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

10/22/2024

Blessings and Care AFH LLC
Blessings and Care AFH
16965 129th Ave SE
Renton, WA 98058

RE: Blessings and Care AFH # 753222

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 49178 (Completion Date 10/22/2024) and 45862 (Completion Date 09/09/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/22/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

WAC 388-76-10575 Resident rights Privacy.

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

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

(3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;

WAC 388-76-10430 Medication system.

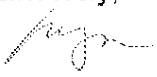
(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

The Department staff who did the On Site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,



Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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

Statement of Deficiencies	License #: 753222	Compliance Determination # 45862
Plan of Correction	Blessings and Care AFH	Completion Date
Page 1 of 7	Licensee: Blessings and Care AFH LLC	09/09/2024

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 08/19/2024 and 08/19/2024 of:

Blessings and Care AFH
16965 129th Ave SE
Renton, WA 98058

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 — 09/10/2024 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

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Residential Care Services

Date

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Provider (or Representative) Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington State background check (BGC) for 1 of 8 staff (Staff B, Resident Manager [RM]). This failure placed residents at risk of harm from staff with unknown current criminal background.

Findings included…

During the unannounced visit on 08/19/2024 between 10:35 AM and 6:34 PM, observation showed Staff A, Entity Representative and Staff C, D, and F, Caregivers, interacted with and provided care to Residents 1,2, 3, 4, and 5. Staff B and Resident 6 was not observed at the time of the visit.

In an interview on 08/19/2024 at 5:34 PM, Staff A stated that Staff B was the RM of the home and worked full time in the AFH.

Review of personnel records showed Staff B's BGC expired on 01/13/2024 (219 days due).

In an interview on 08/19/2024 at 6:30 PM, Staff A stated that they could not find Staff B's BGC because they were not sure if Staff B's BGC was renewed. Staff A did not provide further explanation as to why Staff B did not have a current BGC.

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, Blessings and Care 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 388-76-10575 Resident rights Privacy.

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to keep 2 of 6 residents record (Resident 2) in a confidential manner. This failure placed the resident at risk for violation of privacy.

Findings included...

During an environmental tour of the AFH with Staff A, Entity Representative, on 08/19/2024 at 1:25 PM, observation showed the inspection report dated 05/07/2020 and 01/16/2020 was posted on the board by the living room. Along with the inspection reports were Resident 2's medical/clinical records and reports.

On 08/19/2024 at 1:25 PM, record review of Resident 2's medical/clinical records and reports dated 02/04/2020 and 01/30/2020 that were posted on the wall with the inspection reports showed it contained Resident 2's personal information, medical history, clinical condition, and medication lists.

In an interview on 08/19/2024 at 1:53 PM, Staff A stated that Resident 2's documents were faxed to the Department along with the inspection report corrections but forgot to remove them.

Attestation Statement

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_____ _____

Provider (or Representative) Date

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

(3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to secure the portable toilet riser on 1 of 1 toilet bathrooms (BR1). This failure placed 4 of 6 current residents (Residents 1,3, 4, and 5) at risk for injury and harm.

Findings included…

During an environmental tour on 08/19/2024 at 1:13 PM with Staff A, Entity Representative, observation showed BR 1 had a portable toilet riser used by the residents. The portable toilet riser was not secured and immediately came off with minimal pressure applied.

In an interview on 08/19/2024 at 1:14 PM, Staff A stated that they did not know why the toilet riser was not secured.

In a telephone interview on 08/19/2024 at 9:40 AM, Staff A stated that Residents 1 and 5 used BR1 independently, Residents 3 and 6 used BR1 with assistance from staff, and Residents 2 and 4 were bedbound and did not used BR1.

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10430 Medication system.

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

(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 the prescribed medications ordered for 2 of 2 sampled residents (Residents 1 and 2) were available. This failure placed the residents at risk for health complications, and medication error for not receiving the medication when needed due to unavailability of the medications prescribed.

Findings included...

During the unannounced visit on 08/19/2024 between 10:35 AM and 6:34 PM, observation showed Staff A, Entity Representative, and Staff C, D, and F, Caregivers, interacted with and provided care to Residents 1 and 2.

In an interview on 08/19/2024 at 12:27 PM, Staff A stated that Residents 1 and 2 received medication assistance from staff.

RESIDENT 1

On 08/19/2024 at 3:58 PM, review of Resident 1's physician orders, medication log, and medications supply showed the following:

Record review of Resident 1’s physician’s order, dated 04/26/2023, showed:

- Bisacodyl (medication used to treat constipation) EC 5 milligrams (mg) tablet Take 2

tablets by mouth once daily as needed for constipation.
- Flexeril (medication used to help relax muscles) 10 mg tablet. Take 1 tablet by mouth three times daily as needed for muscle spasms.
- Seroquel (medication used to treat several kinds of mental health conditions) 50 mg tablet. Take 1 tablet by mouth daily at bedtime.

Record review of August 2024 medication log showed the above medications were listed as ordered.

On 08/19/2024 at 4:17 PM, observation showed the prescribed Bisacodyl EC 5 mg tablet, Flexeril 10 mgt ablet, and Seroquel 50 mg tablet were not found in Resident 1's medication supply.

In an interview on 08/19/2024 at 4:31 PM, Staff F stated that they could not find Resident 1’s above medications because they did a clean up last week and may have disposed the medications at a pharmacy bin.

In an interview on 08/19/2024 at 4:33 PM, Staff A stated that they did not know that the Bisacodyl, Flexeril, and Seroquel for Resident 1 were included in the medications that were disposed at the pharmacy.

RESIDENT 2

On 08/19/2024 at 4:40 PM, review of Resident 2's physician orders, medication log, and medications supply showed the following:

Record review of Resident 2’s physician’s order, dated 04/06/2021, showed: “Fleet Enema (medication used to treat constipation) use 1 enema rectally daily as needed”.

Record review of August 2024 medication log showed the above medications was listed as ordered.

On 08/19/2024 at 4:45 PM, observation showed the prescribed Fleet Enema was not found in Resident 2's medication supply.

In an interview on 08/19/2024 at 6:24 PM, Staff F stated that they could not find Resident 2’s Fleet Enema as it was possibly included with the medications that they disposed last week at a pharmacy medication disposal bin.

In an interview on 08/19/2024 at 6:24 PM, Staff A stated that they could not find Resident 2’s Fleet Enema because it may have been disposed at the pharmacy medication disposal bin. Staff A did not offer further explanation.

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, Blessings and Care 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