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

Olympic Adult Family Home and Hospice Care LLC

Olympic Adult Family Home and Hospice Care LLC
1955 H St SE
Auburn, WA 98002

RE: Olympic Adult Family Home and Hospice Care LLC License # 753224

Dear Provider:

This letter addresses Compliance Determination(s) 63872 (Completion Date 08/08/2025) and 61801 (Completion Date 07/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/08/2025 and found that you have corrected the violations listed in the Follow up report dated 07/03/2025. Your home is back in compliance as of 07/19/2025 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-d, WAC 388-76-10430-2-c

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 follow-up on 06/27/2025 of:

Olympic Adult Family Home and Hospice Care LLC
1955 H St SE
Auburn, WA 98002

This document references the following SOD dated: 07/03/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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

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)

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 have a medication system in place to ensure they had a Primary Care Provider (PCP) order before providing medication to 1 of 2 sampled residents (Resident 2). The AFH also failed to ensure 2 of 2 sampled residents' (Resident 2 and Resident 3) received their prescribed medication as ordered and their medication logs were kept current. These failures placed Resident 2 at risk of medication interactions and side effects and placed Resident 2 and Resident 3 at risk of worsening conditions from medication errors.

Findings included…

Resident 2

A review of Resident 2's June 2025 handwritten Medication Administration Record (MAR)

showed Resident 2 was prescribed, Escitalopram Oxalate 25 milligram (mg), for Depression (a persistent feeling of sadness), give 1 tablet by mouth daily. Further review of Resident 2's June 2025 MAR showed Resident 2 received Escitalopram Oxalate 25 mg in the morning and at night. In addition, Resident 2's June 2025 MAR showed Escitalopram Oxalate 25 mg was initialed for the morning and night doses from 06/01/2025-06/25/2025.

On 06/27/2025 at 12:25 PM observation of Resident 2's medication roll showed a packet of Escitalopram Oxalate 5 mg for 9:00 AM and a packet of Escitalopram Oxalate 20 mg for 9:00 PM.

A review of Resident 2's After Visit Summary dated 02/17/2025 from the residents PCP showed Resident 2 was prescribed Escitalopram Oxalate 5 mg, take one tablet by mouth once daily and Escitalopram Oxalate 20 mg, take one tablet by mouth once daily.

In an interview on 06/27/2025 at 12:26 PM, Staff A, Entity Representative/Resident Manager, stated they combined the dosage for both of Resident 2's Escitalopram Oxalate orders so as to write the medication on Resident 2's June 2025 MAR once. Staff A further stated that they should have written Resident 2's Escitalopram Oxalate on their June 2025 MAR twice, once for each dosage.

On 06/27/2025 at 12:28 PM observation of Resident 2's medication showed Triamcinolone 0.1 percent (%) for skin irritation, with instructions to apply topically to affected areas twice daily.

A review of Resident 2's After Visit Summary dated 02/17/2025 from the residents PCP showed Resident 2 was prescribed Triamcinolone 0.1%, apply one application externally twice daily.

A review of Resident 2's June 2025 handwritten MAR showed no entry for Triamcinolone 0.1%.

In an interview on 06/27/2025 at 12:30 PM, Staff A stated they forgot to write Triamcinolone 0.1% on Resident 2's June 2025 MAR. In addition, Staff A stated that Resident 2 received Triamcinolone 0.1%.

A review of Resident 2's June 2025 handwritten MAR showed all medications were last initialed on 06/25/2025. Further review showed there were no staff initialed entries for 06/26/2025 or the morning medication entries for 06/27/2025.

In an interview on 06/27/2025 at 1:00 PM, Staff A stated that they were busy and forgot to initial Resident 2's MAR. Staff A further stated they normally signed a resident MAR

after providing the medication to the resident.

On 06/27/2025 at 1:04 PM of Resident 2's medication showed Lubricant Redness Reliever Eye Drops for dry eyes.

A review of Resident 2's After Visit Summary dated 02/17/2025 from the resident's PCP showed no entry for Lubricant Redness Relief Eye Drops.

A review of Resident 2's June 2025 handwritten MAR showed no entry for Lubricant Redness Reliever Eye Drops.

In an interview on 06/27/2025 at 1:07 PM, Staff A stated that Resident 2's Representative brought the Lubricant Redness Reliever Eye Drops for Resident 2. Staff A further stated that they had no order from Resident 2's PCP for the Lubricant Redness Reliever Eye Drops. In addition, Staff A stated that Resident 2 received the Lubricant Redness Reliever Eye Drops but not daily as the resident had other eye drops they were using.

