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

Senior Best Care Inc

Senior Best Care Inc.
21210 132ND AVE SE
KENT, WA 98042

RE: Senior Best Care Inc. License # 753621

Dear Provider:

This letter addresses Compliance Determination(s) 57878 (Completion Date 04/14/2025) and 52663 (Completion Date 01/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/14/2025 and found that you have corrected the violations listed in the Follow up report dated 01/17/2025. Your home is back in compliance as of 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 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-5, WAC 388-76-10355-6, WAC 388-76-10355-6-a, WAC 388-76-10355-6-b, WAC 388-76-10355-6-c, WAC 388-76-10355-6-d, WAC 388-76-10355-7-a, WAC 388-76-10355-7-b, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Ywen Dah Liou, AFH Complaint Investigator

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
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 12/19/2024 and 01/03/2025 of:

Senior Best Care Inc.
21210 132ND AVE SE
KENT, WA 98042

This document references the following SOD dated: 01/17/2025

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:

Angelica Rios, ALF 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

1-25-2025
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;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(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 resident behaviors, interventions, and staff assistance required for implementation of care in the development of 2 of 2 sampled residents' (Resident 1 and Resident 2) Negotiated Care Plans (NCP). These failures placed Resident 1 and Resident 2 at risk of unmet care needs.

Findings included…

During a visit on 01/03/2025 at 1:43 PM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH.

Resident 1

In an interview on 01/03/2024 at 2:18 PM, Resident 1 stated that they often took medication to help them sleep. Resident 1 further stated that the only medication that used as a sleep aid was Trazadone.

Observation on 01/03/2024 at 2:00 PM, showed Resident 1's medication storage container contained a prescription bottle of Trazodone 100 mg, take 1 tablet by mouth at bedtime as needed if Melatonin was ineffective for sleep. Further observation showed Melatonin tablets were not available.

Review of Resident 1's NCP dated 08/26/2024 showed Resident 1 was admitted to the AFH on [redacted]/2024. Resident 1's NCP showed the following:

-Psych/Social/Cognitive Status showed Resident 1 slept well and staff were to help the resident by turning off the light in their room. Further review Resident 1's NCP showed no information on the use of sleep aids. Further review of Resident 1's NCP showed Resident 1 had no behaviors and did not use psychopharmacological medications.

During an interview on 01/03/2025 at 2:13 PM, Staff A stated that they did not realize Trazadone was a psychopharmacological medication. Staff A further stated Resident 1 often resisted showers and was fearful of getting in the shower. Additionally, Staff A stated that Resident 1 recently had an anxiety episode that involved yelling and paranoia which resulted in a visit to the emergency room. Staff A further stated that medication for agitation was prescribed during the visit and was not yet listed on Resident 1's MAR and NCP.

During an interview on 01/03/2025 at 3:25 PM, Staff A stated that they would update Resident 1's NCP to include their resistance to care and the use of psychopharmacological medications. Staff A further stated that they would include Resident 1's use of medication to help them sleep.

Resident 2

Review of Resident 2's NCP dated 08/08/2024 showed Resident 2 was admitted to the AFH on [redacted]/2023. Resident 2's NCP showed the following:

-Bed Mobility/Transfer showed Resident 2 required a [redacted] and 2-person assistance for transfers. Further review of Resident 2's NCP showed staff were to assist and encourage Resident 2 to turn as tolerated. In addition, staff were to remind Resident 2 of the importance of changing positions to prevent bed sores. There were no details provided on frequency of repositioning.

-Ambulation/Mobility showed Resident 2's nighttime care needs included the use of a bed alarm and motion sensor. Further review of Resident 2's NCP showed the bed alarm needed to be checked daily to ensure it worked properly.

-Activities/Social Needs showed Resident 2 liked to watch shows and visit family. Further review of Resident 2's NCP showed staff were to "hand resident" the remote so that they could turn the TV on to desired channels.

-Personal Hygiene showed Resident 2 was dependent for all personal hygiene needs. Further review of Resident 2's NCP showed caregiver should premedicate resident to decrease discomfort and move slowly when providing hygiene care to Resident 2.

-Ability of Resident to be left Unattended showed Resident 2 could call caregivers as needed. Further review of Resident 2's NCP showed Resident 2's call bell to be within reach when left in their room alone to call caregivers when needed.

During an interview on 01/03/2025 at 3:14 PM, Staff A stated that Resident 2 was not able to change the channels on their TV by themself and needed the assistance of a caregiver. Staff A further stated that they repositioned Resident 2 every two hours except when Resident 2 was sleeping. Staff A stated that Resident 2 does not like to be repositioned when they are sleeping. Additionally, Staff A stated that Resident 2 became too agitated during personal hygiene and bathing tasks. Staff A further stated that Resident 2's family needed to be present for showers and when providing foot care.

During an interview on 01/03/2025 at 3:25 PM, Staff A stated they would add the times frames for repositioning, family presence for hygiene care and the need for assistance with the TV, on Resident's 2 NCP. Staff A further stated they would update the NCP and email it to the Department.

During an interview on 01/03/2025 at 2:51 PM, Resident 2 stated they were thirsty and wanted water. Resident 2 further stated that they did not know how to use the TV remote or call staff to refill their empty water bottle.

Review of an email correspondence received by the department from Staff A on 01/07/2024 at 2:51 PM, showed that Resident 2 did not need a motion sensor and bed alarm.

During an interview on 01/15/2025 at 2:36 PM, Collateral Contact 1 (CC1), stated that Resident 2 was not able to use the TV remote on their own. CC1 further stated that Resident 2 did not use a bed alarm or motion sensor. CC1 stated that due to Resident 2's cognitive ability, they did not know how to call for staff assistance when they were thirsty. CC1 further stated that they always found Resident 2's bedside water bottle empty and Resident 2 stating they wanted water. Additionally, CC1 further stated that Resident 2's NCP did not reflect Resident 2's capabilities and the care they received.

This is an uncorrected deficiency previously cited on 11/13/2024, 08/01/2024, 05/13/2024, and 02/28/2024 for subsections (1)(2)(3)(5)(7)(a)(b).

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, Senior Best Care Inc. 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.

(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 follow all laws and rules relating to medication administration and keeping medication logs current for 1 of 2 sampled residents (Resident 1). These failures placed Resident 1 at risk of worsening condition from not receiving prescribed medication as required and at risk of medication errors.

Findings included…

During a visit on 01/03/2025 at 1:43 PM, observation showed Resident 1 lived in and received care from the AFH.

Review of Resident 1's December 2024 and January 2025 electronically generated Medication Administration Record (MAR) showed Resident 1 was prescribed, Melatonin 1 milligram (mg), take 2 tablets (2 mg) by mouth daily at bedtime as needed for sleep and Trazodone 100 mg, take 1 tablet by mouth at bedtime as needed if Melatonin ineffective for sleep. Additional review of Resident 1's December 2024 and January

2025 MAR was not initialed as given between 12/01/2024 to 01/03/2025.

Observation on 01/03/2024 at 2:00 PM, showed Resident 1's medication storage container contained a prescription bottle of Trazodone 100 mg and no Melatonin.

Review of a Resident 1's records showed a discontinuation order for Resident 1's Melatonin prescription dated 10/30/2024.

During an interview on 01/03/2025 at 1:57 PM Staff A, Entity Representative/Resident Manager, stated that they were not able to edit the electronic MAR themselves and needed to contact the software company to update the MAR. Staff A further stated that they needed to contact the pharmacy to ensure Resident 1's listed prescriptions are accurate.

Review of Resident 1's medication storage container showed a bottle of Quetiapine 50 MG tablets, take 1 tablet orally every 4 hours as needed for agitation. Further review showed the prescription label was dated 12/11/2024. Resident 1's medication storage container contained a bottle of quetiapine 100 mg tablets, take 1 tablet by mouth daily at bedtime – okay to crush. The prescription label was dated 12/11/2024.

Review of AFH records showed a small notebook with handwritten dates from December 11, 2024, to January 3rd 2025, with checkmarks. Further review showed Resident's 1 first name written on the top of the page and "Quentipine [sic] 100 mg." Additional review showed no last name, year or times were not listed on the small handwritten document.

During an interview on 01/03/2025 at 2:13 PM, Staff C stated that they used their notebook to document that Resident 1 was receiving their Quetiapine every day. Staff C further stated that there was nowhere else to document the medication as the pharmacy did not have the new prescription information to add to the MAR. Staff A stated that they needed to contact the pharmacy to update Resident 1's MAR.

This is an uncorrected deficiency previously cited on 11/13/2024, 08/01/2024, 05/13/2024, and 02/28/2024 for subsections (2)(c)(d).

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, Senior Best Care Inc. 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 an unannounced on-site follow-up on 10/01/2024 and 10/07/2024 of:
Senior Best Care Inc.
21210 132ND AVE SE
KENT, WA 98042

This document references the following SOD dated: 11/13/2024

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:

Angelica Rios, ALF Licensor
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 — 11/19/2024 (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.

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 10/01/2024 and 10/07/2024 of:

Senior Best Care Inc.
21210 132ND AVE SE
KENT, WA 98042

This document references the following SOD dated: 11/13/2024

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:

Angelica Rios, ALF Licensor
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From:
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Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
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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;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(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 resident behaviors, interventions, and staff assistance required for implementation of care in the development of 2 of 2 sampled residents' (Resident 1 and Resident 2) Negotiated Care Plans' (NCP). These failures placed Resident 1 and Resident 2 at risk of unmet care needs.

Findings included…

During a visit on 10/01/2024 at 9:37 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH.

Resident 1

In an interview on 10/01/2024 at 10:45 AM, Resident 1 stated that they had insomnia and barely slept. Resident 1 further stated that they often woke up, and could not fall back to sleep. Resident 1 further that they had received medication for sleep previously, and was unsure why they no longer received sleep medication.

Review of Resident 1's September 2024 electronically generated Medication Administration Record (MAR) showed Resident 1 was prescribed, Melatonin 1 milligram (mg), take 2 tablets (2 mg) by mouth daily at bedtime as needed for sleep and Trazodone 100 mg, take 1 tablet by mouth at bedtime as needed, if Melatonin ineffective for sleep. Additional review of the MAR, showed neither Melatonin or Trazadone had been given to Resident 1.

Review of Resident 1's NCP dated 08/26/2024 showed Resident 1 was admitted to the AFH on [redacted]/2024. Resident 1's NCP showed the following:
-Psych/Social/Cognitive Status showed Resident 1 slept well and staff were to help the resident by turning off the light in their room. Review showed staff were to make sure Resident 1 was comfortable in bed and had their call light.
Further review showed no information on the use of sleep aid, and Resident 1's difficulty to sleep at night.

Resident 2

Review of the Comprehensive Assessment Reporting and Evaluation (CARE) system showed Resident 2's Assessment dated 05/30/2024 showed Resident 2 was on the Meaningful Day program. Further review showed staff were required to engage Resident 2 in activities designed to refocus behavior, improve health, reduce stress, and anxiety throughout the day. The AFH was required to work with staff and Resident 2 to develop meaningful interventions for the resident's behaviors.

Review of Resident 2's NCP dated 07/01/2024 showed Resident 2 was admitted to the AFH on [redacted]/2023. Resident 2's NCP showed the following:

-Bed Mobility/Transfer showed Resident 2 required a [redacted] and 2-person assistance for transfers. Further review showed staff were to assist and encourage Resident 2 to turn as tolerated. In addition, staff were to remind Resident 2 of the importance of changing positions to prevent bed sores. There were no details provided on frequency of repositioning.

-Treatments/Programs/Therapies showed no information that Resident 2 was on the Meaningful Day program (a program that offers individualized activities to reduce challenging behaviors).

Further review of Resident 2's NCP dated 07/01/2024 showed the following:
-Activities/Social needs showed Resident 2 liked to watch shows on TV and visit family. Further review showed staff were to "hand resident" turn the TV to desired channel and arrange for family visits.
-Psych/Social/Cognitive Status showed Resident 2 was assaultive and had a diagnosis of [redacted]. Further review showed there were no interventions for staff when Resident 2 was assaultive or had a depressed mood.
- In addition, Resident 2's NCP indicated they required psychopharmacological medication, there was no documentation as to Resident 2's symptoms or the prescribed medication.

Review of Resident 2's September 2024 electronically-generated MAR showed Resident 2 was prescribed, "Duloxetine HCL DR" 30 mg take 1 capsule by mouth every morning for Depression (mental health condition that affects mood, leading to loss of interest in activities for a prolonged period).

Further review of Resident 2's annual assessment dated 05/30/2024 on pages 8-9, showed Resident 2 was combative during personal care and would kick or push staff during activities of daily living. In addition, Resident 2 was easily irritable/agitated and would become upset very quickly especially during the night.

This is an uncorrected deficiency previously cited on 08/01/2024, 05/13/2024, and 02/28/2024 for subsections (1)(2)(3)(5)(7)(a)(b).

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, Senior Best Care Inc. 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 2) Negotiated Care Plan (NCP). This failure resulted in Resident 2's unmet care needs, and at placed them at risk of worsening condition.

Findings included…

During a visit on 10/01/2024 at 9:37 AM, observation showed Resident 2 lived in and received care from the AFH.

