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

03/10/2025

King David Care Homes, LLC
King David Care Homes LLC
21525 SE 254th Pl
Maple Valley, WA 98038

RE: King David Care Homes LLC # 753476

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 56081 (Completion Date 03/10/2025) and 53148 (Completion Date 01/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/10/2025 and found no deficiencies.

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

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,

Dahl Kim, 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 01/15/2025 of:

King David Care Homes LLC
21525 SE 254th Pl
Maple Valley, WA 98038

This document references the following SOD dated: 01/28/2025

The following sample was selected for review during the unannounced on-site visit: 3 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 ensure 2 of 3 sampled residents (Resident 1 and Resident 4) medication logs were kept current and that Resident 4 received medication as required. These failures placed Resident 1 and Resident 4 at risk of medication errors and placed Resident 4 at risk of worsening condition from potentially not receiving the correct dosage of medication.

Findings included…

During a follow-up visit on 01/15/2025 at 10:27 AM, observation showed Resident 1 and Resident 4 lived in and received medication assistance from the AFH.

Resident 1
A review of Resident 1's January 2025 computer generated medication log showed Resident 1 was prescribed, Acetaminophen 325 milligram (mg), take 2 tablets (650 mg)

by mouth every 4 hours as needed for pain/fever.

Observation on 01/15/2025 at 10:50 AM of Resident 1's medication supply in the AFH showed, Acetaminophen 325 mg, take 1 tablet by mouth every 6 hours.

In an interview on 01/15/2025 at 10:52 AM, Staff B, Resident Manager, stated that the observed Acetaminophen 325 mg, take 1 tablet by mouth every 6 hours was correct. Staff B further stated that Resident 1's medication log needed to be changed.

Further review of Resident 1's January 2025 computer generated medication log showed Resident 1 was prescribed, Ferrous Gluconate 324 mg, take 1 tablet by mouth every evening with dinner for iron deficiency.

Observation on 01/15/2025 at 11:30 AM of Resident 1's medication supply in the AFH showed, Ferrous Gluconate 324 mg, take 1 tablet by mouth 3 times weekly Monday/Wednesday/Friday in the evening with dinner.

In an interview on 01/15/2025 at 11:31 AM, Staff B stated that the medication order for Resident 1's Ferrous Gluconate 324 mg had recently changed. Staff B further stated they had missed correcting Resident 1's medication log.

Resident 4
A review of Resident 4's January 2025 computer generated medication log showed Resident 4 was prescribed, "Metoprolol Succinate ER" 25 mg, take 1 tablet one time daily for high blood pressure, chest pain or pressure.

Observation on 01/15/2025 at 11:55 AM of Resident 4's medication supply in the AFH container showed, "Metoprolol Succinate ER" 50 mg, take 1 tablet by mouth every day. Further observation of Resident 4's medication storage container showed, "Metoprolol Succinate ER" 25 mg, take 1 tablet by mouth daily.

In an interview on 01/15/2025 at 12:00 PM, Staff B stated that Resident 4 was provided half a tablet of the "Metoprolol Succinate ER" 50 mg.

Observation on 01/15/2025 at 12:01 PM of Resident 4's "Metoprolol Succinate ER" 50 mg showed, no instructions to give half tablet.

This is an uncorrected deficiency for subsection (2)(c)(d).

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, King David Care Homes 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 11/21/2024 and 11/21/2024 of:

King David Care Homes LLC
21525 SE 254th Pl
Maple Valley, WA 98038

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
Ivy Mordo, Nursing Consultant Institutional

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 388-76-10355 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;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to include in the development of 1 of 2 sampled residents (Resident 1) Negotiated Care Plan (NCP) a list of all the care and services to be provided to the resident including behavioral interventions. This failure placed Resident 1 at risk of unmet care needs.

Findings included…

During a visit on 11/21/2024 at 8:16 AM, observation showed Resident 1 lived in and received care from the AFH.

A review of Resident 1's Assessment dated 07/24/2024 showed Resident 1 was in the meaningful day program (a program that includes activities that improve the resident's quality of life and assists with managing behaviors).

A review of Resident 1's NCP dated 09/01/2024 showed Resident 1 was admitted to the AFH on [redacted]/2023. Further review showed Resident 1's NCP indicated they were in the meaningful day program. Additional review showed there were no meaningful day activities listed in Resident 1's NCP or staff instructions on how to meet the activity needs of the resident. Resident 1's NCP further showed under Psych/Social/Cognitive Status the resident was depressed but listed no symptoms for staff to track and how to respond to the symptoms. In addition, Resident 1's NCP showed the resident was assaultive, but their NCP did not indicate the specific behaviors or staff interventions. Resident 1's NCP further indicated the resident had sleep disturbance but did not include the specific issue or staff interventions.

