).

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.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 1) received medications per physician's orders, documentation in medication log was up to date, and expired medications was discarded. This failure placed Resident 1 at risk for harm related to medication errors, medical complications, and unmet care needs.

Findings included...

MEDICATION LOG
Review of Resident 1's Negotiated Care Plan (NCP) dated 02/15/2024, showed Resident 1 was admitted to the AFH on [redacted]/2024, with multiple medical diagnoses including [redacted]. Further review showed Resident 1 required caregiver assistance with medication administration.

Review of Resident 1's Medication Logs (ML), dated April 2024, showed the following:
- Fluticasone-Vilanterol (medication to improve breathing problems), inhale one puff by mouth every morning (family supply). Order dated 02/05/2024. Staff initialed the ML as given daily from 04/01/2024- 04/30/2024.
- Spiriva Respimat (medication to improve breathing problems), inhale two puffs by mouth every morning (family supply). Order dated 02/06/2024. Staff initialed the ML as given daily from 04/01/2024- 04/30/2024.
- Albuterol inhaler (medication to improve breathing problems) every six hours as needed for shortness of breath/wheezing. Order dated 03/22/2024.

Review of Resident 1's Medication Logs (ML), dated May 2024, showed the following:
- Fluticasone-Vilanterol, inhale one puff by mouth every morning (family supply).

Order dated 02/05/2024. Staff initialed the ML as given daily from 05/01/2024-05/31/2024.
- Spiriva Respimat, inhale two puffs by mouth every morning (family supply). Order dated 02/06/2024. Staff initialed the ML as given daily from 05/01/2024- 05/31/2024.
- Albuterol inhaler every six hours as needed for shortness of breath/wheezing. Order dated 03/22/2024.

Review of Resident 1's Medication Logs (ML), dated June 2024, showed the following:
- Fluticasone-Vilanterol, inhale one puff by mouth every morning (family supply). Order dated 02/05/2024. Staff initialed the ML as given daily from 06/01/2024 through 06/12/2024.
- Spiriva Respimat, inhale two puffs by mouth every morning (family supply). Order dated 02/06/2024. Staff initialed the ML as given daily from 06/01/2024 through 06/12/2024.
- Albuterol inhaler every six hours as needed for shortness of breath/wheezing. Order dated 03/22/2024.

In a joint observation and interview, on 06/12/2024 at 1:32 PM, with Staff B, Resident Manager, showed Resident 1 had no medication supplies for Fluticasone-Vilanterol, Spiriva Respimat, and Albuterol inhaler. Staff B acknowledged that the prescribed inhalers [Fluticasone-vilanterol, Spiriva Respimat and Albuterol] were not available. Staff B stated that Resident 1's Representative complained that the inhalers were expensive, and the inhalers were returned to the pharmacy. Staff B stated that Resident 1 did not have the prescribed inhalers since they were admitted to the AFH ([redacted]/2024). Staff B reported that they signed the medication log for the prescribed inhalers as given to Resident 1 during the month on April, May, and June 2024. Staff B further stated that the prescribed inhalers were not given to Resident 1 during the month of April, May, and June 2024.

EXPIRED MEDICATION
Review of Resident 1's Medication Logs (ML), dated June 2024, showed the following order:
- Coumadin (medication to prevent blood clots) 1 milligram (mg - a unit of weight) tablet by mouth every Sunday, Tuesday, Thursday, and Saturday evening.
- Coumadin 1 mg tablet take 1 and half tablet by mouth every Monday, Wednesday, and Friday evening.

In a joint observation and interview, on 06/12/2024 at 1:32 PM, with Staff B showed Resident 1's coumadin supply was in a bottle with a use by date of 08/03/2023 and dispensed date of 08/03/2022. Staff B stated that Resident 1's Representative does not want to be charged for the coumadin and wanted to use up the extra medication they had at home.