Nails

Observation on 10/01/2024 at 9:46 AM showed Resident 2 laid in bed covered in a blanket with both feet visible. Further observation showed Resident 2 had long, yellow, thick toenails on both feet. Additional observation showed the top of the resident's toes had dry scaly skin and each of Resident 2's big toenails were half an inch thick. Further observation showed Resident 2's fingernails on their right hand were long, yellow, and had brown matter under the nails. In addition, the top of Resident 2's right hand and arm had dry flaky skin. Observation showed Resident 2's toenails appeared dry with no evidence of cream applied.

Review of Resident 2's NCP dated 07/01/2024 showed Resident 2 was admitted to the AFH on [redacted]/2023. Further review showed Resident 2 required nurse delegation with medication administration for topical creams and lotions. In addition, review showed the AFH provided a delegated staff to apply topical medications as ordered by Resident 2's Primary Care Physician (PCP). Resident 2's NCP further showed that AFH staff were to file and clean Resident 2's nails and apply lotion to the resident's body to prevent itching.

In an interview on 10/01/2024 at 9:48 AM, Staff A, Entity Representative/Resident Manager, stated that they did not trim Resident 2's nails due to their agitation when providing nail care. Staff A further stated that Resident 2's Representative came in to trim their nails.

In a phone interview on 10/04/2024 at 9:44 AM, Collateral Contact (CC1) stated that the AFH staff had been trained to apply a generous amount of Terbinafine 1% cream (prescribed for Resident 2) to each of Resident 2's affected toenails. CC1 further stated that the AFH staff had been trained to clean Resident 2's toenails prior to applying the cream as the purpose of the medication would be defeated if reapplication occurred without cleaning. In addition, CC1 stated that if the cream had been applied to Resident 2's toenails it would have been visible on the toes because of the color.

During an interview on 10/07/2024 at 1:30 PM, Staff C stated that Resident 2' fingernails, toenails and beard were trimmed only when the resident's representatives were present because of Resident 2's agitation. Staff C further stated Resident 2's nails had not been trimmed and beard groomed since they started working in the home (09/04/2024).

During an interview on 10/07/2024 at 1:05 PM, Resident 2 stated that their toe and fingernails were recently trimmed. Resident 2 further stated that they did not like having long fingernails and untrimmed beard.

In a phone interview on 10/07/2024 at 3:47 PM, Collateral Contact (CC3) stated that Resident 2 had long nails that had not been maintained or cleaned for weeks. CC3 further stated that they had to cut Resident 2's toenails even though they were not trained or comfortable with that task. Additionally, CC3 stated that the AFH did not provide any nail care to Resident 2 unless they were assisted by one of Resident 2's representatives. CC3 added that they found old food crumbs in Resident 2's beard and hair when the came to clean Resident 2.

Review of the Comprehensive Assessment Reporting and Evaluation (CARE) system showed Resident 2's annual assessment dated 05/30/2024 showed on page 19 that, Resident 2 received/needed toenail trimming. The assessment further showed Resident 2 had received assistance with nail trimming in the last 90 days, would require toenail trimming assistance in the future, and that staff would provide the task. In addition, page 22 of Resident 2's assessment showed the AFH was assigned the task of trimming Resident 2's toenails.

In an interview on 10/01/2024 at 11:35 AM, Staff C, Caregiver, stated that they had been hired on 08/01/2024 as a non-caregiver by the AFH. Staff C further stated their position changed to a caregiving staff on 09/04/2024. Staff C said the same day, they were nurse delegated (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed medicines, normally performed only by licensed nurses). In addition, Staff C stated that Resident 2's toenails since 09/04/2024 had always appeared the way they were observed during the visit on 10/01/2024.

Review of Resident 2's September 2024 electronically generated Medication Administration Record (MAR) showed Resident 2 was prescribed, Terbinafine 1 percent (%) cream, apply 1 application to toenails topically every 12 hours as needed for fungal infection. Further review showed no initialed entries on Resident 2's MAR for Terbinafine 1% cream.

In an interview on 10/01/2024 at 12:14 PM, Staff C stated that Terbinafine 1% was applied daily to Resident 2's big toenails. Staff C stated that Resident 2's Terbinafine 1% cream was supposed to have been initialed on the residents MAR.

In an interview on 10/01/2024 at 12:19 PM, Staff A stated that Resident 2's Terbinafine 1% cream should have been initialed as given on the residents MAR.

Observation on 10/01/2024 at 12:21 PM, showed Staff C accessed Resident 2's electronic MAR on the computer and they showed no initialed entries for Resident 2's

Terbinafine 1% cream.

In an interview on 10/01/2024 at 12:22 PM, Staff C stated that the electronic MAR needed to be updated.

In an interview on 10/01/2024 at 12:32 PM, Staff A stated that AFH staff applied Thera-Derm body lotion to Resident 2's legs daily. Staff A further stated that the AFH staff applied Terbinafine 1% cream to Resident 2's big toenails almost every day.

Body Hygiene

Observation on 10/01/2024 at 9:47 AM showed Resident 2's beard was long, extending beyond their neck. Further review showed Resident 2 had dry flaky skin in their hair and neck.

Review of Resident 2's assessment dated 05/30/2024 showed caregiver instructions included transfer in/out of tub/shower. Further review showed skin care instructions included to use a cushion or towel on the shower chair to help prevent bare skin from tearing.

Review of Resident 2's NCP dated 07/01/2024 showed Resident 2 was dependent for personal hygiene and was able to make their needs known. Further review showed staff were to help Resident 2 with all personal hygiene needs. Additional review showed Resident 2 was dependent for their bathing needs and was able to direct their care. Resident 2's NCP further showed staff were to provide the resident with a bed bath three times a week or as needed and to promote the use of safety equipment in the bathroom.

During an interview on 10/07/2024 at 1:30 PM, Staff C stated that they gave Resident 2 a bed bath every other day, no shower was provided. Staff C further stated they cleaned Resident's feet and legs with a sponge every day because ointment is used on those areas.

In a phone interview on 10/07/2024 at 3:47 PM, CC3 stated that Resident 2 did not receive showers at the AFH. CC3 stated that they were concerned about Resident 2's hygiene. CC3 further stated that they requested Staff A to provide showers to Resident 2 and Staff A responded that CC3 would need to be present to assist with showers.

Repositioning

Additional Review of Resident 2's NCP dated 07/01/2024 showed staff were to assist and encourage Resident 2 to turn as tolerated. In addition, staff were to remind

Resident 2 of the importance of changing positions to prevent bed sores. There were no details provided on frequency of repositioning.

Further review of Resident 2's Assessment dated 05/30/2024 showed on page 12, staff were to physically assist Resident 2 with repositioning in bed. In addition, review showed under 'instructions for positioning in bed' Resident 2 was to be repositioned every 2 hours.

In an interview on 10/01/2024 at 11:18 AM, Staff C stated that Resident 2 was repositioned every 2-3 hours or between 3 or 4 hours. Staff C further stated that Resident 2 was repositioned at 8:00 AM, 10:00 AM, 1:00 PM, 3:00 PM, 6:00 PM, and midnight. In addition, Staff C stated that after midnight Resident 2 was not repositioned again until 8:00 AM.

In an interview on 10/01/2024 at 12:38 PM, Staff A stated that Resident 2 was repositioned every 2 hours. Staff A further stated that Resident 2's last repositioning was between 1:00 AM-2:00 AM and the resident was not repositioned again until morning. In addition, Staff A stated that they did not want to wake up Resident 2 once they were asleep. Staff A further stated that Resident 2 tended to become agitated when repositioned or care was provided.

This is an uncorrected deficiency previously cited on 08/01/2024, 05/13/2024, and 02/28/2024.

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, Senior Best Care Inc. 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.

(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 system in place to ensure 1 of 2 sampled residents (Resident 1) received their medication as prescribed and 2 of 2 sampled residents' (Resident 1 and Resident 2) medication logs were current. These failures placed Resident 1 at serious risk of harm or injury in the event an unprescribed medication was to interact with the residents currently prescribed medication, placed Resident 1 at risk of worsening condition from not receiving prescribed medication as required, and placed Resident 1 and Resident 2 at risk of medication errors.

Findings included…

During a visit on 10/01/2024 at 9:37 AM, observation showed Resident 1 and Resident 2 lived in and received medication assistance from the AFH staff.

Resident 2
Observation on 10/01/2024 at 9:46 AM showed Resident 2 lying in bed covered by in a blanket with their feet visible. Further observation showed the toenails on both of Resident 2's feet were thick and yellow. On each of Resident 2's big toes, the thickness of the nails was half an inch thick.

Review of Resident 2's September 2024 electronically generated medication log showed Resident 2 was prescribed, Terbinafine 1 percent (%) cream, apply 1 application to toenails topically every 12 hours as needed for fungal infection. Further review showed no initialed entries on Resident 2's medication log for Terbinafine 1% cream.

In an interview on 10/01/2024 at 11:35 AM, Staff C, Caregiver, stated that they had been hired 08/01/2024 and worked as non-caregiver by the AFH. Staff C had begun working as a caregiver staff from 09/04/2024. Staff C said they were nurse delegated (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed medicines, normally performed only by licensed nurses) on the same day, they started as a caregiving staff. In addition, Staff C stated that Resident 2's toenails had always been in the condition observed on 10/01/2024.

In an interview on 10/01/2024 at 12:14 PM, Staff C stated that Terbinafine 1% was applied daily to Resident 2's big toenails. Staff C further stated that Thera-Derm lotion was applied to Resident 2's legs daily.

In an interview on 10/01/2024 at 12:19 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 2's Terbinafine 1% cream should have been initialed as given on the resident's medication log.

In an interview on 10/01/2024 at 12:32 PM, Staff A stated that staff applied Thera-Derm lotion to Resident 2's legs daily. Staff A further stated that staff applied Terbinafine 1% cream to Resident 2's big toenails almost every day.

Resident 1
Observation on 10/01/2024 at 9:24 showed an Albuterol Sulfate inhaler on Resident 1's bedside table.

In an interview on 10/01/2024 at 9:25 AM, Staff A stated that Resident 1 had never told them they had brought an Albuterol inhaler into the AFH.

In an interview on 10/01/2024 at 9:26 AM, Resident 1 stated that the inhaler on their bedside table was the inhaler they had always had at the AFH. Resident 1 further stated that they had gotten it from their Primary Care Physician (PCP) 2 years ago. In addition, Resident 1 stated that they needed their inhaler on their bedside table in case they had an asthma attack.

Observation on 10/01/2024 at 9:27 AM showed Staff A informed Resident 1 they had contacted the residents PCP as they were out of Nitroglycerin (used to relieve chest pain).

Review of Resident 1's September 2024 electronically generated medication log showed no entry for Albuterol inhaler. Further review of Resident 1's medication log showed no entry for Nitroglycerin.

In a phone interview on 10/08/2024 at 11:31 AM, Collateral Contact (CC2) stated that Resident 1's PCP was not informed that Resident 1 had been admitted to the AFH on [redacted]/2024 with Nitroglycerin. CC2 further stated that Resident 1's PCP was never informed that Resident 1 was taking Nitroglycerin.

Observation on 10/01/2024 at 11:10 AM showed unlabeled 3 Imodium tablets, 2 milligrams (mg) for diarrhea in Resident 1's medication storage organizer. Further observation showed an expiration date of May 2024.

Further review of Resident 1's September 2024 electronically generated medication log showed no entry for Imodium 2 mg.

In an interview on 10/01/2024 at 10:45 AM, Resident 1 stated that they had insomnia and barely slept. Resident 1 further stated that they woke up and could not fall back to sleep.

In an interview on 10/01/2024 at 11:11 AM, Staff A stated that the Imodium 2 mg did

not belong to Resident 1. Staff A further stated that they purchased over-the-counter medications like Imodium for any residents to use if needed. Additionally, Staff A stated they were not aware the Imodium 2 mg was in Resident 1's medication storage container.

Additional review of Resident 1's September 2024 electronically generated medication log showed they were prescribed, Melatonin 1 mg, take 2 tablets (2 mg) by mouth daily at bedtime as needed for sleep and Trazodone 100 mg, take 1 tablet at bedtime as needed if Melatonin ineffective for sleep. In addition, Resident 1's medication log showed no documentation that Melatonin or Trazodone had been given.

On 10/01/2024 at 12:13 PM observation showed Resident 1 did not have Melatonin 1 mg in their medication storage container.

In an interview on 10/01/2024 at 12:14 PM, Staff A stated that Resident 1 had not used Melatonin for a while and had requested a discontinuation order from Resident 1's PCP. Further interview showed Staff A was unable to locate a discontinuation order for Resident 1's Melatonin 1 mg.

On 10/01/2024 at 1:45 PM observation showed a text message dated 07/09/2024 from Staff A to Resident 1's PCP requesting a discontinuation order for Melatonin 1 mg. Staff A stated they did not receive the requested discontinuation order and had not followed up with the PCP.

This is an uncorrected deficiency previously cited on 08/01/2024, 05/13/2024 and 02/28/2024 for subsection (2)(c). This is a repeated deficiency previously cited on 05/13/2024 and 02/28/2024 for subsection (2)(d).

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, Senior Best Care Inc. 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 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to evacuate 4 of 4 residents (Residents 1, 2, 3, and 4) in the home in five minutes or less. This failure placed all residents at risk of harm or serious injury in the event of an emergency requiring evacuation from the AFH.

