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

BEACHWOOD MANOR INC
BEACHWOOD MANOR INC
1104 NW 130TH ST
SEATTLE, WA 98177

RE: BEACHWOOD MANOR INC License # 753185

Dear Provider:

This letter addresses Compliance Determination(s) 32869 (Completion Date 12/06/2023) and 30487 (Completion Date 10/26/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/06/2023 and found that you have corrected the violations listed in the Full report dated 10/26/2023. Your home is back in compliance as of 10/04/2023 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Rivi Stella Perez

If you have any questions, please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
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

RECEIVED

NOV 14 2023

DSHS/ALTSA/RCS

Statement of Deficiencies	License #: 753185	Compliance Determination # 30487
Plan of Correction	BEACHWOOD MANOR INC	Completion Date
Page 1 of 4	Licensee: BEACHWOOD MANOR INC	10/26/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 10/04/2023 and 10/05/2023 of:

BEACHWOOD MANOR INC
1104 NW 130TH ST
SEATTLE, WA 98177

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

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

Ann Lee-Hunter
Residential Care Services

11/02/2023
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

11/8/2023
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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult family Home (AFH) failed to have a medication system to ensure the medication log (ML) was updated with current changes to medication, ensured medications were given at the scheduled time and staff who assisted or gave the medication signed or initialed the ML to indicate if medication was given, missed or refused for 1 of 2 residents (Resident 1) sampled for medication review. This failure placed Resident 1 at risk of not receiving medications as prescribed and for medication error.

Findings included...

RESIDENT 1
Record review showed the AFH admitted Resident 1 on [redacted]/2023. The undated negotiated care plan showed Resident 1 required total assist for medication assistance.

During an observation and interview, on 10/04/2023 at 12:00 PM, Staff C (Caregiver) prepared two medications: Risperidone (an antipsychotic medication, a type of medication that treats mental health condition) and Clotrimazole (a medication used to treat certain types of fungus or yeast). Staff C stated they were the "afternoon meds" for Resident 1. When asked what time the "afternoon" dose for Clotrimazole was, Staff C stated "12 PM".

Record review of Resident 1's October 2023 ML showed a physician order, written on 09/06/2023, for Clotrimazole. The medication was scheduled to be given at "6AM, 10AM,

2PM, 6PM, 10PM". The 10 PM dose for 10/02/2023 and 10/03/2023 were left blank or without initials. The "2PM" dose for 10/04/2023 was observed to be given by Staff C at 12:00 PM, 2 hours earlier than the scheduled time.

During a joint record review of the October 2023 ML and interview, on 10/04/2023 at 1:08 PM, Staff A (Provider) stated the Clotrimazole was not given on 10/10/2023 and 10/03/2023 because Resident 1 was sleeping at 10 PM. When asked regarding the AFH medication system for refusal or missed dose, Staff A stated that the 10 PM scheduled time should not be left blank, and staff were supposed to document that Resident 1 was sleeping.

During a joint observation and interview with Staff A, on 10/04/2023 at 1:17 PM, Resident 1 had two bubble packs for routine Risperidone. The first bubble pack showed a label, dated 09/15/2023, with an order of "Risperidone 0.5 mg tablet. Take 1 tablet by mouth twice daily." The second bubble pack showed a label, dated 09/25/2023, with an order of "Risperidone 1 mg tablet. Take half a tablet (0.5 mg) by mouth every afternoon (in addition to morning/bedtime dose)." The second bubble pack was marked "afternoon". Staff A stated that there was a medication adjustment.

During a joint record review of Resident 1's October 2023 ML showed a physician order, written on 09/12/2023, for Risperidone 0.5 milligram (mg) "take 1 tablet by mouth twice daily." The medication was scheduled to be given at "8AM" and "8PM". The October 2023 ML did not show an order for the afternoon dose of Risperidone. The caregivers had been giving the afternoon dose but had not been signing it from 10/01/2023-10/03/2023 for there was no "afternoon" or 12 PM scheduled time listed on the October 2023 ML.

During an interview, on 10/04/2023 at 1:19 PM, Staff A stated the current order for scheduled Risperidone was three times a day and showed a copy of the September 2023 ML.

Record review of the September 2023 ML showed two handwritten orders for Risperidone, written on 09/25/2023. The first order was, "Risperidone 0.5 mg three times daily with a scheduled administration time of "8AM, 1200 [Noon], 1800 [6:00 PM]". The second order showed, "Risperidone 0.5 mg no more often than twice daily as needed for agitation." When shown that there was no 12 PM time on the October 2023 ML, Staff A stated the pharmacy may not have updated the October 2023 ML with the current order.

Further observation, on 10/04/2023 at 1:45 PM, showed a discrepancy in the dose between the orders on the bubble pack for the PRN (as needed) dose of the Risperidone and the PRN order on the October 2023 ML. The "as needed" bubble pack for Risperidone showed a label, dated 09/25/2023, with an order of "Take ½ tablet (0.5 mg) by mouth twice daily as needed for agitation (replaces prior Risperidone 1 mg tablet)". The October 2023 ML showed a physician order, written on 09/12/2023, for Risperidone 0.25 mg tablet – "Generic for Risperdal 0.25mg tablet. Take 1 tablet by mouth twice daily as needed for agitation". The PRN order on the October 2023 ML was not updated to reflect the change in the dose ordered on 09/25/2023.

During an interview, on 10/05/2023 at 2:54 PM, Staff A stated the pharmacy would print the ML, send it to the AFH by mail and the AFH provider will review the ML every month. For new order or change in an order, Staff A stated both provider and caregivers can update the ML. Staff A stated they would write the new order and discontinue the old order in the ML. The order changes received on 09/25/2023 for both the scheduled and PRN Risperidone were not transcribed to the October 2023 ML.

During a follow-up interview, on 10/26/2023 at 11:00 AM, when asked when they would review the ML for the new month, Staff A stated they would review the ML for the new month anytime. Staff A stated she had planned to review the October 2023 ML on 10/04/2023 but did not happen.

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, BEACHWOOD MANOR INC is or will be in compliance with this law and / or regulation on (Date) 10/4/2023

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

Provider (or Representative) — Date: 11/8/2023

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

11/02/2023

BEACHWOOD MANOR INC
BEACHWOOD MANOR INC
1104 NW 130TH ST
SEATTLE, WA 98177

RE: BEACHWOOD MANOR INC # 753185

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/26/2023 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:

Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

The Adult family Home (AFH) failed to ensure one of two staff (Staff C Caregiver) received a second step Tuberculosis (TB) skin testing for a staff that required a two-step TB skin test upon hire. The AFH had a record of a one-step TB skin test on hire, but no evidence that the second step was completed. The Provider stated that they had Staff C repeat the TB skin testing and would complete a two-step process.

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

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

The Adult Family Home (AFH) failed to meet applicable laws and regulations related to respiratory protection by failing to have training records for use of respirators, a current medical clearance and current fit test records for 2 of 2 current caregivers (Staff A and C) that were fit tested. The AFH scheduled a fit test which included a medical evaluation for medical clearance and the training for use of respirator.

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

The Adult Family Home (AFH) failed to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens, and interpreted results when they conducted home testing. The AFH has applied for the MTSW license.

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 (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
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:
Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
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