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

GLV INC
All About Seniors Three
PO Box 2566
Kirkland, WA 98083

RE: All About Seniors Three License # 753203

Dear Provider:

This letter addresses Compliance Determination(s) 40632 (Completion Date 05/02/2024) and 37948 (Completion Date 03/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/02/2024 and found that you have corrected the violations listed in the Full report dated 03/14/2024. Your home is back in compliance as of 03/07/2024 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 388-76-10430-2-c, WAC 388-76-10430-3, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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 #: 753203	Compliance Determination # 37948
Plan of Correction	All About Seniors Three	Completion Date
Page 1 of 4	Licensee: GLV INC	03/14/2024

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 03/07/2024 and 03/07/2024 of:

All About Seniors Three
1435 NW 188TH ST
SHORELINE, 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:

Farrah Sirous, Long Term Care Surveyor
Renee Bourque, Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Renee' Bourque — Residential Care Services

03/19/2024 — 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 #: 753203	Compliance Determination # 37948
Plan of Correction	All About Seniors Three	Completion Date
Page 2 of 4	Licensee: GLV INC	03/14/2024

Provider (or Representative) 03/23/2024 Date

WAC 388-76-10430 Medication system.

(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 ;

(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, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 3) had all prescribed medication available on site and an accurate Medication Log (ML) with current list of medications. This failure placed Resident 3 at risk of declined condition from medication error and unmet medication needs.

Findings included...

During the visit on 03/07/2024 at 9:00 AM, Staff C, Caregiver, stated that there were five residents (Residents 1, 2, 3, 4 and 5) lived and received care from the AFH.

Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]2020 with multiple medical diagnoses.

Review of Resident 3's March 2024 ML showed a medication entry that read, "Thick-It Powder Original: Mix with all fluid to obtain nectar thick consistency for dysphagia." This medication entry on the ML matched the doctor's order, dated 07/28/2022. Record review showed Staff D initialed the ML, indicating that they gave Thick-It to Resident 3 on 03/07/2024.

Observation, on 03/07/2024 at 2:05 PM, showed there was no supply of Thick-It in the AFH for Resident 3 to use.

In an interview, on 03/07/2024 at 2:10 PM, Staff D, Caregiver stated that they used Thick-It this morning and they ordered a new one. Staff B, Resident Manager, stated that they were using a home supply for the Resident 3.

Statement of Deficiencies	License #: 753203	Compliance Determination # 37948
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Observation, on 03/07/2024 at 2:20 PM, showed the home supply of Thick-It had no label and direction to indicate they were using it for Resident 3.

Observation, on 03/07/2024 at 2:25 PM, showed the pharmacy label on the 25 pre-refilled syringes of Morphine Solution 100/5 ML: "take 0.25 ML every three hours as needed (PRN) for pain or shortness of breath." The medication's label showed the doctor's order, dated 02/24/2024, and the pharmacy filled the medication on 02/24/2024.

Review of Resident 3's March 2024 ML showed there were no pharmacy or the AFH entry for the Morphine Solution.

In an interview, on 03/07/2024 at 2:30 PM, Staff C, Caregiver stated that this medication was prescribed in February for pain, and Resident 3 had not used it.

Further Staff B, Resident manager, stated that they were not sure the reason this medication not entered in Resident 3's March ML.

In an interview, on 03/12/2024 at 1:20 PM, Staff A, Entity Representative, stated that the Morphine is a as needed (PRN) medication, and the pharmacy had not updated the March ML with Morphine and the AFH forgot to manually add this medication.

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, All About Seniors Three is or will be in compliance with this law and / or regulation on (Date) 03/06/2024 .

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

Provider (or Representative) — Date: 03/23/2024

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 753203	Compliance Determination # 37948
Plan of Correction	All About Seniors Three	Completion Date
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Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were properly stored in a locked storage. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Observation, on 03/07/2024 at 9:00 AM, showed Residents 1, 2, 3, 4, and 5 lived and received services from the AFH.

Observation, on 03/07/2024 at 10:25 AM, showed an ice cream container filled with water, bleach, and a kitchen towel on the kitchen counter next to the sink.

Observation, on 02/09/2024 at 10:40 AM, showed an unlock cabinet under the sink in the bathroom (located in the living room next to bedroom D). The cabinet under the sink contained a tube of Remedy Nutrasheild with Silicon (skin protectant), two tubes of Remedy Calazime Skin Protectant, three tubes of Remedy Intensive Skin Therapy cream, and multiple used containers of hair spray.

Observation, on 03/07/2024 at 11:05 AM, showed 5 unused Lysol disinfection spray stored unlocked with 72 hours food supply.

In an interview, on 03/07/2024 at 11:15 AM, Staff B, Resident Manager, stated that AFH staffs should have been aware that all cleaners and toxic substances needed to be kept in a locked storage. Staff B stated that AFH staff used water and bleach earlier to clean the area. Staff C, Caregiver, promptly moved the cleaning supplies, ice cream container (water and bleach), and disinfection sprays to the locked laundry room in the hallway.