A further review of Resident 2's After Visit Summary dated 02/17/2025 from the resident's PCP showed Resident 2 was prescribed "Bacitracin-Neomycin-Polymyxin HC" 1% used to treat or prevent infections, place 0.5 inches into the left eye twice daily.

A review of Resident 2's June 2025 handwritten MAR showed Resident 2 was prescribed, "Bacitracin-Neomycin-Polymyxin HC" 1%. Further review of Resident 2's June 2025 MAR showed "Bacitracin-Neomycin-Polymyxin HC" 1% had no instructions for use. In addition, Resident 2's June 2025 MAR showed initialed entries for the morning dose from 06/01/2025-06/25/2025 for "Bacitracin-Neomycin-Polymyxin HC" 1%.

On 06/27/2025 at 12:47 PM observation of Resident 2's medication showed "Bacitracin-Neomycin-Polymyxin HC" 1%, place 0.5 inches into the left eye twice daily.

In an interview on 06/27/2025 at 1:11 PM, Staff A stated that they were not aware the instruction for Resident 2's "Bacitracin-Neomycin-Polymyxin HC" 1% was not on the resident's MAR.

In a phone interview on 06/27/2025 at 4:40 PM, Staff A stated that they provided Resident 2 "Bacitracin-Neomycin-Polymyxin HC" 1% once a day. Staff A further stated that they made a mistake and had not given it twice daily per order.

Resident 3

A review of Resident 3's June 2025 pharmacy generated MAR showed Resident 3 was prescribed Benzonatate 200 mg for cough, take 1 capsule by mouth three times daily as needed.

On 06/27/2025 at 1:42 PM of Resident 3's medication showed no Benzonatate 200 mg.

In an interview on 06/27/2025 at 1:43 PM, Staff A stated that Resident 3 was sick in April 2025 and was prescribed Benzonatate 200 mg by their PCP. Staff A further stated that Resident 3 used all of the Benzonatate 200 mg and no longer had a cough. In addition, Staff A stated that they did not receive a refill or discontinuation order for Resident 3's Benzonatate 200 mg.

Additional review of Resident 3's June 2025 pharmacy generated MAR showed no staff initialed entries after 06/23/2025. Further review showed no staff initialed entries for 06/24/2025, 06/25/2025. 06/26/2025, and the morning medication entries for 06/27/2025.

This is an uncorrected deficiency previously cited on 05/13/2025.

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, Olympic Adult Family Home and Hospice Care LLC 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

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

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 04/29/2025 of:

Olympic Adult Family Home and Hospice Care LLC
1955 H St SE
Auburn, WA 98002

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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 _____ 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) _____ Date _____

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep 3 of 4 staff (Staff A, Entity Representative/Resident Manager, Staff C, Caregiver, Staff D, Caregiver, and Staff E, Caregiver) complete set of records readily available for review. This failure delayed the Department from determining if staff placed all residents' (Residents 1, 2, and 3) at risk of harm from staff having an unknown criminal background.

Findings included…

During a visit on 04/29/2025 at 8:58 AM, observation showed Residents 2 and Resident 3 lived in and received care from the AFH. Further review showed Staff A, Staff C, and Staff D worked in the AFH and provided care to the residents.

In an interview on 04/29/2025 at 9:03 AM, Staff C, Caregiver, stated that Resident 1 was currently hospitalized and not in the AFH.

A review of Staff A's personnel records showed the AFH was licensed under them on 11/02/2016. Further review showed no fingerprint background check with Staff A's

records.

A review of Staff C's personnel records showed a hire date of 02/18/2022. Further review showed no fingerprint background check with Staff C's records.

A review of Staff D's records showed a hire date of 09/05/2024. Further review showed no Washington state name and date of birth Background Inquiry (BGI) with Staff D's records.

A review of Staff E's personnel records showed a hire date of 08/08/2024. Further review showed no fingerprint background check with Staff E's records.

In an interview on 04/29/2025 at 4:23 PM, Staff A stated they could not locate the staff background checks.

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, Olympic Adult Family Home and Hospice Care LLC 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 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.

(2) If the background check results show that an individual specified in WAC 388-76-10161 has a criminal conviction or pending charge for a crime that is not automatically disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether or not the person has the character, competence and suitability to have unsupervised access to residents; and

(b) Document in writing the basis for making the decision.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep 1 of

1 household members (HH1) Character, Competence, and Suitability Review (CCSR) readily available for review. This failure delayed the department from determining if HH1 was qualified to have unsupervised access to residents.

Findings included…

During a visit on 04/29/2025 at 8:58 AM, observation showed Residents 2 and Resident 3 lived in and received care from the AFH.