Findings included…

During a visit on 10/01/2024 at 9:37 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

Review of Resident 1's Negotiated Care Plan (NCP) dated 08/26/2024 and signed 07/14/2024 showed Resident 1 was admitted to the AFH on [redacted]/2024. Further review showed Resident 1 required assistance in an emergency evacuation. Resident 1's NCP showed staff were to use a gait belt and Resident 1's walker for assistance with transfers. Further, Resident 1 used a wheelchair to "move around."

Review of Resident 2's NCP dated 07/01/2024 showed Resident 2 was admitted to the AFH on [redacted]/2023. Further review showed Resident 2 required assistance in an emergency evacuation. In addition, Resident 2 required 2-person assistance with a [redacted] for transfers and used a wheelchair.

Review of Resident 3's NCP dated 08/26/2024 and signed 10/01/2024 showed Resident 3 was admitted to the AFH on [redacted]/2019. Further review showed Resident 3 required assistance in an emergency evacuation. In addition, Resident 3 had a walker for a few yards and used a [redacted]. Resident 3's NCP showed they required staff assistance to transfer to their wheelchair.

Review of Resident 4's NCP dated 08/28/2024 and signed 10/01/2024 showed Resident 4 was admitted to the AFH on [redacted]/2019. Further review showed Resident 4 required assistance in an emergency evacuation. In addition, Resident 4 used a walker which required stand by assistance by staff.

Review of the AFH's "Emergency Evacuation Drill" logs provided to Department Staff (DS) in a binder during the home visit showed, on 09/06/2024 3 staff evacuated Resident 1 and Resident 2 from the home in a partial evacuation drill in 3 minutes. Further review showed Resident 3 and Resident 4 were sick and unable to participate in the drill. Additionally, the 09/06/2024 log showed Resident 3 and Resident 4 were

independent and did not require assistance during an emergency evacuation.

Review of the emergency evacuation drill log dated 07/05/2024 and 07/15/2024 showed 3 staff evacuated 4 residents in a partial evacuation drill in 4 minutes from the AFH.

Review of the emergency evacuation drill log dated 04/28/2024 showed 3 staff evacuated 4 residents in a partial evacuation drill in 4 minutes 30 seconds from the AFH.

Review of the emergency evacuation drill log dated 12/19/2023 showed 3 staff evacuated 2 residents in a partial evacuation drill in 6 minutes.

Review of the emergency evacuation drill log dated 10/19/2023 showed 3 staff evacuated 4 residents in a partial evacuation drill in 5 minutes.

During a visit on 04/23/2024, a full emergency evacuation drill had taken place that lasted a total of 9 minutes, and no record was found that the evacuation drill had taken place.

In an interview on 10/01/2024 at 12:08 PM, Staff A, Entity Representative/Resident Manager, stated that they did not know when the last full evacuation drill had taken place. Staff A further stated that it may have been last year.

Review of email correspondence received by the department from Staff A on 10/17/2024 at 1:51 PM, showed a full emergency evacuation drill log dated 10/17/2024. Further review showed 3 staff evacuated 4 residents in 4 minutes.

During a visit on 10/31/2024, a full evacuation drill began when Staff A notified residents of a drill and prepared to do a [redacted] transfer for Resident 2 at 9:45 AM. Observation showed that Staff C, Caregiver, brought Resident 1 out of their bedroom in a wheelchair at 9:50 AM, 5 minutes after the drill began.

During an interview on 10/31/2024 at 9:51 AM, Staff A stated that they would not continue performing an evacuation drill because DS started timing them before they were ready to evacuate all 4 residents. Staff A further stated that DS needed to re-start the drill because AFH staff were now ready to evacuate residents. Staff A weas informed this will have to be discussed the Field Manager.

During another visit on 11/05/2024 at 11:42 AM, Staff C stated that they were the only staff working in the AFH and requested DS come back when the provider was home to do an evacuation drill. Observation showed Staff C set off the fire alarm for a full emergency evacuation drill at 11:51 AM. Further observation showed Staff B arrived to

the AFH at 11:54 AM and assisted Resident 1 with their evacuation of the home at 11:55 AM, 4 minutes and 45 seconds after the drill started. Residents 3 and 4 evacuated the home at 11:56 AM, 5 minutes and 51 seconds after the drill began. Additional observation showed Staff B, C and D assisted with transferring Resident 2 into their wheelchair and evacuated them out of the home at 11:58 PM, 7 minutes and 19 seconds after the drill started.

Observation on 11/05/2024 at 12:00 PM, showed that Staff A arrived to the AFH. Further observation showed Resident 2 slipping out of their wheelchair at the emergency evacuation meeting point and Staff A assisted Resident 2 to sit back in their wheelchair. Additional observation showed Staff A, B and C were required to assist to bring Resident 2 back into the home and transferred onto their bed.

This is an uncorrected deficiency previously cited on 08/01/2024, 05/13/2024, and 02/28/2024.

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, Senior Best Care Inc. 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 an unannounced on-site follow-up on 07/09/2024 and 07/09/2024 of:

Senior Best Care Inc.
21210 132ND AVE SE
KENT, WA 98042

This document references the following SOD dated: 08/01/2024

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:

Angelica Rios, ALF 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

08/12/2024

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.

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;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(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 resident behaviors, staff assistance required for implementation of care, and resident preferences in the development of 2 of 2 sampled residents' (Residents 1 and 2) Negotiated Care Plans (NCP). These failures placed Resident 1 and Resident 2 at risk of unmet care needs.

Findings included…

During a visit on 07/09/2024 at 10:10 AM observation showed Resident 1 and Resident 2 lived in and received care from the AFH.

Resident 1

Review of Resident 1's signed NCP dated 04/18/2024 showed the following
-Resident 1 was admitted to the AFH on [redacted]/2024.
-Treatment/Program/Therapies showed "SBA" written under resident strengths. No explanation was provided.
-Activities/Social needs showed Resident 2 required assistance and "likes to watch TV and visit family." Caregiver instruction showed "Resident likes to watch TV and visit family. Caregiver to make sure TV remote is in reach." No other information on Resident 1's activity preferences were provided.
-Medication management stated that Resident 1 was able to use their inhaler. Under caregiver's support, no direction given, and had "N/A" written.
-Oral and topical medications, stated under the Resident strength that they were aware to take their medication. Further review showed caregiver support included no instruction for oral and topical medications.
- Additional review showed instruction for caregiver to give medications during scheduled times and checked "5R", with no other information provided.
-Self-administration for inhaler showed "resident able to perform himself" under resident strengths and "N/A" under caregiver's support.

During an interview on 07/09/2024 at 1:35 PM, Staff A, Entity Representative/Resident Manager, stated that they were working on an updating the NCP for Resident 1.

Resident 2

Review of Resident 2's signed NCP dated 12/12/2023 showed the following:
- Resident 2 was admitted to the AFH on [redacted]/2023.
-Psych/Social/Cognitive Status showed Resident 2 required psychopharmacological medication and no information on medications and symptoms were provided. Caregiver intervention showed "If Resident refuses medication or care return at a late time to approach", no other interventions were provided.
- Activities/Social needs showed Resident 2 required assistance and "Resident likes to watch TV and visit family." Caregiver instruction stated, "Resident likes to watch TV and visit family." No other information on Resident 2's activity preferences were provided.
-Review of nurse delegated tasks showed Resident 2 required nurse delegation for topical medications. Further review showed caregivers needed to "monitor skin use, and reports to office as required." No information on nurse delegated oral medications were provided in the NCP.
-Bed mobility/Transfer showed caregivers were to help and encourage resident to turn as tolerated. No details were provided on frequency.
-Treatments/Programs/Therapies showed no information that Resident 2 was on the Meaningful Day program.

Review of Resident 2's CARE Current initial assessment completed on 05/22/2024, showed Resident 2 was on the meaningful day program (a program that offers individualized activities to reduce challenging behaviors).

During an interview on 07/09/2024 at 11:24 AM, Staff A stated that they are working on updating Resident 2's NCP.

This is an uncorrected deficiency previously cited on 05/13/2024, and 02/28/2024.

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, Senior Best Care Inc. 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 4 resident's (Resident 2) Negotiated Care Plan (NCP). This failure placed Resident 2 at risk of harm from unmet care needs.

Findings included…

During a visit on 07/09/2024 at 10:10 AM, observation showed Resident 2 lived in and received care from the AFH.

Review of Resident 2's Comprehensive Assessment Reporting and Evaluation (CARE) current initial assessment completed on 05/22/2024, showed that Resident 2 needed to be repositioned at least every 2 hours.

Review of Resident 2's NCP dated 12/12/2023 showed Resident 2 was admitted to the AFH on [redacted]/2023. Review showed Resident 2 was dependent for all personal hygiene and body care, including nail care. Further review showed that Resident 2 was unable to position themself and needed a caregiver to assist with repositioning to prevent and heal wounds. Additional review showed Resident 2's NCP showed no details on the

reposition frequency.

Observation on 07/09/2024 at 11:56 AM showed Resident 2's fingernails had brown matter under each nail on their right hand. Further observation showed nails were uneven and about a half an inch long.

During a visit on 07/09/2024 from 10:10 AM through 2:55 PM, observation showed Resident 2 laid in their bed. Observation showed Resident 2 was not repositioned by AFH staff throughout the visit.

During an interview on 07/09/2024 at 1:23 PM, Staff A, Entity Representative/Resident Manager, stated that they were primarily focused on correcting the citations involved in the AFH's stop placement. Staff A further stated that the stop placement was affecting their business and correcting other issues were not as urgent.

This is an uncorrected deficiency previously cited on 05/13/2024, and 02/28/2024.

Attestation Statement

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_____ _____

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:

(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 system in place to ensure 1 of 2 sampled residents (Resident 1) had up-to-

date medication logs. This failure placed Resident 1 risk of worsening conditions from missing prescribed medication and at risk of medication errors.

Findings included…

During a visit on 07/09/2024 at 10:10 AM, observation showed Resident 1 lived in and received medication assistance from the AFH.

Review of Resident 1's July 2024 computer-generated medication log showed Resident 1 had prescription medications that included "as needed medication" (PRN).

On 07/09/2024 at 1:45 PM observation showed Resident 1's July 2024 computer-generated medication log, listed the following prescribed medications, that were not found in Resident 1's medication storage container:
-Destine Diaper Rash 40% Paste, apply topically to bottom with every diaper change.
-Calmoseptine Ointment, apply topically to affected areas every four days as needed.
-Oxycodone HCL 5 milligrams (mg) tablet (Percolone 5 mg tablet), take 1 tablet by mouth every 4 hours as needed for pain.
-Melatonin 10 mg, take 1 tablet by mouth daily at night for sleep [Hold for somnolence (drowsiness)].
-Antacid-Antigas Liquid (Generic Maalox Advanced), take 30 milliliters by mouth every 6 hours as needed for constipation.

In an interview on 07/09/2024 at 1:50 PM, Staff A, Entity Representative/Resident Manager stated that they called Resident 1's primary care provider to change the order for the Destine diaper rash paste prescription because Resident 1 could no longer afford the medication. Staff A stated that they would work with Resident 1's primary care physician and pharmacy to update the medication listed on their MAR. For the rest of the medications, Staff A stated the resident no longer used them.

This is an uncorrected deficiency previously cited on 05/13/2024, and 02/28/2024 for subsection 2 (c).

Attestation Statement

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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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep medications in locked storage for 1 of 1 residents (Residents 1). This failure placed ambulatory residents (Resident 3 and Resident 4) at risk of harm or injury if they accidentally accessed and took medications not prescribed for their use.

Findings included…

During a visit on 07/09/2024 at 10:10 AM, observation showed Resident 1, 2, 3 and 4, lived in and received care from the AFH. Additional observation showed Resident 3 operated their [redacted] independently and Resident 4 used a walker to ambulate independently.

On 07/09/2024 at 12:16 PM, observation showed the AFH medication storage closet had a fingerprint and number keypad lock installed on the door. Further observation showed Department Staff were able to touch the fingerprint pad to open the medication closet.

In an interview on 07/09/2024 at 1:38 PM, Staff A, Entity Representative/Resident Manager stated that they did not know how to program the fingerprint or pin number security feature on the new device. Staff A further stated that they would turn off the electronic lock and use the physical key to lock the medication closet until they programed the electronic lock.

On 07/09/2024 at 11:58 AM, observation showed Resident 1 had an Albuterol inhaler (increases airflow to the lungs) on their bed side table.

In an interview on 07/09/2024 at 12 PM, Resident 1 stated that they kept the Albuterol inhaler on their bedside table in case they started to have trouble breathing. Resident 1 further stated that the AFH staff were aware that they kept the inhaler in their bedroom.

This is an uncorrected deficiency previously cited on 05/13/2024, and 02/28/2024.

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, Senior Best Care Inc. is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure an assessment was completed to identify the need, and ability to safely use a [redacted] for 1 of 4 residents (Resident 1). Further, the AFH failed to inform Resident 1 of the safety risks and benefits associated with the use of [redacted]. In addition, the AFH did not include the use of a [redacted] in Resident 1's Negotiated Care Plan (NCP) and described how they would be used. These failures placed Resident 1 at potential risk of harm or injury if the [redacted] were not safe for the resident's use in the AFH and prevented the resident from making an informed decision on the use of the [redacted].

