STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Blessed New Dawn AFH LLC

Blessed New Dawn AFH LLC
6906 Topaz Dr SW
Lakewood, WA 98498

RE: Blessed New Dawn AFH LLC License # 753223

Dear Provider:

This letter addresses Compliance Determination(s) 35106 (Completion Date 01/31/2024) and 31899 (Completion Date 11/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/31/2024 and found that you have corrected the violations listed in the Full report dated 11/13/2023. Your home is back in compliance as of 11/30/2023 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 388-76-10430-2-d, WAC 388-76-10430-2-c, WAC 388-76-10430-1

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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Statement of Deficiencies	License #: 753223	Compliance Determination # 31899
Plan of Correction	Blessed New Dawn AFH LLC	Completion Date
Page 1 of 3	Licensee: Blessed New Dawn AFH LLC	11/13/2023

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 10/31/2023 and 10/31/2023 of:
Blessed New Dawn AFH LLC
6906 Topaz Dr SW
Lakewood, WA 98498

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

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LaMaster
Residential Care Services

11/27/2023
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)

11/30/2023
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.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 2 of 6 residents (Resident 1 [R1] and Resident 3 [R3]). This failure placed R1 and R3 at risk for a medication error.

Findings included...

R1
Observations of R1's medication supply on 10/31/2023 at 1.05 P.M. showed Benztropine (anti-tremor medication), Senna (for constipation), Diclofenac 1% gel (for pain) and Gavilax Powder (for constipation) were present.

Record review of R1's Medication Administration Record (MAR) dated October 2023 did not show these medications listed on the MAR.

Record review of R1's MAR dated October 2023 showed they were prescribed Pink Bismuth Tablet Chews (for diarrhea).

Observations of R1's medication supply on 10/31/2023 at 1.05 P.M. showed Pink Bismuth Tablet Chews were not included in R1's medication supply.

During an interview on 10/31/2023 at 1.20 P.M. the Provider said they were unsure about R1's medication discrepancies.

R3
Record review of R3's Medication Administration Record (MAR) dated October 2023 showed they were prescribed Bisacodyl (for constipation), Diclofenac (for pain), and Lorazepam (for sleep)

Observations of R3's medication supply on 10/31/2023 at 1:40 P.M. showed these medications were missing from R3's medication supply.

During an interview on 10/31/2023 at 1:49 P.M., the Provider said they were unsure about R3's missing medications.

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, Blessed New Dawn AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/30/2023.

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

Provider (or Representative) 11/30/2023 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Blessed New Dawn AFH LLC
Blessed New Dawn AFH LLC
6906 Topaz Dr SW
Lakewood, WA 98498

RE: Blessed New Dawn AFH LLC # 753223

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/13/2023 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:

Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1

Tumwater, WA 98501

- 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 388-76-10420 Meals and snacks. The adult family home must:

(2) Make nutritious snacks available to residents:

(a) Between meals; and

(b) In the evening.

In interviews, two residents reported not being provided snacks during the day The Provider stated residents do not ask staff for snacks during the day. The Provider acknowledged the residents may not know to ask and confirmed they would place a schedule to reflect times snacks can be given to the residents on the refrigerator.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
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:
Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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

Blessed New Dawn AFH ,

Corrections on observations made on 10/31/2023 by the AFH Licensor. Are as follows.

R 1

- Benztropine- The provider contacted the clients psychiatrist and it is indicated on the attached visit summary that he requested the pharmacy to remove it from clients MAR since she has not been prescribed the meds since 12/07/2022 ,
- For Senna, MiraLAX and Diclofenac gel has been added to the MAR.
- For Pink Bismuth and Diclofenac, they are not covered by insurance, client need to buy them over the counter. That is why it was missing in the supply

R 2

- Bisacodyl and Lorazepam has been filled.
- Diclofenac gel is not covered by insurance. Client need to buy it over the counter that is why it was missing in the supplies.

Signature [signature] Date 11/30/2023