In an interview on 04/29/2025 at 9:03 AM, Staff C, Caregiver, stated that Resident 1 was currently hospitalized and not in the AFH.

In an interview on 04/29/2025 at 10:18 AM, Staff A, Entity Representative/Resident Manager, stated that HH1 lived in the AFH.

A review of HH1's records showed a Washington state name and date of birth Background Inquiry (BGI) dated 05/23/2024. Further review showed a CCSR was required. In addition, review showed HH1 did not have a documented CCSR with their records.

In an interview on 04/29/2025 at 12:01 PM, Staff A stated that they had a CCSR review for HH1.

In an interview on 04/29/2025 at 3:04 PM, Staff A stated that they could not locate HH1's CCSR. Staff A further stated that they would send HH1's CCSR to the department.

As of 05/01/2025 at 5:00 PM, HH1's CCSR had not been received by the department.

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, Olympic Adult Family Home and Hospice Care LLC 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 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

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 2 sampled residents' (Resident 2) had a Preliminary Service Plan (PSP) when they were admitted by AFH. This failure placed Resident 2 at risk of not receiving the required care and services to safely meet Resident 2's needs.

Findings included…

During a visit on 04/29/2025 at 8:58 AM, observation showed Resident 2 lived in and received care from the AFH.

A review of Resident 2's records showed Resident 2 was admitted to the AFH on [redacted]/2023. Further review showed Resident 2 did not have a PSP with their records.

In an interview on 04/29/2025 at 2:45 PM, Staff A, Entity Representative/Resident Manager, stated that they had a PSP for Resident 2. Staff A further stated they could not find Resident 2's PSP and would send it to the department.

As of 05/01/2025 at 5:00 PM, Resident 2's PSP had not received by the department.

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, Olympic Adult Family Home and Hospice Care LLC 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 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement 1 of 2 sampled residents' (Resident 3) Negotiated Care Plan (NCP). This failure placed Resident 3 at risk of harm or injury from unmet care needs.

Findings included…

During a visit on 04/29/2025 at 8:58 AM, observation showed Resident 3 lived in and received care from the AFH.

Observation on 04/29/2025 at 10:50 AM showed in Bedroom [redacted], used by Resident 3, no [redacted] was present in the bedroom.

In an interview on 04/29/2025 at 12:07 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 3 required 2 person staff assistance for transfers. Staff A further stated that Resident 3 did not require a [redacted], used to safely transfer a person from one place to another, for transfers.

Observation on 04/29/2025 at 12:22 PM showed Staff D, Caregiver, wheeled Resident 3 in their wheelchair into their bedroom. Observation further showed Staff D requested assistance from Staff A to transfer Resident 3 from their wheelchair to their bed. In

addition, observation showed Staff A walked into Resident 3's bedroom and closed the door.

Observation on 04/29/2025 at 12:26 PM showed both Staff A and Staff C left Resident 3's bedroom. Further observation showed Resident 3 was in bed with the bedroom light off.

In an interview on 04/29/2025 at 12:30 PM, Staff A stated that Resident 3's Representative requested that Resident 3 took a daily nap.

A review of Resident 3's NCP dated 10/03/2022 showed Resident 3 was admitted to the AFH on [redacted]/2021. Further review of Resident 3's NCP on page 15 showed Resident 3 required a [redacted] for transfers. In addition, the NCP for Resident 3 further showed on page 15 in two places that caregivers would use a [redacted] during all transfers.

A review of Resident 3's Annual Assessment dated 10/10/2024 on page 11 and page 17 showed Resident 3 required a [redacted] for transfers. Department Staff informed Staff A that both Resident 3's Assessment and NCP stated Resident 3 required a [redacted] for transfers.

In an interview on 04/29/2025 at 1:15 PM, Staff A stated that staff could use a [redacted] for Resident 3's transfers or 2-person staff assistance without the [redacted]. Staff A further stated that the AFH did use a [redacted] if Resident 3 was not cooperating with transfers. In addition, Staff A stated that the AFH had a [redacted] in case of emergencies.

Observation on 04/29/2025 at 2:35 PM showed Staff D requested Staff A's assistance with transferring Resident 3 from their bed to their wheelchair. Observation further showed Staff A and Staff D entered Resident 3's bedroom and closed the door.

Observation on 04/29/2025 at 2:38 PM showed Staff D opened Resident 3's bedroom door and wheeled Resident 3 in their wheelchair to the living room.

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, Olympic Adult Family Home and Hospice Care LLC 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 2 of 2 sampled residents' (Resident 2 and Resident 3) was agreed to and signed and dated by the resident's Representative and the AFH. This failure placed Resident 2 and Resident 3 at risk of unmet care needs and of receiving services the resident, their Representative, and the AFH did not negotiate.