In an interview on 11/21/2024 at 1:31 PM, Staff B, Resident Manager, stated that as part of the meaningful day program, the AFH had put a special channel on Resident 1's TV. Staff B further stated that Resident 1's meaningful day activities included computer games, exercise when tolerated, church, and reminiscing with the resident. In addition, Staff B stated that Resident 1 was depressed due to pain which affected the resident's quality of life. Staff B stated that when Resident 1 wanted something they would use the call bell a lot. Staff B further stated that Resident 1 listened to blue tooth headphones, watched TV, and staff provided the resident with ice cream for insomnia. Staff B further stated that Resident 1 was not assaultive but had thrown things on the floor and wanted staff to clean it up. Staff B stated the information was not located in Resident 1's NCP.

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, King David Care Homes 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 have systems in place that followed all laws and rules relating to medication for 3 of 4 residents (Residents 1, 2, and 4). This failure placed Residents 1, 2, and 4 at risk of not receiving their medication as prescribed and at risk of medication errors.

Findings included…

During a visit on 11/21/2024 at 8:16 AM, observation showed Residents 1, 2, and 4 lived in and received medication assistance from the AFH.

In an interview on 11/21/2024 at 8:29 AM, Staff C, Caregiver, stated that the resident's medication logs were located on the computer. Staff C further stated that the internet was not working, and staff were unable to access the resident's electronic medication logs. In addition, Staff C stated that staff were using pharmacy generated medication logs located in the resident's records when providing residents with medication.

In an interview on 11/21/2024 at 8:32 AM, Staff D, Caregiver, stated that the power had gone out on 11/19/2024 and the generator had come on, but the internet was out. Staff D further stated that the internet had been out since 11/19/2024 and was still out. Additionally, Staff D stated that Staff E, Caregiver, had worked on 11/19/2024 and 11/20/2024 and thought Staff E had written down medication provided to the residents but did not know where it was located.

A review of all 4 resident records showed pharmacy generated medication logs for Residents 1, 2, and 3 were found in their records and were dated August 2024. Further review showed Resident 4 had no medication logs located in their records.

In an interview on 11/21/2024 at 8:32 AM, Staff C stated that they had provided residents with their morning medication and had not documented the medication given to the residents. Staff C further stated that they knew what medication each resident took. In addition, Staff C stated that if there had been changes to resident medications since August 2024, that information would be found on the residents' electronic medication logs which were unavailable. Staff C further stated that when medication changes occurred Staff B, Resident Manager, informed staff of the change but also stated that it was not every medication change. Additionally, Staff C stated that they had been off for the past 2 days and when asked by Department Staff (DS), how would they know if a medication change occurred during those 2 days, Staff C stated that they would not know.

In an interview on 11/21/2024 at 9:13 AM, Staff B stated that they had pharmacy generated medication logs to use for back up in case there was an issue with the resident's electronic medication logs. DS informed Staff B that the medication logs staff had used to provide residents their morning medication were from August 2024. Staff B stated that they would print the residents November 2024 pharmacy generated medication logs. In addition, Staff B stated that they had not encountered a situation with internet outage before.

Resident 1
A review of Resident 1's August 2024 and November 2024 pharmacy generated medication log and Resident 1's medications in the AFH showed the following discrepancies:

A review of the medication label for Resident 1's Hydrocodone-Acetaminophen 10-325 milligram (mg) showed, take 1 tablet by mouth every 5 hours for pain. Resident 1's August 2024 log showed Hydrocodone-Acetaminophen 10-325 milligram (mg), take 1 tablet by mouth every 6 hours.

A review of the medication label for Resident 1's Ferrous Gluconate 324 mg showed, take 1 tablet by mouth every evening with dinner for iron deficiency. Resident 1's August and November 2024 log showed Ferrous Gluconate 324 mg, take 1 tablet by mouth every morning with breakfast.

A review of the medication label for Resident 1's Levetiracetam 500 mg, take 1 tablet by mouth twice daily for convulsions was not found on Resident 1's August 2024 medication log.

A review of the medication label for Resident 1's Acetaminophen 325 mg, take 1 tablet by mouth every 6 hours as needed for pain. Resident 1's August 2024 log showed Acetaminophen 325 mg, take 2 tablets (650) mg by mouth every four hours as needed.