Findings included…

During a visit on 07/09/2024 at 10:10 AM, observation showed Resident 1 lived in and

received care from the AFH. Further observation showed Resident 1's [redacted] had a one-quarter length [redacted] loosely tied onto the right side of the bed frame and leaning away from the bed. Further observation showed the [redacted] was in the up position with a 3.5-inch gap between the mattress and [redacted]. Department Staff were able to move the loose [redacted] in all directions.

Review of Resident 1's Negotiated Care Plan (NCP) dated 04/18/2024 showed Resident 1 was admitted to the AFH on [redacted]/2024. Further review showed no information that Resident 1 used a [redacted] and how the resident used it.

Review of Resident 1 records showed no medical device assessment. Further review showed no record that Resident 1 used a [redacted].

During an interview on 07/09/2024 at 12 PM, Resident 1 stated that they used their [redacted] every day to turn in their bed and lean over to reach for their personal items near their bed. Resident 1 further stated that the [redacted] had been loose for over 2 months and understood that it may need to be removed for safety reasons.

During a phone interview on 07/09/2024 at 3:54 PM Staff A, Entity Representative/Resident Manager stated that they were going to remove Resident 1's [redacted].

This is an uncorrected deficiency previously cited on 05/13/2024, and 02/28/2024.

Attestation Statement

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_____ _____

Provider (or Representative) Date

WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The home may video monitor and video record activities in the home, without an audio component, only in the following areas:

(a) Entrances and exits if the cameras are:

(i) Focused only on the entrance or exit doorways; and

(3) The home must notify all residents in writing of the video monitoring equipment. The home must:

(a) Identify in the written notification each person or organization with access to electronic monitoring; and

(b) Retain an acknowledgment that has been signed and dated by both the resident and the home that states in writing that the resident has received this notification.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure video monitoring focused only on the entrance and exit doorways. In addition, the AFH failed to provide written notification to 4 of 4 residents (Residents 1, 2, 3, and 4) of video monitoring the home and who had access to the electronic monitoring. This failure placed all four residents at risk of invasion of privacy.

Findings included…

During a visit on 07/09/2024 at 10:10 AM, observation showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Further showed a security camera mounted to the kitchen ceiling and faced the back door exit. Further observation showed another camera mounted to the foyer ceiling and faced the front door entrance of the AFH.

Observation on 07/09/2024 at 11:10 AM showed Staff A, Entity Representative/Resident Manager's office was unlocked and wide open with two video monitors in their office. The monitors showed live video footage of the entrance of the AFH, Foyer area, a portion of the kitchen, dining room table, back patio, and the walkway to the back door exit.

In an interview on 07/09/2024 at 11:30 AM, Staff A stated that they had not provided the residents with written notification of the video monitoring that was occurring in the AFH. Staff A further stated residents did not use the areas that were being video monitored and therefore they did not believe this risked an invasion of resident privacy. Staff A stated that they would provide written notification of video monitoring in the home to all residents and their representatives.

This is an uncorrected deficiency previously cited on 05/13/2024, and 02/28/2024.

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, Senior Best Care Inc. 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 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to evacuate 4 of 4 residents (Residents 1, 2, 3, and 4) in the home in five minutes or less. This failure placed all residents at risk of harm or serious injury in the event of an emergency requiring evacuation from the AFH.

Findings included…

During a visit on 07/09/2024 at 10:10 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

Review of Resident 1's Negotiated Care Plan (NCP) dated 04/18/2024 showed Resident 1 was admitted to the AFH on [redacted]/2024. Further review showed they required assistance, in the event of an emergency evacuation.

Review of Resident 2's NCP dated 12/12/2023 showed Resident 2 was admitted to the AFH on [redacted]/2023. Further review showed Resident 2 required assistance in the event of an emergency evacuation and required use of a [redacted] to transfer.

A review of the AFH's Emergency Evacuation Drill Log dated 02/08/2024, showed a partial evacuation drill lasted 3.5 minutes. Further review showed there was no start or end time listed. Additional review showed Resident 2 was not listed on the evacuation drill log.

Review of Resident 3's signed NCP dated 10/10/2023 showed Resident 3 was admitted to the AFH on [redacted]/2019. Further review showed Resident 3 required assistance in the

event of an emergency evacuation.

Review of Resident 4's "Resident Intake and NCP" document dated 04/20/2023 showed Resident 4 was admitted to the AFH on [redacted]/2020. Further review showed Resident 4 required assistance in the event of an emergency evacuation.

In an interview on 07/09/2024 at 1:23 PM, Staff A, Entity Representative/Resident Manager, stated that the AFH did not perform an emergency evacuation drill since the last licensor visit on 04/23/2024 which lasted a total of 9 minutes. Staff A stated that the last documented emergency evacuation drill was on 02/08/2024. Staff A further stated that they were aware an emergency evacuation drill was overdue, and they would complete a drill soon.

This is an uncorrected deficiency previously cited on 05/13/2024, and 02/28/2024.

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, Senior Best Care Inc. 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 388-76-10895 Emergency evacuation drills Frequency and participation.

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

(d) Continuing to offer the resident a chance to participate in every evacuation drill.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to include in 1 of 1 resident's (Resident 3) Negotiated Care Plan (NCP) their refusal to participate in evacuation drills and the estimated amount of time it would take to evacuate Resident 3 from the AFH. In addition, the AFH failed to include the estimated time to evacuate Resident 3 on the emergency evacuation drill log to ensure evacuation of the AFH did not exceed five minutes. This failure placed Resident 3 at risk of harm or serious injury in the event of an emergency requiring their evacuation from the AFH.

Findings included…

During a visit on 07/09/2024 at 10:10 AM, observation showed Residents 3 lived in and received care from the AFH.

Review of Resident 3's signed NCP dated 10/10/2023 showed Resident 3 was admitted to the AFH on [redacted]/2019. Further review showed Resident 3 required assistance in the event of an emergency evacuation. In addition, Resident 3's NCP had no information that Resident 3 refused to participate in emergency evacuation drills. Additionally, Resident 3's NCP showed no estimated time it would take to evacuate Resident 3 from the AFH.

Review of the AFH's Emergency Evacuation Drill Logs dated 02/08/2024 showed no estimated time it would take to evacuate Resident 3 from the AFH.
During an interview on 07/09/2024 at 1:23 PM, Staff A, Entity Representative/Resident Manager, stated that they were primarily focused on correcting the citations involved in the AFH's stop placement. Staff A further stated that the stop placement was affecting their business and issues in this citation were not as urgent.

This is an uncorrected deficiency previously cited on 05/13/2024, and 02/28/2024.

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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

Statement of Deficiencies	License #: 753621	Compliance Determination #:40256
Plan of Correction	Senior Best Care Inc.	Completion Date
Page 1 of 27	Licensee: Senior Best Care Inc	05/13/2024

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 an unannounced on-site follow-up on 04/23/2024 and 04/23/2024 of:
Senior Best Care Inc.
21210 132ND AVE SE
KENT, WA 98042

This document references the following SOD dated: 05/13/2024

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:

Michele Grumke, AFH Licensor
Angelica Rios, ALF 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

05/15/2024
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

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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Residential Care Services

Date

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Provider (or Representative) Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

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 staff (Staff C, Caregiver and Staff D, Caregiver) had an initial Tuberculosis [(TB), a bacterial infection that affects the lungs and can be fatal without treatment], skin test within three days of employment. In addition, the AFH failed to ensure 1 of 3 sampled staff (Staff E, Caregiver) had a second TB test one to three weeks after the first TB test. These failures placed all residents at risk of possible exposure to TB, a communicable disease affecting the lungs.

Findings included…

During a follow-up visit on 04/23/2024 at 10:04 AM, observation showed Residents 1, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Resident 2 was not in the AFH. Additionally, observation showed Staff C worked in the AFH.

In an interview on 04/23/2024 at 10:12 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 2 had been admitted to a local health facility for scheduled surgery on [redacted]/2024 and would be returning to the AFH soon.

In an interview on 04/23/2024 at 10:55 AM, Staff A stated that Staff D was a family member who sometimes worked in the AFH. Staff A further stated that Staff D's date of hire was 02/07/2024. Additionally, Staff A stated that Staff D still worked in the home and provided care to the residents. Staff A stated that Staff E was hired at the beginning of March 2024 and still worked in the AFH providing care to the residents.

In an interview on 04/23/2024 at 1:15 PM, Staff C stated they were hired on and began orientation to the AFH on 03/15/2024. Staff C further stated that they recently had a TB skin test. In addition, Staff C stated that they were planning to complete a second TB skin test, but it had not been scheduled.

Review of Staff C's records showed a negative TB skin test dated 04/12/2024, 28 days after their date of hire.

On 04/23/2024 at 3:00 PM observation showed Staff C assisted Resident 1 with personal care.

On 04/23/2024 at 4:47 PM, observation showed Staff C assisted Staff A with transferring Resident 5 from their [redacted] to their wheelchair with the use of a [redacted].

Review of Staff D's records showed no date of hire. Further review showed no TB test records for Staff D.

In an interview on 04/23/2024 at 5:04 PM, Staff A stated that Staff D's date of hire was 02/07/2024. Staff A further stated that they did not have a copy of Staff D's TB Test results and would send them to the department.

Review of an email correspondence received by the department on 04/25/2024 at 10:43 PM from Staff A, showed a positive TB skin test result dated 03/08/2024 for Staff D, 30 days after their date of hire. Further review showed Staff D's positive TB skin test result recommended further testing.

In a follow-up phone interview on 04/29/2024 at 1:52 PM, Staff A stated that Staff D had no symptoms of TB. Staff A further stated that they would send Staff D for a blood test or a chest x-ray.

Staff E
Review of Staff E's records showed a hire date of 03/07/2024. Further review showed no TB test records for Staff E.

In an interview on 04/23/2024 at 5:05 PM, Staff A stated that they could not locate a copy of Staff E's TB test results and would send them to the department.

Review of an email correspondence received by the department on 04/25/2024 at 4:02 PM from Staff A showed a negative TB test result dated 03/08/2024 for Staff E.

In an email correspondence received by the department on 04/30/2024 at 11:00 AM Staff A stated that Staff D was not a regular employee, and that they were a family member, who had not been to the AFH for a long time. Staff A further stated that Staff E no longer worked at the AFH "You know she only when I was out of the country[sic]." The email also stated that both Staff D and Staff E no longer worked in the AFH.

Review of an email correspondence received by the department on 05/03/2024 at 10:30 AM from Staff A showed a negative TB test result dated 05/02/2024 for Staff E.

This is an uncorrected deficiency cited on 02/28/2024.

Attestation Statement

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_____ _____

Provider (or Representative) Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have records available when requested by department staff for 1 of 5 residents (Resident 1). This failure delayed the department from determining if Resident 1 was receiving the required care and services.

Findings included…

During a follow-up visit on 04/23/2024 at 10:04 AM, observation showed Resident 1 lived in and received care from the AFH.

Review of an email correspondence received by the department on 04/25/2024 at 4:02 PM from Staff A, Entity Representative/Resident Manager, showed Resident 1 was admitted to the AFH on '[redacted]/2023 [sic]" [2024].

Review of Resident 1's records showed no [redacted] Policy, Notice of Rights and Services, Disclosure of Charges, or Preliminary Service Plan.

In an interview on 04/23/2024 at 6:45 PM, Staff A, Entity Representative/Resident Manager, stated that they were working on compiling Resident 1's records.

This is an uncorrected deficiency cited on 02/28/2024.

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_____ _____

Provider (or Representative) Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The 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 include in the records of 2 of 5 residents (Resident 1 and Resident 5) a current inventory of personal belongings dated and signed by the resident or their Representative and the AFH. This placed the residents at risk of losing personal belongings with no accountability on the part of the AFH.

Findings included…

During a follow-up visit on 04/23/2024 at 10:04 AM, observation showed Resident 1 and Resident 5 lived in and received care from the AFH. Further observation showed Resident 1 and Resident 5 had personal belongings in each of their bedrooms.

Review of Resident 1's records showed no date of admission and a blank personal inventory record.

In an interview on 04/23/2024 at 12:14 PM, Staff A, Entity Representative/Resident Manager, stated that they were waiting for Resident 1's family member to sign documents.

Review of an email correspondence received by the department on 04/25/2024 at 4:02 PM from Staff A, showed Resident 1 was admitted to the AFH on "[redacted]/2023 [sic]" [2024].

Review of Resident 5's Negotiated Care Plan (NCP) dated 12/12/2023 showed Resident 5 was admitted to the AFH on [redacted]/2023. Review of Resident 5's records showed no personal inventory record.

In an interview on 04/23/2024 at 3:50 PM, Staff A stated that they had sent Resident 5's personal belongings inventory to Resident 5's Representative to complete, and the personal belongings inventory was never returned.

This is an uncorrected deficiency cited on 02/28/2024.

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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;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(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 resident behaviors, interventions for staff implementation, and resident preferences in the development of 2 of 5 residents (Resident 3 and Resident 5) Negotiated Care Plan (NCP). These failures placed Resident 3 and Resident 5 at risk of unmet care needs.

Findings included…

During a follow-up visit on 04/23/2024 at 10:04 AM, observation showed Resident 3, and Resident 5 lived in and received care from the AFH.