Findings included…

During a visit on 04/29/2025 at 8:58 AM, observation showed Resident 2 and Resident 3 lived in and received care from the AFH.

A review of Resident 3's NCP dated 10/03/2022 showed Resident 3 was admitted to the AFH on [redacted]/2021. Further review showed Resident 3's NCP was signed by the AFH on 10/05/2022, 09/03/2023, and 10/04/2024. In addition, review showed Resident 3's Representative had only signed Resident 3's NCP on 10/05/2022.

In an interview on 04/29/2025 at 1:18 PM, Staff A, Entity Representative/Resident Manager, stated that they had missed having Resident 3's Representative sign the residents NCP.

A review of Resident 2's NCP dated 08/23/2023 showed Resident 2 was admitted to the

AFH on [redacted]/2023. Further review showed Resident 2's NCP had handwritten documentation in their 07/24/2023 NCP that were dated September 2024 and December 2024. In addition, Resident 2's NCP was last signed by the AFH and Resident 2's Representative on 08/23/2023.

In an interview on 04/29/2025 at 3:17 PM, Staff A stated that they updated resident NCP's as changes in the resident's care needs occurred. Staff A stated that they were not aware resident NCP's were required to be signed when updates occurred.

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, Olympic Adult Family Home and Hospice Care LLC 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 388-76-10430 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 the AFH's medication system met all laws and rules for the administration of 1 of 2 sampled residents' (Resident 3) medication when the AFH provided the resident medication without an order from the residents Primary Care Physician (PCP). Further, the AFH failed to ensure 1 of 2 sampled residents' (Resident 2) received their prescribed medication as ordered. In addition, the AFH failed to ensure medication logs for 1 of 2 sampled residents' (Resident 3) were kept current. These failures placed Resident 3 at risk of medication interactions and side effects, placed Resident 2 at risk of worsening

of conditions, and placed Resident 3 at risk of medication errors.

Findings included…

During a visit on 04/29/2025 at 8:58 AM, observation showed Resident 2 and Resident 3 lived in and received medication assistance and medication administration from the AFH.

Resident 3

On 04/29/2025 at 9:25 AM observation showed a package of Emergen-C, a vitamin supplement used to support the immune system, on the kitchen counter of the AFH.

In an interview on 04/29/2025 at 9:26 AM, Staff B, Caregiver, stated that Resident 3 had been taken to a Local Health Facility (LHF) on 04/12/2025 due to coughing. Staff B further stated that Resident 3 returned to the AFH later in the evening.

In an interview on 04/29/2025 at 9:27 AM, Staff C, Caregiver, stated that Resident 3's Representative had provided the AFH with the package of Emergen-C for Resident 3. Staff C further stated that Resident 3 was provided Emergen-C in the morning and at lunchtime.

In an interview on 04/29/2025 at 9:30 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 3 was provided half packet of Emergen-C in the morning and the other half packet at lunchtime. Staff A further stated that they did not have an order from Resident 3's PCP for Emergen-C.

A review of Resident 3's April 2025 pharmacy generated Medication Administration Record (MAR) showed no entry for Emergen-C. Further review of Resident 3's April 2025 MAR showed Resident 3 was prescribed, Ensure, a nutritional supplement, drink contents of 1 can/bottle (8 ounces) by mouth every morning.

In an interview on 04/29/2025 at 12:07 PM, Staff A stated that Resident 3 had no nutritional issues and did not drink Ensure.

In an interview on 04/29/2025 at 1:57 PM, Staff A stated that Resident 3's Ensure was discontinued in October 2022. Staff A further stated that they had last contacted the pharmacy a few months ago to have Resident 3's Ensure removed from their MAR. In addition, Staff A stated that they would look for the discontinuation order from Resident 3's PCP.

In an interview on 04/29/2025 at 4:23 PM, Staff A stated that they could not locate Resident 3's PCP order for the discontinuation for Ensure. Staff A stated that they would send the discontinuation order for Resident 3's Ensure to the department.

As of 05/01/2025 at 5:00 PM, Resident 3's PCP discontinuation order for Ensure had not been received by the department.

Resident 2

A review of Resident 2's April 2025 handwritten MAR showed Resident 2 was prescribed,

-Polyethylene Glycol, take 17 grams (1 capful) in 8 ounces of water by mouth once daily for constipation. Further review of Resident 2's handwritten MAR showed the Polyethylene Glycol was last initialed for the 8:00 AM dose on 04/28/2025.