A review of Resident 1's medication label for Levothyroxine 100 micrograms (mcg), take 1 tablet every Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday morning 30 minutes before breakfast for underactive thyroid. Resident 1's August and November 2024 log showed Levothyroxine 100 micrograms (mcg), take 1 tablet by mouth every morning 30 minutes before breakfast.

Observation on 11/21/2024 at 9:55 AM showed Staff B handwrote 2 entries on Resident 1's November 2024 medication log, Levothyroxine 100 mcg, take one tablet by mouth every Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday and Levothyroxine 100 mcg, take 1 and ½ tablet every Sunday before breakfast.

A review of Resident 1's medication label for Melatonin 3 mg, take 2 tablets (6 mg) by mouth at bedtime (take 3 hours before bedtime) for insomnia. Resident 1's August 2024 log showed Melatonin 3 mg, take 2 tablets (6 mg) by mouth every 24 hours at bedtime as needed for sleep.

A review of Resident 1's August 2024 log showed Trazodone 100 mg, take 1 tablet by mouth at bedtime for insomnia. There was no Trazodone 100 mg for Resident 1 in the AFH.

In an interview on 11/21/2024 at 10:02 AM, Staff B stated that Resident 1's Trazadone 100 mg had been discontinued.

A review of Resident 1's medication label for Mirtazapine 15 mg, take 2 tablets (30 mg) by mouth at bedtime for insomnia (stop Trazodone). Resident 1's August 2024 log showed no entry for Mirtazapine 15 mg.

A review of Resident 1's medication label for Prenatal Vitamins, take 1 tablet by mouth every afternoon for vitamin deficiency. Resident 1's August and November 2024 log showed Prenatal Vitamins, take 1 tablet by mouth every morning.

A review of Resident 1's medication label for Vitamin B-12 sublingual (sl) 1,000 mcg, place 1 tablet under the tongue every afternoon for vitamin deficiency. Resident 1's August and November 2024 log showed Vitamin B-12 sl 1,000 mcg, place 1 tablet under the tongue every morning.

A review of Resident 1's medication label for Vitamin D3 international unit (IU), take 2 capsules by mouth every afternoon for vitamin D deficiency. Resident 1's August & November 2024 log showed Vitamin D3 IU1000, take 2 capsules (2000) by mouth every morning.

A review of Resident 1's medication label for Oyster Shell Calcium 500 mg, take 2 tablets (1000 mg) by mouth every afternoon for osteoporosis. Resident 1's August and November log showed Oyster Shell Calcium 500 mg, take 1 tablet by mouth every morning.

In an interview on 11/21/2024 at 10:18 AM, Staff B stated that Resident 1 had been prescribed Levothyroxine on 11/08/2024 which does not work well with supplements. Staff B further stated that there were changes to Resident 1's supplements and the changes were documented on Resident 1's electronic medication log.

Resident 2
A review of Resident 2's August 2024 and November 2024 medication log showed Resident 2 was prescribed, Diclofenac Sodium 1 percent (%) apply 2 grams topically to affected area twice daily as needed for back pain.

Observation on 11/21/2024 at 10:00 AM of Resident 2's Diclofenac Sodium 1% showed, there was no name on the tube to identify which resident the medication was prescribed for.

In an interview on 11/21/2024 at 10:01 AM, Staff C stated that they had applied the Diclofenac Sodium 1% to Resident 2's back in the morning.

A review of Resident 2's August 2024 medication log showed Resident 2 was prescribed, Clotrimazole 1% cream, apply topically to affected area of groin twice daily for 10 days.

Observation on 11/21/2024 at 10:02 AM showed Resident 2's Clotrimazole 1% cream was not available in the AFH. Further observation showed Resident 2 had Mupirocin 2% ointment, apply to affected areas for skin disease.

Further review of Resident 2's August 2024 medication log showed no entry for Mupirocin 2%.

A review of Resident 2's medication label for Lorazepam 0.5 mg, take 1 tablet by mouth at night as needed if patient wakes and is agitated. Resident 2's November 2024 medication log contained no entry for Lorazepam 0.5 mg.

Observation on 11/21/2024 at 10:05 AM showed Staff B handwrote Resident 2's Lorazepam 0.5 mg, take 1 tablet by mouth at night as needed if patient wakes and is agitated, on Resident 2's November 2024 medication log.

Resident 4
In an interview on 11/21/2024 at 9:20 AM, Staff B stated that Resident 4 did not have pharmacy generated medication logs and only had the medication log found in the computer. Staff B further stated that they were unable to print Resident 4's medication log.