Resident 3
A review of Resident 3's NCP dated 01/03/2020 showed Resident 3 was admitted to the AFH on [redacted]/2019. A review of the signature page of Resident 3's NCP showed it was signed and dated on 10/11/2023. Further review showed Resident 3's NCP identified the following issues: sleep disturbance, short-term and long-term memory impairment, resistive, depression, and anxiety. Resident 3's NCP showed no specific behavior interventions for staff implementation. Additionally, Resident 3's NCP showed 5 pages that had not been completed. These pages included the following care and services; mobility, bed mobility/transfer, eating, toileting/continence, dressing, personal hygiene, bathing, body care, managing finances, shopping, transportation, activities/social needs, and smoking. Resident 3's NCP showed no preferences or choices and how the AFH would meet Resident 3's preferences and choices.

Resident 5
A review of Resident 5's NCP dated 12/12/2023 showed Resident 5 was admitted to the AFH on [redacted]/2023. Further review showed Resident 5's NCP showed multiple behaviors and major mental health symptoms requiring the use of psychopharmacological medications. Resident 5's NCP showed Resident 5 was verbally abusive to staff, yelled,

used foul language, had depressed or irritable mood or loss of interest or pleasure in many activities. Resident 5's NCP showed no medications listed to treat specific symptoms. The only intervention listed was for staff to return later if Resident 5 refused medication or care. Resident 5's NCP showed no preferences or choices and how the AFH would meet Resident 5's preferences and choices. Resident 5's NCP did not state how often they needed to be repositioned.

A review of Resident 5's assessment dated 11/24/2023 showed that Resident 5 needed to be turned every 2 hours from side to side only using wedges and pillows.

In an interview on 04/23/2024 at 4:05 PM, Staff A stated that they did not know if they had corrected Resident 3 and Resident 5's NCP's. Staff A further stated that they had not corrected Resident 3 and Resident 5's NCP's.

This is an uncorrected deficiency cited on 02/28/2024.

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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 5 residents (Resident 5) Negotiated Care Plan (NCP). This failure placed Resident 5 at risk of harm from unmet care needs.

Findings included…

During a follow-up visit on 04/23/2024 at 10:04 AM, observation showed Resident 5 lived in and received care from the AFH.

Review of Resident 5's NCP dated 12/12/2023 showed Resident 5 was admitted to the AFH on [redacted]/2023. Review showed Resident 5 was dependent for all personal hygiene and body care, including nail care. Further review showed that resident 5 needed assistance to put on hearing aids in the morning and take them off at bedtime. Additional review showed that Resident 5 was unable to position themself and needed a caregiver to assist with repositioning to prevent and heal wounds.

Observation on 04/23/2024 at 3:15 PM, showed Resident 5 was not wearing hearing aids and had dirty fingernails about 0.5 inches long.

In an interview on 04/23/2024 at 3:20 PM Staff C, Caregiver, stated that Resident 5 did not have hearing aids and did not have their nails cut in the last month. Staff C further stated that on average, Resident 5 is repositioned three times a day, usually in the morning, afternoon and at night when providing care.

In an interview on 04/23/2024 at 6:36 PM, Staff A, Entity Representative/Resident Manager, stated that they did not realize the long length of Resident 5's fingernails. Staff A stated that there was a small resealable bag in the medication closet that potentially had hearing aids for Resident 5. Additionally, Staff A stated that Resident 5 does not wear hearing aids because of their Dementia (a difficulty with thinking, learning, remembering and difficulty with decision-making processes).

This is an uncorrected deficiency cited on 02/28/2024.

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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:

(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 system in place to ensure 2 of 2 sampled residents (Resident 1 and Resident 2) received their medication as required and their medication logs were kept up to date. These failures placed Resident 1 and Resident 2 at risk of worsening conditions from missing prescribed medication and placed Resident 1 and Resident 2 at risk of medication errors.

Findings included…

During a follow-up visit on 04/23/2024 at 10:04 AM, observation showed Resident 1 lived in and received medication assistance from the AFH. Observation further showed Resident 2 was not in the AFH.

In an interview on 04/23/2024 at 10:12 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 2 had been admitted to a local health facility for scheduled surgery on [redacted]/2024 and would be returning to the AFH soon.

Resident 1
On 04/23/2024 at 12:30 PM observation showed Resident 1 had three different April 2024 Medication Administration Records (MARs). Resident 1 had an April 2024 pharmacy-generated MAR that had no documentation. Resident 1 also had an April 2024 handwritten MAR that had check marks instead of staff initials. In addition, Resident 1 had an April 2024 AFH computer-generated MAR that contained the residents as needed (PRN) medication and had no documentation.

Resident 1’s April 2024 Handwritten MAR
A review of Resident 1’s April 2024 handwritten MAR showed each medication entry was handwritten with the medication name, dosage, and time. Resident 1’s handwritten April 2024 MAR contained no medication directions for the following prescribed medication,

-Acetaminophen 500 milligrams (mg), 6:00 AM, 2:00 PM and 10:00 PM for pain.

-“Aspirin EC” 81 mg, 8:00 AM for the prevention of heart attack.

-Atorvastatin 40 mg, 8:00 PM Hyperlipidemia (high levels of fat in the blood).

-Cyclobenzaprine 5 mg, 8:00 AM and 2:00 PM for muscle spasms.

-Gabapentin 100 mg, 8:00 PM for polyneuropathy (damage or disease of the nerves).

-Losartan Potassium 100 mg, 8:00 AM for high blood pressure.

- “Pantoprazole SOD” 40 mg, 7:30 AM, for gastroesophageal reflux disease (digestive disorder).

-Triamterene, 37.5-25 mg, 8:00 AM for high blood pressure.

Further review of Resident 1’s April 2024 handwritten MAR showed no staff initials indicating which staff had provided Resident 1 with their medication. Resident 1’s April 2024 handwritten MAR had a check mark for each entry from 04/01/2024-04/21/2024. In addition, Resident 1’s April 2024 handwritten MAR showed no staff initials for all medication on 04/22/2024 and the morning medications on the day of visit, 04/23/2024.

In an interview on 04/23/2024 at 12:57 PM, Staff A stated that Resident 1 had received their 8:00 AM medication on 04/23/2024. Staff A further stated they had not signed Resident 1’s MAR as they were working on creating an electronic MAR. In addition, Staff A stated that they did not know why Resident 1’s MAR had not been signed for 04/22/2024.

Resident 1’s April 2024 Pharmacy-Generated MAR
A review of Resident 1’s April 2024 pharmacy-generated MAR showed no documentation on the MAR, and that Resident 1 was prescribed the following medications:

-Acetaminophen 500 mg, take 2 tablets (1,000 mg) by mouth every 8 hours for pain. This was different from Resident 1’s handwritten April 2024 MAR that did not indicate the dosage was 2 tablets.

- “Aspirin EC” 81 mg, take 1 tablet by mouth every morning for the prevention of heart attack.

- Atorvastatin 40 mg, take 1 tablet by mouth daily at bedtime for Hyperlipidemia (high levels of fat in the blood).

-Cyclobenzaprine 5 mg, take 1 tablet by mouth three times daily for muscle spasms. 8:00 AM, 2:00 PM, and 8:00 PM. The Resident 1’s April 2024 handwritten MAR had the time as 8:00 AM, 2:00 PM, and had no entry for the 8:00 PM dose.

- Gabapentin 100 mg, take 2 capsules (200 mg) at bedtime for polyneuropathy (damage or disease of the nerves). Resident 1’s handwritten April 2024 MAR did not indicate the

dosage was 2 capsules.

- Losartan Potassium 100 mg, take 1 tablet by mouth every morning for high blood pressure.

- “Pantoprazole SOD” 40 mg, take 1 tablet by mouth every morning 30 minutes before breakfast for gastroesophageal reflux disease (digestive disorder).

- “Triamterene HCTZ”, 37.5-25 mg, take 1 capsule by mouth every morning for high blood pressure.

In an interview on 04/23/2024 at 10:42 AM, Resident 1 stated that they were unsure if they were receiving the right amount of pain pills and medication for muscle spasms. Resident 1 further stated that they still had headaches and muscle pain. In addition, Resident 1 stated that Staff C had assisted them with their medication.

In an interview on 04/23/2024 at 12:50 PM, Staff A stated that staff may not have known Resident 1 had an April 2024 pharmacy-generated MAR and used an April 2024 handwritten MAR for Resident 1 instead.

Resident 1 Medication Not Available
On 04/23/2024 at 12:51 PM observation showed Resident 1’s April 2024 pharmacy-generated and computer-generated MARs, listed the following prescribed medications, that were not found in Resident 1’s medication storage container:

-DOK 100 mg, take 1 tablet by mouth in addition to Senna to equal Senna Plus Daily at bedtime as needed for constipation.

-Bisacodyl 10 mg, unwrap and insert 1 suppository rectally daily as needed for constipation if no bowel movement in 24 hours.

-Melatonin 1 mg, take 2 tablets (2 mg) by mouth daily at bedtime as needed for sleep.

-Antacid-Antigas Liquid (Generic Maalox Advanced), take 30 milliliters (mls) by mouth every 6 hours as needed for constipation.

In an interview on 04/23/2024 at 12:52 PM, Staff A stated that some of Resident 1’s medication may not have been covered by insurance. Staff A further stated that they were working with Resident 1’s Primary Care Physician (PCP) and Resident 1’s Representative to get all of Resident 1’s medications.

Resident 1 Medication Not on MAR's
On 04/23/2024 at 10:42 AM observation showed Resident 1's bedside table had an Albuterol inhaler (increases airflow to the lungs) and a small brown bottle that contained about 10 pills.

In an interview on 04/23/2024 at 10:43 AM, Resident 1 stated that the small brown bottle contained Nitroglycerin (for chest pain). Resident 1 further stated that if they had chest pain, they did not want to delay, waiting for staff to respond to their call bell. Additionally, Resident 1 stated that they would use their Albuterol inhaler and Nitroglycerin instead which they kept on their bedside table.

Review of all 3 of Resident 1's April 2024 MARs showed no entry for Nitroglycerin and no entry for Albuterol inhaler.

In an interview on 04/23/2024 at 6:46 PM, Staff A stated that Resident 1's Nitroglycerin and Albuterol Inhaler were not on Resident 1's MAR. Staff A further stated that both medications were old, and that Resident 1 had not notified their PCP that they had been using both medications.

Resident 2
In an interview on 04/23/2024 at 10:12 AM, Staff A stated that Resident 2 had been admitted to a local health facility for scheduled surgery on [redacted]/2024 and would be returning to the AFH soon.

Resident 2's Insulin (Liquid medication injected into the fat underneath the skin to control high blood sugar)
A review of Resident 2's March 2024 AFH computer-generated MAR showed from 03/01/2024-03/14/2024 the MAR had check marked entries, and not staff initials. Further review of Resident 2's March 2024 AFH computer-generated MAR showed only the name of the medication, dosage and time, there were no physician directions for frequency of use.

A review of Resident 2's March 2024 AFH computer-generated MAR showed Resident 2 was prescribed:

- Levemir FlexTouch 100 unit/ml, 8:00 PM for Diabetes (high blood sugar).

- Levemir FlexTouch 100 unit/ml, 8:00 AM and 8:00 PM for Diabetes.

-Lantus Solostar 100 unit/ml (Insulin Glargine), 8:00 AM for Diabetes.

- Lantus Solostar 100 unit/ml, (Insulin Glargine), 8:00 PM for Diabetes.

On 04/23/2024 at 10:23 AM, observation showed one unopened box of Lispro (Admelog) Insulin 100 units for Resident 2 in the kitchen refrigerator. This was labelled inject 20 units subcutaneously 3 times daily with meals for high blood sugar.

Further review of Resident 2's March 2024 AFH computer-generated MAR showed no entry for Lispro (Admelog) Insulin 100 units.

In a phone interview on 04/26/2024 at 2:50 PM, Resident 2 stated that they currently used Lantus and Lispro Insulin. Resident 2 further stated that they no longer took Levemir Insulin.

In a phone interview on 05/03/2024 at 9:53 AM, Collateral Contact 1 (CC1) stated that the pharmacy received the physician's order for Resident 2's Admelog (Lispro) Insulin on 10/03/2021. CC1 further stated that Resident 2's Levemir Insulin had been discontinued on 01/13/2023.