-Vitamin D3, 125 micrograms (mcg). take 1 capsule daily for vitamin deficiency (family supply). Further review showed an initialed entry for 04/29/2025.

On 04/29/2025 at 1:59 PM, observation showed Resident 2's Vitamin D3 and Polyethylene Glycol were not in Resident 2's medication storage drawer.

On 04/29/2025 at 3:10 PM, Resident 2's Representative arrived at the AFH.

In an interview on 04/29/2025 at 4:23 PM, Staff A stated that Resident 2's Polyethylene Glycol and Vitamin D3 were provided by Resident 2's family. Staff A further stated that the AFH had run out of Resident 2's Vitamin D3 in the morning (04/29/2025). In addition, Staff A stated that they had to repeatedly remind Resident 2's Representative to bring Resident 2's medication to the AFH.

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, Olympic Adult Family Home and Hospice Care LLC 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(2) In the original container with legible and original labels; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure medication belonging to 2 of 5 staff (Staff B, Caregiver, and Staff C, Caregiver) remained in locked storage. In addition, the AFH failed to ensure 2 of 2 sampled residents' (Resident 2 and Resident 3) medication had the resident's name, dosage, and instructions for use. These failure placed the ambulatory resident (Resident 2) at risk of accessing and taking medication not prescribed for the residents use and placed Resident 2 and Resident 3 at risk of medication errors.

Findings included…

During a visit on 04/29/2025 at 8:58 AM, observation showed Resident 2 and Resident 3 lived in and received care from the AFH. Further observation showed Resident 2 operated their manual wheelchair independently. In addition, observation showed Staff B and Staff C both worked in the AFH.

Unlocked Medication

On 04/29/2025 at 10:45 AM, observation showed a linen closet in the hallway of the AFH. Further observation showed a container with no lid with medication inside. In addition, observation showed the following medications were prescribed for Staff C,

-2 bottles of Hydrochlorothiazide 12.5 milligram (mg), take 1 tablet by mouth once daily

for water retention.

-2 bottle of Amlodipine 10 mg, take 1 tablet by mouth once daily for high blood pressure.

-Omeprazole 20 mg, used to treat excess stomach acid.

-Rosuvastatin 20 mg, take 1 tablet by mouth once daily for high cholesterol, high levels of fat in the blood.

-Diclofenac topical gel, used to treat pain.

In an interview on 04/29/2025 at 10:47 AM, Staff A, Entity Representative/Resident Manager, stated that they were not aware staff medication had to be locked up. Staff A further stated that they thought only resident medication had to be kept locked.

On 04/29/2025 at 11:00 AM observation showed a 32-ounce bottle of Aloe Vera Gel on the kitchen counter in the AFH.

In an interview on 04/29/2025 at 10:48 AM, Staff A stated that the Aloe Vera Gel was a supplement that Staff B used.

Resident 2

A review of Resident 2's April 2025 handwritten Medication Administration Record (MAR) showed Resident 2 was prescribed Melatonin 3 mg, take 3 tablets by mouth at bedtime for insomnia and Cranberry, take 2 tablets twice daily for prevention of urinary tract infections caused by bacteria in the urinary system.

On 04/29/2025 at 1:59 PM observation of Resident 2's medication storage drawer showed a bottle of Melatonin 3 mg with Resident 2's name but no instructions for use. Further observation showed a bottle of Cranberry with no name or instructions for use.

Resident 3

A review of Resident 3's April 2025 pharmacy generated MAR showed Resident 3 was prescribed, Acetaminophen 500 mg, take 1 tablet by mouth four times daily as needed for pain.

On 04/29/2025 at 2:02 PM observation of Resident 3's medication storage drawer showed a bottle of Acetaminophen 500 mg with no name or instructions for use.

In an interview on 04/29/2025 at 2:03 PM, Staff A stated that they were not aware that over the counter medication was required to have the resident's name and instructions for use.

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, Olympic Adult Family Home and Hospice Care LLC 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 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a window in 1 of 3 bedroom's (Bedroom A, Vacant) was free of obstructions. This failure placed 1 Potential Resident at risk of injury or serious harm if an emergency requiring evacuation through the window occurred.

Findings included…

During a visit on 04/29/2025 at 8:58 AM, observation showed Bedroom A was vacant.

On 04/29/2025 at 10:40 AM, observation showed a stick in the track of the window in Bedroom A. Further observation showed the window could not be opened unless the stick was removed.

In an interview on 04/29/2025 at 10:41 AM, Staff A, Entity Representative/Resident Manager, stated that the stick had been placed in the track of the window to prevent anyone from accessing the bedroom from the outside.

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, Olympic Adult Family Home and Hospice Care LLC 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