In an interview, on 06/12/2024 at 2:22 PM, Collateral Contact 1 (CC1), Resident 1's Representative, stated that they did not have the $500 to pay for the prescribed inhaler.

In an interview, on 06/12/2024 at 2:39 PM, Staff A, Provider, stated that Resident 1's Representative did not want to pay for the inhalers. Staff A stated that Resident 1's

Representative reported that Resident 1 did not need the inhalers. Staff A stated that staff should have circled the initials in the ML as not given if the medication was not available and document the reason in the ML. Staff A reported that Resident 1's ML should not have been signed as given if the medication was not available. Staff A stated that they would get a discontinuing order from the physician.

In an interview, on 06/13/2024 at 11:14 AM, Staff A stated that they were not aware the coumadin medication was expired. Staff A stated that Resident 1's representative did not want to buy the coumadin. Staff A stated that they notified Resident 1's Representative not to bring any medication that was not prescribed by Resident 1's physician.

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7/18/24.

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

Provider (or Representative) Date 7/18/24

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 medications were kept in a locked storage for 1 of 3 residents (Residents 1). This placed residents at risk for harm had they accessed and inappropriately taken medications not prescribed for them.

Findings included...

Review of Resident 1's Negotiated Care Plan (NCP) dated 02/15/2024, showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple medical diagnoses including [redacted]. Further review showed Resident 1 required caregiver assistance with medication administration.

Review of Resident 1's Medication Logs (ML), dated June 2024, showed there was no order

for Symbicort Budesonide 160 microgram (mcg)/Formoterol Fumarate 4.5 mcg inhaler (used to improve symptoms of lung diseases).

In a joint observation and interview, on 06/12/2024 1:32 PM, Staff B, Resident Manager, showed that Resident 1 had the Symbicort Budesonide/Formoterol Fumarate inhaler kept in Resident 1's unlocked drawer. Staff B stated that Resident 1's representative brought this from home. Staff B stated that the inhaler was not given to the resident because there was no order. Staff B acknowledged that Resident 1's inhaler was kept in an unlocked drawer.

In an interview, on 06/12/2024 at 2:22 PM, Collateral Contact 1 (CC1), Resident 1's Representative, stated that they brought an extra inhaler (Symbicort Budesonide/Formoterol Fumarate inhaler) to the AFH that they got prescribed from their own physician. CC1 reported that they take the same inhaler as Resident 1.

In an interview, on 06/13/2024 11:14 AM, Staff A, Provider, stated they had notified Resident 1's Representative not to bring any medication that was not prescribed by Resident 1's physician. Staff A reported that Resident 1's representative took the inhaler back.

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7/18/24.

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

Provider (or Representative) _____ Date 7/18/24

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(1) The care and services identified in the negotiated care plan.

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure Negotiated Care Plan (NCP) was followed related to medication management for 1 of 3 residents (Residents 1). This placed Resident 1 at risk for harm related to medication errors, medical complications, and unmet care needs.

Findings included...

Review of Resident 1's NCP dated 02/15/2024, showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple medical diagnoses including [redacted]. Further review showed Resident 1 required caregiver assistance with medication administration. The NCP showed Resident 1 required inhalers and had a medication refusal plan. Further review showed instruction that caregiver would report any medication refusal and or suspected negative reaction to the physician. The NCP showed caregivers would contact the registered nurse delegator if they had any questions and experienced any difficulty with delegated tasks.

Review of Resident 1's Medication Logs (ML), dated April 2024, showed the following:
- Fluticasone-Vilanterol (medication to improve breathing problems), inhale one puff by mouth every morning (family supply). Order dated 02/05/2024. Staff initialed the ML as given daily from 04/01/2024- 04/30/2024.
- Spiriva Respimat (medication to improve breathing problems), inhale two puffs by mouth every morning (family supply). Order dated 02/06/2024. Staff initialed the ML as given daily from 04/01/2024- 04/30/2024.
- Albuterol inhaler (medication to improve breathing problems) every six hours as needed for shortness of breath/wheezing. Order dated 03/22/2024.