Resident 2's March 2024 AFH computer-generated MAR:
A review of Resident 2's March 2024 AFH computer-generated MAR from 03/01/2024-03/14/2024 showed no medication directions for frequency of use for the following prescribed medications: Allopurinol 100 mg, 8:00 AM and 8:00 PM for gout, "Amitriptyline HCL" 50 mg, 10:00 PM for depression, Atorvastatin 20 mg, 8:00 PM for high cholesterol, Baclofen 20 mg, 8:00 AM, 12:00 PM, 5:00 PM, and 8:00 PM for muscle spasms, Eliquis 5 mg, 6:00 AM and 6:00 PM for prevention of blood clots, Furosemide 20 mg, 8:00 AM and 2:00 PM for water retention, "Metformin HCL" 1,000 mg, 8:00 AM and 5:00 PM for Diabetes, "Methenamine Hipp" 1 gram, 8:00 AM and 8:00 PM for bacterial infection, Nyamyc 100,000 units, 8:00 AM and 8:00 PM for fungal infection, "Omeprazole DR" 20 mg, 8:00 AM and 4:30 PM for acid reflux, Oxybutynin 5 mg, 8:00 AM, 2:00 PM, and 8:00 PM for incontinence, Pregabalin 300 mg, 8:00 AM and 10:00 PM for pain, Silodosin 4 mg, 5:00 PM for enlarged prostate, Vitamin D2 1.25 mg, 8:00 AM for vitamin D deficiency, Levemir FlexTouch 100 unit/ml, 8:00 PM for Diabetes, "Oxycodone HCL" 5 mg, 8:00 AM and 8:00 PM for pain, Zinc Oxide 20 %, 8:00 AM for skin irritation, Levemir FlexTouch 100 unit/ml, 8:00 AM and 8:00 PM for Diabetes, Ensure Liquid, 8:00 AM, 12:00 PM, and 5:00 PM nutritional supplement, Lantus Solostar 100 unit/ml (Insulin Glargine), 8:00 AM for Diabetes, Doxycycline Hyclate 100 mg, 8:00 AM and 8:00 PM for bacterial infection, Glucerna Shake, 8:00 AM, 2:00 PM, and 8:00 PM (nutritional supplemental shake given to Diabetes) Ascorbic acid 500 mg, 8:00 AM for vitamin deficiency, Ferrous Sulfate 325 mg, 8:00 AM for anemia, Dakin's 0.125 % solution, 8:00 AM for skin infection, Dakin's 0.125 % solution, 8:00 AM for skin infection, Ofloxacin 0.3%, 8:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM for bacterial infection, Lantus Solostar 100 unit/ml, (Insulin Glargine), 8:00 PM for Diabetes, Ketorolac 0.5%, 8:00 AM and 8:00 PM for eye pain, Polyethylene Glycol 3350, 8:00 AM for constipation, "Hydrocodone-Acetamin" 10-325 mg, 6:00 AM, 2:00 PM, and 10:00 PM for pain, "Myrbetriq ER" 50 mg, 8:00 AM for bladder disorder, Ammonium lactate 12% lotion, as needed for dry scaly skin, "Metformin HCL" 1,000 mg, as needed for diabetes, "Methenamine Hipp" 1 gram, as needed for bacterial infection, Nyamyc 100,000 units, as needed for fungal infection, "Omeprazole DR" 20 mg, as needed for acid reflux, Oxybutynin 5 mg, as needed for incontinence, Pregabalin

300 mg, as needed for pain, , Silodosin 4 mg, as needed for enlarged prostate, Docusate Sodium 100 mg, as needed for constipation, Refresh Tears, 0.5 percent (%), as needed for dry eye, “Tizanidine HCL” 4 mg, as needed for muscle spasm, “Ondansetron ODT” 8 mg, as needed for nausea, “Ondansetron ODT” 8 mg, as needed for nausea, Loperamide 2 mg, as needed for diarrhea, “Diphenoxylate-Atrop” 2.5-0.025, as needed for diarrhea, Bisacodyl 10 mg ,as needed for constipation, “Oxycodone HCL” 10 mg, as needed for pain, Ofloxacin 0.3%, as needed for bacterial infection, and Dermaphor Ointment as needed for dry scaly skin.

On 04/23/2024 12:31 PM, observation showed Centrum Vitamin, 1 tablet every AM, written in ink along with Resident 2’s name on the bottle, in Resident 2’s medication storage container.

In an interview on 04/23/2024 at 12:33 PM, Staff A stated that they were unsure if Resident 2 had been taking Centrum Vitamin, it was not on Resident 2’s MAR. Staff A further stated that they had no doctors order for Resident 2’s Centrum Vitamin.

Continued review of Resident 2’s March 2024 AFH computer-generated MARs showed the following PRN medications with no frequency for use on the MAR:

-“Metformin HCL” 1,000 mg, as needed for diabetes

- “Methenamine Hipp” 1 gram, as needed for bacterial infection.

- “Omeprazole DR” 20 mg, as needed for .

- Oxybutynin 5 mg, as needed for incontinence.

-Pregabalin 300 mg, as needed for pain.

-Silodosin 4 mg, as needed for enlarged prostate.

In an interview on 04/23/2024 at 1:50 PM, Staff A stated that Resident 2’s MAR for the following PRN medications, “Metformin HCL” 1,000 mg, “Methenamine Hipp” 1 gram, “Omeprazole DR” 20 mg, Oxybutynin 5 mg, Pregabalin 300 mg, and Silodosin 4 mg, needed to be updated. Staff A further stated that the medications were listed as scheduled medications as well.

Additional Review of Resident 2’s March 2024 AFH computer-generated MAR showed Resident 2 was prescribed:

-Allopurinol 100 mg, 8:00 AM and 8:00 PM for gout. There was no documentation for the 8:00 PM dose on 03/13/2024 and 03/14/2024.

- “Amitriptyline HCL” 50 mg, 10:00 PM for depression. There was no documentation for the 10:00 PM dose on 03/14/2024.

-Atorvastatin 20 mg, 8:00 PM for high cholesterol. There was no documentation for the 8:00 PM dose on 03/13/2024 and 03/14/2024.

-Baclofen 20 mg, 8:00 AM, 12:00 PM, 5:00 PM, and 8:00 PM for muscle spasms. There was no documentation for the 12:00 PM, 5:00 PM, and 8:00 PM doses on 03/14/2024.

-Eliquis 5 mg, 6:00 AM and 6:00 PM for prevention of blood clots. There was no documentation for the 6:00 PM dose on 03/13/2024.

-Furosemide 20 mg, 8:00 AM and 2:00 PM for water retention. There was no documentation for the 2:00 PM dose on 03/14/2024.

- “Metformin HCL” 1,000 mg, 8:00 AM and 5:00 PM for diabetes. There was no documentation for the 5:00 PM dose on 03/11/2024 and 03/14/2024.

- “Methenamine Hipp” 1 gram, 8:00 AM and 8:00 PM for bacterial infection. There was no documentation for the 8:00 PM dose on 03/14/2024.

-Nyamyc 100,000 units, 8:00 AM and 8:00 PM for fungal infection. The MAR 2024 MAR showed a circle for the 8:00 AM dose on 03/04/2024 and there was no further documentation on the MAR from 03/01/2024-03/14/2024.

- “Omeprazole DR” 20 mg, 8:00 AM and 4:30 PM for acid reflux. There was no documentation for the 4:30 PM dose on 03/11/2024 and 03/14/2024.

-Oxybutynin 5 mg, 8:00 AM, 2:00 PM, and 8:00 PM for incontinence. There was no documentation for the 2:00 PM and 8:00 PM dose on 03/14/2024.

-Pregabalin 300 mg, 8:00 AM and 10:00 PM for pain. There was no documentation for the 8:00 AM and 10:00 PM doses from 03/01/2024-03/14/2024.

-Silodosin 4 mg, 5:00 PM for enlarged prostate. There was no documentation for the 5:00 PM dose on 03/12/2024, 03/13/2024, and 03/14/2024.

-Vitamin D2, 1.25 mg, 8:00 AM for Vitamin D deficiency. There was no documentation on the MAR for the 8:00 AM dose on 03/13/2024.

- “Oxycodone HCL” 5 mg, 8:00 AM and 8:00 PM for pain. The March 2024 MAR contained a check mark for the following, 8:00 PM doses on 03/01/2024, 03/03/2024, 03/05/2024, 03/06/2024, 03/07/2024, and 03/08/2024, with no other documentation on the MAR.

-Zinc Oxide 20 %, 8:00 AM for skin irritation. There was no documentation on the MAR for the 8:00 AM dose from 03/01/2024-03/14/2024.

-Levemir FlexTouch 100 units/ml, 8:00 PM for diabetes. There was no documentation for the 8:00 PM dose from 03/01/2024-03/14/2024.

-Levemir FlexTouch 100 units/ml, 8:00 AM and 8:00 PM for diabetes. There was no documentation for the 8:00 AM and 8:00 PM dose from 03/01/2024-03/14/2024.

-Ensure Liquid, 8:00 AM, 12:00 PM, and 5:00 PM nutritional supplement. There was no documentation for the 8:00 AM, 12:00 PM, and 5:00 PM doses from 03/01/2024-03/14/2024.

-Lantus Solostar 100 unit/ml (Insulin Glargine), 8:00 AM for diabetes. The March 2024 MAR from 03/01/2024-03/14/2024 showed a check mark for the 8:00 AM dose on 03/13/2024 with no other documentation on the MAR.

-Lantus Solstar 100 unit/ml (Insulin Glargine), 8:00 PM for diabetes. There was no documentation on the MAR for the 8:00 PM dose from 03/01/2024-03/14/2024.

-Doxycycline Hyclate 100 mg, 8:00 AM and 8:00 PM for bacterial infection. There was no documentation for the 8:00 PM dose on 03/14/2024.

-Glucerna Shake, 8:00 AM, 2:00 PM, and 8:00 PM for extra protein to help with wound healing. There was no documentation from 03/01/2024-03/14/2024.

-Ferrous Sulfate 325 mg, 8:00 AM for anemia. There was no documentation for the 8:00 AM dose on 03/13/2024.

-Dakin’s 0.125 % solution, 8:00 AM for skin infection. There was no documentation on the MAR from 03/01/2024-03/14/2024.

-Dakin's 0.125 % solution, 8:00 AM for skin infection. There was no documentation on the MAR from 03/01/2024-03/14/2024.

-Ofloxacin 0.3%, 8:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM for bacterial infection. There was no documentation on the MAR from 03/01/2024-03/14/2024.

- Ketorolac 0.5%, 8:00 AM and 8:00 PM for eye pain. There was no documentation from 03/01/2024-03/14/2024.

-Polyethylene Glycol 3350, 8:00 AM for constipation. There was no documentation on the MAR from 03/01/2024-03/14/2024.

- "Hydrocodone-Acetamin" 10-325 mg, 6:00 AM, 2:00 PM, and 10:00 PM for pain. There was no documentation on the MAR from 03/01/2024-03/14/2024.

- "Myrbetriq ER" 50 mg, 8:00 AM for bladder disorder. There was no documentation on the MAR from 03/01/2024-03/14/2024.

In an interview on 04/23/2024 at 11:46 AM, Staff A stated that Resident 2 had been scheduled for surgery on [redacted]/2024. Staff A further stated that Resident 2's physician instructed not to give Resident 2 medications on 03/14/2024. In addition, Staff A stated that they did not know why the AFH staff had not documented entries on the MAR.

Resident 2's "Pre-Procedure Instructions" dated 02/07/2024 for surgery on [redacted]/2024, was reviewed. This showed Resident 2 was to stop taking all supplements, 7 days prior to surgery. They were to stop taking Eliquis 2 days prior to surgery, and the night before surgery take 10 units of Insulin Glargine (2/3 usual dose).

This is an uncorrected deficiency cited on 02/28/2024.

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, Senior Best Care Inc. 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;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep medications in locked storage for 2 of 2 residents (Resident 1 and Resident 2). These failures placed ambulatory residents (Resident 3 and Resident 4) at risk of harm or injury if they accidentally accessed and took medications not prescribed for their use.

Findings included…

During a follow-up visit on 04/23/2024 at 10:04 AM, observation showed Resident 3 and Resident 4 lived in and received care from the AFH. Additional observation showed Resident 3 operated their [redacted] independently and Resident 4 used a walker to ambulate independently.

Kitchen
On 04/23/2024 at 10:23 AM, observation showed 3 boxes of accessible insulin for Resident 2 in the door of the refrigerator, not in locked storage. Further observation showed one unopened expired box of Lispro Insulin 100 units, inject 20 units subcutaneously (under the skin) 3 times daily with meals for high blood sugar. In addition, there were also two boxes of Lantus Solostar 100 units/milliliter (ml), Inject 50 units subcutaneously every morning and Inject 15 units under the skin at bedtime for high blood sugar for Resident 2.

In an interview on 04/23/2024 at 10:24 AM, Staff A, Entity Representative/Resident Manager, stated that staff must have put the insulin in the door of the refrigerator.

On 04/23/2024 at 10:27 AM, observation showed in the kitchen cabinet near the sink 2 bottles of Polyethylene Glycol 3350, mix 1 capful (17 gram) in 4-8 ounces of liquid and drink by mouth twice daily for constipation for Resident 2.

In an interview on 04/23/2024 at 10:28 AM, Staff A stated that they would lock up Resident 2's Polyethylene Glycol.

Resident 1 Bedroom
On 04/23/2024 at 10:42 AM observation showed Resident 1's bedside table had an Albuterol Inhaler (increases airflow to the lungs) and a small brown bottle that contained about 10 pills.

In an interview on 04/23/2024 at 10:43 AM, Resident 1 stated that the small brown bottle contained Nitroglycerin. Resident 1 stated that they kept the Albuterol and Nitroglycerin on their bedside table in case they had chest pain.

In an interview on 04/23/2024 at 6:40 PM, Staff A stated that they would remove the Albuterol Inhaler and Nitroglycerin from Resident 1's bedroom and lock them up.

Resident 2 Bedroom
On 04/23/2024 at 12:14 PM, observed Staff A rolled a portable cart used for personal care out of Resident 2's bathroom to the hallway. The cart contained the following medications, Nyamyc Powder 100,000 units, apply topically to groin twice daily to prevent fungal infection and a tube of Zinc Oxide 20% Ointment, apply a thin layer topically to peri wound once daily to prevent skin breakdown.

In an interview on 04/23/2024 at 12:20 PM, Staff A stated that they would lock up Resident 2's Nyamyc Powder 100,000 units and Zinc Oxide 20 % Ointment.