Observation on 11/21/2024 at 9:25 AM showed Staff B provided DS with Resident 4's After Visit Summary (AVS) dated 11/11/2024 that contained a list of Resident 4's current medication.

Observation on 11/21/2024 at 9:28 AM showed all over-the-counter medication located in Resident 4's medication storage organizer did not include the name of the resident who it was prescribed but had the instructions for use handwritten on the bottles.

A review of Resident 4's AVS dated 11/21/2024 showed the following medication had no instructions for use on Resident 4's AVS (but the medication bottle contained the following instructions),

-Acetaminophen 500 mg, 8:00 AM & 8:00 PM.

-Vitamin D3 125 mcg (5000 IU), 8:00 AM.

-Vitamin B-12 2500 mcg, 8:00 AM every other day.

-Allegra 180 mg, 8:00 AM.

-Zinc Sulfate 50 mg, 8:00 AM.

Additional review of Resident 4's AVS showed Resident 4 was prescribed, Quetiapine 25 mg, take 1 tablet by mouth once daily as needed for increased agitation.

Observation on 11/21/2024 at 9:40 AM showed Resident 4's Quetiapine 25 mg was not available in the AFH.

In an interview on 11/21/2024 at 9:45 AM, Staff B stated that the issues were due to the hick up with the internet not working, and that resident medication logs in the computer had a list of their current 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, King David Care Homes 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 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 residents' (Resident 2) had a way of alerting staff in an emergency and always had a staff member within hearing distance, of Resident 2's bedroom. This failure placed Resident 2 at risk of serious harm in the event of an emergency.

Findings included…

During a visit on 11/21/2024 at 8:16 AM, observation showed Resident 2 lived in and received care from the AFH.

Observation on 11/21/2024 at 11:47 AM showed the staff bedroom was located on one side of the AFH and Resident 2's bedroom (Bedroom [redacted]) was located on the other side of the AFH. Further observation showed the staff bedroom was not within hearing range of Resident 2's bedroom.

In an interview on 11/21/2024 at 12:02 PM, Staff B, Resident Manager, stated that Resident 2 was unable to use a call bell or a way to alert staff in an emergency. Staff B further stated that they were not aware that a resident who could not use a call bell or an alternative way of alerting staff in an emergency, required staff within hearing distance of their bedroom.

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, King David Care Homes 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 388-76-10715 Doors Ability to open. The adult family home must ensure:

(4) Other doors leading to the outside that are not designated as an emergency exit must open without any special skills or knowledge, and they must remain accessible to residents unless doing so poses a risk to the health or safety of at least one resident; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the front door was able to open without any special skills or knowledge and remained accessible to the residents. This failure placed all resident's (Residents 1, 2, 3, and 4) at risk of serious injury in the event of an emergency requiring evacuation from the AFH.

Findings included…

During a visit on 11/21/2024 at 8:16 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Resident 2 ambulated independently throughout the AFH.

Observation on 11/21/2024 at 11:53 AM showed the front door to the AFH had hardware installed at the top of the door. Further observation showed there was a small metal latch that had to be pulled down to allow the front door to open.

In an interview on 11/21/2024 at 11:54 AM, Staff B, Resident Manager, stated that Resident 2 wandered throughout the AFH and due to their diagnosis of [redacted], had the lock installed on the front door. Staff B further stated that the AFH always had 2 staff working to redirect Resident 2 to prevent or redirect them from other areas of the AFH including other resident's bedrooms.

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, King David Care Homes 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 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(e) Not located behind a locked door.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 fire extinguisher in the AFH, was not located behind a locked door. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of harm or serious injury in the event of a fire.

Findings included…

During a visit on 11/21/2024 at 8:16 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

Observation on 11/21/2024 at 11:41 AM showed a door with an electronic lock that required staff to enter a code to open the door. Observation further showed Staff B, Resident Manager, entered a code and opened the door to show department staff that the fire extinguisher was mounted on the wall behind the locked door.

In an interview on 11/21/2024 at 11:42 AM, Staff B stated that the AFH had a resident diagnosed with [redacted]. Staff B further stated that they kept the fire extinguisher behind the locked door to prevent the resident from accessing the extinguisher. In addition, Staff B stated that they would normally mount the fire extinguisher on the wall in the kitchen. Staff B further stated that they had not considered alternative areas in the AFH to mount the fire extinguisher that was not readily accessible to the resident.

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, King David Care Homes 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