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, All About Seniors Three is or will be in compliance with this law and / or regulation on (Date) 03/07/2024 - locked placed to cabinet door 03/06/2024 - all toxic substances and hazardous materials are locked or removed

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

Provider (or Representative) 03/23/2024 Date

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

AMENDED
03/19/2024

GLV INC
All About Seniors Three
PO Box 2566
Kirkland, WA 98083

RE: All About Seniors Three # 753203

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/14/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

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

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

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

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

Lynnwood, WA 98036

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

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

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

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

The Adult Family Home (AFH) failed to follow the Negotiated Care Plan (NCP) to assist the resident with feeding at lunch for 1 of 2 sampled Residents (Resident 2).

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

The Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 4) with information about altering (crush) medication. The Department received a copy of R4's NCP on 03/11/2024 with updated medication information.

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

You May:
- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
- Please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager

All About Seniors Three # 753203
03/14/2024
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Region 2, Unit I
Residential Care Services

Enclosure

Plan
(Plan of Correction)

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

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

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

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

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

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Provider Process for Choosing a Panel or Traditional IDR:

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

Send your request and supporting documents to the address below or email to

rcsidr@dshs.wa.gov:

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

All About Seniors Three License #753203, GLV Inc
1435 NW 188th St Shoreline 98177, phone: 206-697-5557, Fax: 206-267-9800,
allaboutseniorsafh@comcast.net

Dear Renee Bourque and Ferrah Sirous,

Please find below our correction plan for deficiencies found on 3/6/2024, found in a fax received on 03/19/2024 at 10:04:21 . We take your findings and expertise serious and will commit to making sure our home operates correctly at all times.

CORRECTION PLAN:

WAC 388-76-10430 Medication system.
(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 ;
(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.

1. Immediate Actions:
- Ensure the immediate availability of Thick-It Powder Original for Resident 3's use performed on 3/6/2024 by Caregiver B (pictures 1a, 1b). As pharmacy hasn't refill Thick-It on time due to lack of refills, PCP has been contacted immediately while surveyor was in the home. Thick-It was delivered on 3/7/2024. See Picture 1c
-Medication for Resident 3 with pharmacy label Morphine Solution 100 mg/5ml "take 0.25 ml every three hours as needed (PRN) for pain and shortness of breath, prescribed on 2/24/2024 was added to the Medication administration log immediately on 3/6/2024. Pharmacy was informed about the necessity of updated Medication administration log every first of each month.

- Going forward, we will conduct a thorough inventory check to identify possible medication shortages and promptly restock as necessary.

2. Medication Management Review:
- Entire team will conduct a comprehensive review of the medication management process to identify any systemic issues and correct it immediately
- Will review the doctor's orders to ensure it is accurately reflected in the resident's medication list.
- Will implement a double-check system for medication administration, involving two staff members verifying the medication, dosage, and instructions before administration.

All About Seniors Three License #753203, GLV Inc
1435 NW 188th St Shoreline 98177, phone: 206-697-5557, Fax: 206-267-9800,
allaboutseniorsafh@comcast.net

3. Staff Training and Education:
- Provide additional training to all staff members involved in updating monthly medication log, double checks for possible mistakes, and promptly reporting any medication shortages to AFH Provider or Resident Manager
- Reinforce proper documentation practices, including the correct way to introduce medications not included in the Mar by Pharmacy in timely manner

4. Quality Assurance and Monitoring:

- Entire team will participate in implemented regular audits of medication storage areas to ensure an adequate supply of all necessary medications.
- Establish a feedback system where staff members can report any concerns or suggestions related to medication management.

5. Continuous Improvement:
- All About Seniors Three is determined to continuous improvement by encouraging staff members to actively participate in identifying and addressing medication administration log-related issues.
- Regularly review and update of the medication administration log

By implementing these corrective measures, we aim to prevent similar situations and enhance the overall safety and quality of care provided at the adult family home.

All About Seniors Three License #753203, GLV Inc
1435 NW 188th St Shoreline 98177, phone: 206-697-5557, Fax: 206-267-9800,
allaboutseniorsafh@comcast.net

WAC 388-76-10750 Safety and maintenance. The adult family home must:
(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers

Please find plan of correction as follows:

Immediate Actions:

1. Bucket with water, bleach will not be used going forward
2. All About Seniors Three adult family home has designated storage areas that are equipped with locks or other secure mechanisms. This will prevent unauthorized access to toxic substances and hazardous materials. Please see picture 3a

3. Original Containers:
-All staff has been retrained in the importance of keeping these substances and materials in their original containers. This helps in easy identification, proper labeling, and ensures that the contents are not accidentally misused or mistaken for something else.

4. Staff Training and Education:
- Additional training was performed to all staff members on keeping all toxic substances and hazardous materials in locked storage and in their original containers at all times after they have been used.

By following these guidelines, the adult family home will maintain a safe environment and reduce the risk of accidents or harm related to toxic substances and hazardous materials.