Dining Area
On 04/23/2024 at 1:15 PM Staff A retrieved a locked box of resident narcotic medication from the medication closet. Department Staff (DS) reviewed resident medication logs and the narcotic medication. DS informed Staff A at 1:30 PM that they had completed the narcotic pain medication review, and the medication could be returned to the medication closet.

In an interview on 04/23/2024 at 2:00 PM, DS informed Staff A that they were going to lunch and reminded Staff A that there were two bubble packs of Hydrocodone (narcotic pain medication) on the dining table that needed to be put into locked storage.

On 04/23/2024 at 2:42 PM DS returned from lunch and observed both Hydrocodone bubble packs still on the kitchen table.

On 04/23/2024 at 3:30 PM observation showed the medication cabinet key was left in the keyhole of the medication storage closet until 4:30 PM.

This is an uncorrected deficiency cited on 02/28/2024.

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, Senior Best Care Inc. 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure an assessment was completed that identified the need and ability to safely use a [redacted] for 1 of 5 residents (Resident 1). Further, the AFH failed to inform Resident 1 of the safety risks and benefits associated with the use of [redacted]. In addition, the AFH did not have a Negotiated Care Plan (NCP) for Resident 1 that described how the [redacted] would be used. These failures placed Resident 1 at potential risk of harm or injury if the [redacted] were not safe for the resident's use in the AFH. In addition, these failures prevented the resident from making an informed decision about whether to use the [redacted].

Findings included…

During a visit on 04/23/2024 at 10:04 AM, observation showed Resident 1 lived in and received care from the AFH.

Review on an email correspondence received by the department on 04/25/2024 at 4:02

PM from Staff A, Entity Representative/Resident Manager, showed Resident 1 was admitted to the AFH on '[redacted]/2023 [sic]" [2024].

On 04/23/2024 at 10:42 AM, observation showed Resident 1's [redacted] had a one-quarter length [redacted] strapped on to the right side of the bed frame. Further observation showed the [redacted] was in the up position. Department Staff were able to move the loose [redacted] into all directions.

In an interview on 04/23/2024 at 10:42 AM, Resident 1 stated that the [redacted] had become loose because they used it every day. Resident 1 further stated they used the [redacted] to lean over the side of the bed to reach for their personal items.

Review of Resident 1's records showed no NCP. Additional review showed no information that Resident 1 used a [redacted] and how the resident used it.

In an interview on 04/23/2024 at 12:14 PM Staff A stated that the [redacted] was strapped on the [redacted] for Resident 1 to use as needed. Staff A further stated that there was not an assessment for the [redacted] as it could be removed easily if needed. In addition, Staff A stated that they had not provided Resident 1 with the safety risks and benefits associated with the use of [redacted].

This is an uncorrected deficiency cited on 02/28/2024.

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, Senior Best Care Inc. 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 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The home may video monitor and video record activities in the home, without an audio component, only in the following areas:

(a) Entrances and exits if the cameras are:

(i) Focused only on the entrance or exit doorways; and

(3) The home must notify all residents in writing of the video monitoring equipment. The

home must:

(a) Identify in the written notification each person or organization with access to electronic monitoring; and

(b) Retain an acknowledgment that has been signed and dated by both the resident and the home that states in writing that the resident has received this notification.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure video monitoring focused only on the entrance and exit doorways. In addition, the AFH failed to provide written notification to 5 of 5 residents (Resident 1, 2, 3, 4 and 5) of video monitoring and who had access to the electronic monitoring. This failure placed all 5 residents at risk of invasion of privacy.

Findings included…

During a visit on 04/23/2024 at 10:04 AM, observation showed Residents 1, 3, 4 and 5 lived in and received care from the AFH.

In an interview on 04/23/2024 at 10:12 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 2 had been admitted to a local health facility for scheduled surgery on [redacted]/2024 and would be returning to the AFH soon.

Observation on 04/23/2024 at 10:06 AM showed a security camera mounted to the kitchen ceiling and faced the back door exit. Further observation showed another camera mounted to the foyer ceiling and faced the front door entrance of the AFH.

Observation on 04/23/2024 at 10:11 AM showed Staff A's office was unlocked and wide open with 2 video monitors in their office. The monitors showed live video of the entrance of the AFH, Foyer area, a portion of the kitchen, dining room table, back patio, and the walkway to the back door exit.

On 04/23/2024 at 12:30 PM, observation showed the door to Staff A's office was unlocked and wide open, making surveillance video visible to any person in the home .

In an interview on 04/23/2024 at 11:30 AM, Staff A stated that they had not provided the residents with written notification of the video monitoring that was occurring in the AFH. Staff A further stated they verbally notified the residents who used the surveillance areas. Additionally, Staff A stated, that they had no documentation that showed the residents were aware of the video monitoring and who had access to the video monitoring.

This is an uncorrected deficiency cited on 02/28/2024.

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, Senior Best Care Inc. 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 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to evacuate all 4 of 4 residents (Residents 1, 3, 4, and 5) from the home in five minutes or less. This failure placed all residents at risk of harm or serious injury in the event of an emergency requiring evacuation from the AFH.

Findings included…

During a visit on 04/23/2024 at 10:04 AM, observation showed Residents 1, 3, 4, and 5 lived in and received care from the AFH.

In an interview on 04/23/2024 at 10:12 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 2 had been admitted to a local health facility for scheduled surgery on [redacted]/2024 and would be returning to the AFH soon.

Review on an email correspondence received by the department on 04/25/2024 at 4:02 PM from Staff A, showed Resident 1 was admitted to the AFH on .
'[redacted]/2023 [sic]" [2024].

Review of Resident 1's records showed no Negotiated Care Plan (NCP). Additional review of Resident 1's records showed an assessment dated [redacted]/2024. Further review of Resident 1's assessment showed they required assistance in the event of an emergency evacuation.

Review of Resident 3's NCP dated 01/03/2020 showed Resident 3 was admitted to the AFH

on [redacted]/2019. Further review showed Resident 3 required assistance in the event of an emergency evacuation.

Review of Resident 4's NCP dated 04/20/2023 showed Resident 4 was admitted to the AFH on [redacted]/2020. Further review showed Resident 4 required assistance in the event of an emergency evacuation.

Review of Resident 5's NCP dated 12/12/2023 showed Resident 5 was admitted to the AFH on [redacted]/2023. Further review showed Resident 5 required assistance in the event of an emergency evacuation and required use of a [redacted].

A review of the AFH's Emergency Evacuation Drill Log dated 02/02/2024, showed a partial evacuation drill lasted 3.5 minutes. Further review showed Resident 5 was not listed on the evacuation drill log.

In an interview on 04/23/2024 at 4:20 PM, Staff A stated that Resident 5 was not included in evacuation drills due to challenging behaviors and difficulty in transferring.

Observation on 04/23/2024 at 4:46 PM showed a full emergency evacuation drill had begun.

Observation on 04/23/2024 at 4:48 PM showed Staff A exited through the back door of the AFH onto the deck, very distant from the Resident 5's room. Observation showed Staff A retrieved a wheelchair and pushed it towards Resident 5's room.

In an interview on 04/23/2024 at 4:49 PM, Staff A stated that the Wheelchair belonged to Resident 5. Staff A further stated that there was not enough room to store Resident 5's Wheelchair in their bedroom.

Observation on 04/23/2024 at 4:50 PM, showed Resident 5's bedroom was near the end of a hallway in the AFH located at least 20 feet from the back door exit. Further observation showed a vacant bedroom in the hallway.

Observation showed on 04/23/2024 at 4:55 PM, the emergency evacuation drill concluded with all 4 residents and 2 staff at the meeting place in the driveway. Observation further showed the drill began at 4:46 PM and ended at 4:55 PM, a total of 9 minutes.

This is an uncorrected deficiency cited on 02/28/2024.

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, Senior Best Care Inc. 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 388-76-10895 Emergency evacuation drills Frequency and participation.

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

(d) Continuing to offer the resident a chance to participate in every evacuation drill.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to include in 1 of 1 resident (Resident 3) Negotiated Care Plan (NCP) their refusal to participate in evacuation drills and the estimated amount of time it would take to evacuate Resident 3 from the AFH. In addition, the AFH failed to include the estimated time to evacuate Resident 3 on the emergency evacuation drill log to ensure evacuation of the AFH did not exceed five minutes. This failure placed Resident 3 at risk of harm or serious injury in the event of an emergency requiring evacuation from the AFH.

Findings included…

During a follow-up visit on 04/23/2024 at 10:04 AM, observation showed Resident 3 lived in and received care from the AFH.

Review of the AFH’s Emergency Evacuation Drill Logs dated 02/08/2024 showed no estimated time it would take to evacuate Resident 3 from the AFH.

Review of Resident 3's NCP dated 01/03/2020 showed Resident 3 was admitted to the AFH on [redacted]/2019. Further review showed Resident 3 required assistance in the event of an emergency evacuation. In addition, Resident 3's NCP had no information that Resident 3 refused to participate in emergency evacuation drills. Additionally, Resident 3's NCP showed no estimated time it would take to evacuate Resident 3 from the AFH.

In an interview on 04/23/2024 at 6:49 PM, Staff A, Entity Representative/Resident Manager, stated that they had forgotten to update Resident 3's NCP and the evacuation drill log.

This is an uncorrected deficiency cited on 02/28/2024.

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, Senior Best Care Inc. 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

AMENDED
03/22/2024

Licensee: Senior Best Care Inc
Senior Best Care Inc.
21210 132ND AVE SE
KENT, WA 98042

RE: Senior Best Care Inc. License # 753621

Dear Provider:

The Department completed a full inspection and a complaint investigation of your Adult Family Home on 02/28/2024 and found that your home does not meet the Adult Family Home licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Dahl Kim, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• 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.

You May:
• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

• 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.

If You Have Any Questions:
• Please contact me at (253)234-6067.

Sincerely,

Dahl Kim

Dahl Kim, Field Manager
Region 2, 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:
Dahl Kim, Field Manager

Dahl Kim, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• 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.

You May:
• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

• 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.

If You Have Any Questions:
• Please contact me at (253)234-6007.

Sincerely,

Dahl Kim, Field Manager
Region 2, 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:
Dahl Kim, Field Manager

Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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 and complaint investigation on 01/11/2024 and 01/11/2024 of:
Senior Best Care Inc.
21210 132ND AVE SE
KENT, WA 98042

This document references the following complaint numbers: 110197.

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:

Michele Grumke, AFH Licensor
Angelica Rios, ALF 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.

Dahl Kim — Residential Care Services

03/22/2024 — 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
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 and complaint investigation on 01/11/2024 and 01/11/2024 of:
Senior Best Care Inc.
21210 132ND AVE SE
KENT, WA 98042

This document references the following complaint numbers: 110187.

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:

Michele Grumke, AFH Licensor
Angelica Rios, ALF 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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

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 4 current staff (Staff A, Entity Representative/Resident Manager, and Staff B, Caregiver) had valid Cardiopulmonary Resuscitation (CPR) and first-aid training cards or certificates. In addition, The AFH also failed to ensure 1 of 4 current staff (Staff B) had a valid food workers card. These failures placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of receiving incorrect care in the case of medical emergencies needing CPR and/or first-aid and placed the residents at risk for food borne illness.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Residents 2, 3, 4, and 5 lived in and received care from the AFH. Further review showed Resident 1 returned to the AFH after a hospital stay. Further, the AFH was a two-story home with the AFH on the bottom first floor and Staff A and Staff B lived on the upper second floor.

Review of Facilities Management System showed the AFH was licensed on 03/06/2018.

Staff A
Review of Staff A's personnel records showed a hire date of 03/06/2018. Further review of Staff A's records showed a CPR and first-aid certificate that had expired on 08/2023.

In an interview on 01/11/2024 at 4:15 PM, Staff A stated that they would review their records and send their CPR and first-aid training record to the department.

Review of email correspondence received by the department from Staff A on 02/05/2024 at 8:22 PM, showed Staff A's CPR and first-aid certificate was dated 01/15/2024,

completed 4 days after the Department's full inspection.

Staff B
Review of Staff B's personnel records showed a hire date of 03/06/2018. Further review of Staff B's records found no CPR and first-aid training. Additionally, Staff B's records showed their food worker card expired had on 12/27/2023.

In an interview on 01/11/2024 at 4:20 PM, Staff A stated that they would email Staff B's records to the department.

Review of email correspondence received by the department from Staff A on 01/16/2024 at 8:44 PM, showed Staff B's CPR and first-aid card was dated 01/15/2024, completed 4 days after the Department's full inspection.

Review of email correspondence received by the department from Staff A on 01/25/2024 at 7:32 PM showed Staff B's food worker's card was dated 01/19/2024, 8 days after the Department's full inspection.

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, Senior Best Care Inc. 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 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

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 4 current staff (Staff D, Caregiver) had a name and date of birth background check no later than 1 business day of employment. This failure resulted in Staff D working with vulnerable adults with an unknown background.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Resident 1 returned to the AFH after a hospital stay. In addition, Staff D was observed working in the AFH.

In an interview on 01/11/2024 at 9:22 AM, Staff C, Caregiver, stated that today was Staff D's first day working in the AFH.

In an interview on 01/11/2024 at 9:30 AM, Staff A, Entity Representative/Resident Manager, stated that it was Staff D's first day and was completing orientation with Staff C.