Review of Resident 1's Medication Logs (ML), dated May 2024, showed the following:
- Fluticasone-Vilanterol, inhale one puff by mouth every morning (family supply). Order dated 02/05/2024. Staff initialed the ML as given daily from 05/01/2024- 05/31/2024.
- Spiriva Respimat, inhale two puffs by mouth every morning (family supply). Order dated 02/06/2024. Staff initialed the ML as given daily from 05/01/2024- 05/31/2024.
- Albuterol inhaler every six hours as needed for shortness of breath/wheezing. Order dated 03/22/2024.

Review of Resident 1's Medication Logs (ML), dated June 2024, showed the following:
- Fluticasone-Vilanterol, inhale one puff by mouth every morning (family supply). Order dated 02/05/2024. Staff initialed the ML as given daily from 06/01/2024 through 06/12/2024.
- Spiriva Respimat, inhale two puffs by mouth every morning (family supply). Order dated 02/06/2024. Staff initialed the ML as given daily from 06/01/2024 through 06/12/2024.
- Albuterol inhaler every six hours as needed for shortness of breath/wheezing. Order dated 03/22/2024.

In a joint observation and interview, on 06/12/2024 at 1:32 PM, with Staff B, Resident Manager, showed Resident 1 had no medication supplies for Fluticasone-Vilanterol, Spiriva Respimat, and Albuterol inhaler. Staff B acknowledged that the prescribed inhalers [Fluticasone-vilanterol, Spiriva Respimat and Albuterol] were not available. Staff B stated that Resident 1's Representative complained that the inhalers were expensive, and the inhalers were returned to the pharmacy. Staff B stated that Resident 1 did not have the

prescribed inhalers since they were admitted to the AFH ([redacted]2024). Staff B reported that they signed the medication log for the prescribed inhalers as given to Resident 1 during the month on April, May, and June 2024. Staff B further stated that the prescribed inhalers were not given to Resident 1 during the month of April, May, and June 2024. Staff B stated that the AFH provider was not aware, and this was their (Staff B) fault . Staff B stated that they would notify the provider, physician, and the family.

In an interview, on 06/13/2024 at 11:14 AM, Staff A, Provider, stated that they notified the home health nurse to discontinue the prescribed inhalers. Staff A stated that Resident 1's Physician was notified, and orders to discontinue the prescribed inhalers was received.

In an interview, on 06/24/2024 at 8:33 AM, Collateral Contact 2 (CC2), Home Health Nurse, stated that they completed their last visit at the AFH on 06/13/2024, and received a request to discontinue the inhalers. CC2 notified the physician. CC2 reported that Resident 1's Representative did not want to pay for the inhalers and asked them to be discontinued. CC2 stated that they were not aware that Resident 1's inhalers were not available.

In an interview, on 06/26/2024 at 9:22 AM, Collateral Contact 3 (CC3), Case Manager, stated that no one from the AFH reached out for any concerns. CC3 reported that they were not aware of any changes to Resident 1's care needs.

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7/18/24 .

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

Provider (or Representative) Date 7/18/24

Correction for citation: July 2024

FLOWER VIEW AFH

1) WAC 388-76-10430 -Medication system

This has been corrected. This AFH will ensure that all medications are given following MD instructions, log onto the MARs and if refuse, we will initial then circle the initial and explain in the back of the MAR why it was not given. All expired medications will be taken out of the basket to ensure it will not be given to resident.

2) WAC 388-76-10485 Medication Storage

This has been corrected. This AFH will ensure that all medications will be in lock storage to ensure safety of all residents.

3) WAC 388-76-10400 Care and Services

This will be corrected. This AFH will ensure that what is written on the careplan will be followed so that we will be in compliance with the WAC ruling.

Provider Signature

7/18/24
Date