In an additional interview on 01/11/2024 at 11:50 AM, Staff A stated that Staff D's first day would be 01/12/2024. Staff A further stated that Staff D would work full time and live in the AFH.

During a visit on 01/16/2024 at 3:22 PM, observation showed Staff D alone on the first floor of the AFH with the residents. Further review showed Staff B, Caregiver, was on the second top floor of the AFH. Additionally, there were no staff on the first floor of the AFH to supervise Staff D who had unsupervised access to all 5 residents in the AFH.

Review of email correspondence from Staff A dated 02/05/2024 at 8:22 PM showed Staff A had not hired Staff D. Email showed the residents had not liked Staff D and they were not a good fit for business.

In an email correspondence sent to Staff A on 02/08/2024 at 9:39 AM, department staff requested Staff Ds background check results.

Review of an email correspondence from Staff A dated 02/11/2024 at 9:16 PM and 02/11/2024 at 9:27 PM, showed Staff D's personnel records. Further review showed no background check results for Staff 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, Senior Best Care Inc. 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 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a fingerprint background check completed within 120 days of hire for 1 of 4 current staff (Staff C, Caregiver). This failure resulted in Staff C working with vulnerable adults with an unknown background.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Resident 1 returned to the AFH after a hospital stay. Additionally, Staff C worked in and provided care to the residents and lived in the AFH.

In an interview on 01/11/2024 at 10:44 AM, Staff C stated that it was their last day working in the AFH. Staff C further stated that they had worked in the AFH for 6-7 months.

In an interview on 01/11/2024 at 11:50 AM, Staff A, Entity Representative/Resident Manager, stated that it was Staff C’s last day working in the AFH.

Staff C’s personnel records showed no date of hire. Further review of Staff C’s records showed no fingerprint background check.

Review of email correspondence received by the department on 02/05/2024 at 8:39 PM

from Staff A showed Staff C's hire date was 07/04/2023.

Review on 02/07/2024 of Background Check Central Unit (BCCU) records showed Staff C did not complete a fingerprint background check.

Staff C provided care to residents for 191 days without a fingerprint background check from 07/04/2023 until 01/11/2024.

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, Senior Best Care Inc. 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 388-76-10198 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:

(1) Staff information such as address and contact information.

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

(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 ensure 4 of 4 current staff (Staff A, Entity Representative/Resident Manager, Staff B,

Caregiver, Staff C, Caregiver, and Staff D, Caregiver) and 2 of 4 former staff (Staff F, Former Caregiver, and Staff G, Former Caregiver) had staff records readily accessible to Department Staff (DS). This failure delayed the Department from determining if Staff A, B, C, and D were qualified to care for the AFH's 5 of 5 residents (Resident 1, 2, 3, 4, and 5).

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Residents 2, 3, 4 and 5 lived in and received care from the AFH. Further observation showed Resident 1 returned to the AFH after a hospital stay. Additionally, observation showed a two-story home with the AFH on the bottom first floor and Staff A and Staff B lived on the upper second floor. Observation also showed Staff C and Staff D worked in and provided care to the residents in the AFH.

Review of Facilities Management System showed the AFH was licensed on 03/06/2018.

Staff A
Review of Staff A's personnel records showed a hire date of 03/06/2018. Further review of Staff A's records showed no fingerprint background check, character competence and suitability review, mental health specialty training, dementia specialty training, tuberculosis (TB) testing records, and fundamentals of caregiving training.

In an interview on 01/11/2024 at 4:15 PM, Staff A stated that they would email their records to the department.

Staff B
Review of Staff B's personnel records showed a hire date of 03/06/2018. Further review showed Staff B's records contained no valid CPR and first aid training.

In an interview on 01/11/2024 at 4:20 PM, Staff A stated that they would email Staff B's records to the department.

Staff C
Review of Staff C's personnel records showed no hire date. Further review of Staff C's records showed no fingerprint background check, orientation to the AFH, first aid training, CPR training, and specialty training certificates. Additionally, Staff C's records showed a 1-step TB skin test dated 06/14/2023.

In an interview on 01/11/2024 at 4:25 PM, Staff A stated that they would review Staff C's records and email the missing records to the department.

Review of email correspondence received by the department on 02/05/2024 at 8:39 PM

from Staff A showed Staff C's hire date was 07/04/2023.

Staff D
Review of staff personnel records found no records for Staff D.

In an interview on 01/11/2024 at 9:22 AM, Staff C stated that it was Staff D's first day working in the AFH.

In an interview on 01/11/2024 at 9:30 AM, Staff A stated that it was Staff D's first day and was completing orientation with Staff C.

In an additional interview on 01/11/2024 at 11:50 AM, Staff A stated that Staff D's first day would be 01/12/2024. Staff A further stated that Staff D would work full time and live in the AFH.

In an interview on 01/11/2024 at 4:30 PM, Staff A stated that they did not have any of Staff D's records available for DS to review. Additionally, Staff A stated that they would email Staff D's records to the department.

Staff F
Review of staff personnel records found no records for Staff F.

In an interview on 01/11/2024 at 4:35 PM, Staff A, stated that they did not have a name and date of birth background check for Staff F available for DS to review. Staff A further stated that they would email Staff F's records to the department.

Staff G
Review of staff personnel records found no records for Staff G.

In an interview on 01/11/2024 at 4:38 PM, Staff A, stated that they did not have a name and date of birth background check for Staff G available for DS to review. Staff A further stated that they would email Staff G's records to the department.

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, Senior Best Care Inc. 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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

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 staff (Staff D, Caregiver) had an initial Tuberculosis (TB) skin test within three days of employment and failed to ensure 1 of 2 staff (Staff C, Caregiver) had a second skin test done one to three weeks after the first test. This failure placed all residents at risk of possible exposure to TB, a communicable disease affecting the lungs.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 2, 3, 4, and 5 lived in and received care from the AFH. Additionally, observation showed Resident 1 returned to the AFH after a hospital stay. Further observation showed Staff C and Staff D worked in the AFH and provided care to the residents.

Staff C
A review of Staff C's personnel records showed no hire date. Further review showed Staff C had a negative TB skin test dated 06/14/2023. Additionally, Staff C had no record of a second TB skin test.

In an email correspondence received by the department from Staff A, Entity Representative/Resident Manager, on 02/04/2024 at 9:43 PM, showed Staff C did not have a second TB skin test.

Review of email correspondence received by the department on 02/05/2024 at 8:39 PM from Staff A showed Staff C's hire date was 07/04/2023.

Staff D
In an interview on 11:50 AM at 9:35 AM, Staff A stated that Staff D's first day was 01/11/2024 and was completing their orientation.

Review of personnel records showed Staff D had no personnel records in the AFH.

In an interview on 01/11/2024 at 4:30 PM, Staff A stated that Staff D was a new employee and scheduled to work full-time. Staff A further stated that they did not have Staff D's records available for review. Additionally, Staff A stated that they would email Staff D's records to the department.

Review of records received by the department on 02/11/2024 at 9:16 PM from Staff A showed a negative TB skin test result for Staff D dated 03/03/2022.

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, Senior Best Care Inc. 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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have records available when requested by department staff for 2 of 2 sampled residents (Resident 2 and Resident 5). This failure delayed the department from determining if Resident 2 and Resident 5 received the required care and services.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 2 and Resident 5 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]/2020. Further review of Resident 2's records showed no Assessment for 2023, [redacted] Policy, or Disclosure of Charges.

A review of Resident 5's records showed Resident 5 was admitted to the AFH on [redacted]/2023. Further review of Resident 5's records showed no Notice of Rights and Services, Negotiated Care Plan for 2023, [redacted] Policy, Disclosure of Charges, or Personal Belongings List.

In an interview on 01/11/2024 at 6:45 PM, Staff A, Entity Representative/Resident Manager, stated that they would send Resident 2 and Resident 5's records to the department.

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, Senior Best Care Inc. 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The 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

include in the records of 1 of 2 sampled residents (Resident 5) and 1 of 1 former resident (FR) a current inventory of personal belongings dated and signed by the resident or their Representative and the AFH.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 5 lived in and received care from the AFH.

Resident 5
Review of Resident 5's records showed Resident 5 was admitted to the AFH on [redacted]/2023. Further review of Resident 5's records showed no personal belongings inventory.

In an interview on 01/11/2024 at 6:45 PM, Staff A, Entity Representative/Resident Manager, stated that they would send Resident 5's personal belongings inventory to the department.

A review of email requests sent to Staff A from the department showed a request for Resident 5's personal belongings inventory had been made on 01/12/2024 at 2:29 PM, 01/22/2024 at 9:18 AM, and 01/24/2024 at 3:56 PM.

As of 02/27/2024 Resident 5's personal belongings inventory had not been received by the department.

Former Resident (FR)
Review of FR's records showed FR was admitted to the AFH on [redacted]/2023. Further review of FR's records showed a personal belongings inventory dated [redacted]/2023 and showed it did not list a bed as part of FR's inventory. Additionally, FR's personal belongings inventory was not signed by their Representative or the AFH.

In an interview on 01/24/2024 at 1:55 PM, Staff A, Entity Representative/Resident Manager, stated that they were unaware FR's bed had not been included on FR's personal belongings inventory. Staff A further stated that FR's Representative had completed FR's personal belongings inventory and provided it to Staff A. Additionally, Staff A stated that they had not been aware that FR's personal belongings inventory had not been signed.

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, Senior Best Care Inc. 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 388-76-10355 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;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(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 3 of 3 current residents (Resident 1, 3, and 5) and 1 of 1 former resident (FR) Negotiated Care Plan (NCP) the resident behaviors, interventions for staff usage, and resident preferences. These failures placed Resident 1, 3, and 5 at risk of unmet care needs.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 3 and Resident 5 lived in and received care from the AFH. Further observation showed Resident 1 returned to the AFH after a hospital stay.

Resident 1
A review of Resident 1's NCP dated 06/20/2023 showed Resident 1 was admitted to the AFH on [redacted]/2023. Further review showed Resident 1's NCP identified the following issues: sleep disturbance, short-term and long-term memory impairment, disruptive behavior, depression, anxiety, and disorientation. Further review of Resident 1's NCP showed no specific behaviors listed for sleep disturbance, short-term and long-term memory impairment, disruptive behavior, depression, anxiety, or disorientation. There were no interventions in Resident 1's NCP for short-and long-term memory impairment, disruptive behavior, depression, anxiety, and disorientation. Further, Resident 1's NCP showed their sleep disturbance had improved due to medical intervention. Resident 1's NCP showed they did not take psychopharmacological medication. Further, Resident 1's NCP showed no preferences or choices and how the AFH would meet Resident 1's preferences and choices.

In a follow up phone interview on 01/24/2024 at 2:00 PM, Staff A, Entity Representative/Resident Manager, stated that they would need to check on Resident 1's behaviors as some listed in their NCP may not be current.

Resident 3
A review of Resident 3's NCP dated 01/03/2020 showed Resident 3 was admitted to the AFH on [redacted]/2019. A review of the signature page of Resident 3's NCP showed it was signed 10/11/2023. Further review showed Resident 3's NCP identified the following issues: sleep disturbance, short-term and long-term memory impairment, resistive, depression, and anxiety. Resident 3's NCP showed no specific behaviors or interventions for staff usage. Additionally, Resident 3's NCP showed 5 pages that had not been completed. These pages included the following care and services, mobility, bed mobility/transfer, eating, toileting/continence, dressing, personal hygiene, bathing, body care, managing finances, shopping, transportation, activities/social needs, and smoking. Resident 3's NCP showed no preferences or choices and how the AFH would meet Resident 3's preferences and choices.

In a follow up phone interview on 01/24/2024 at 2:00 PM, Staff A stated that they were surprised Resident 3's NCP had 5 pages that were not completed. Staff A further stated that they would check their records.

Resident 5
A review of Resident 5's NCP dated 12/12/2023 showed Resident 5 was admitted to the AFH on [redacted]/2023. Further review showed Resident 5's NCP identified the following issues, sleep disturbance, short-term and long-term memory impairment, decision making, disruptive behavior, assaultive, resistive, depression, anxiety, disorientation, hallucinations, delusions, and Resident 1 required psychopharmacological medications. Resident 5's NCP showed Resident 5 was verbally abusive to staff, yelled, used foul language, had depressed or irritable mood or loss of interest or pleasure in many activities.

Additionally, Resident 5's NCP showed no medications listed to treat specific symptoms and the only intervention for staff usage was if Resident 5 refused medication or care, to return later [for staff to make an additional attempt to get Resident 5 to take their medication]. Resident 5's NCP showed no preferences or choices and how the AFH would meet Resident 5's preferences and choices.

FR
A review of FR's NCP dated 04/20/2023 showed FR was admitted to the AFH on [redacted]/2023. Further review of FR's NCP showed the following identified issues: sleep disturbance, short-term and long-term memory impairment, disruptive behavior, resistive, depression, anxiety, disorientation, hallucinations, and delusions. Further review of FR's NCP showed a detailed description for sleep disturbance and that FR had extreme/rapid mood swings requiring intervention. No other behaviors for FR were listed in their NCP. Additionally, FR's NCP had 2 interventions listed, one for sleep and the other was for confusion, there were no additional interventions listed. FR's NCP further showed no preferences or choices and how the AFH would meet FR's preferences and choices.

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, Senior Best Care Inc. 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 1 of 5 current residents (Resident 1) and 1 of 1 former residents (FR) was agreed to, signed, and dated by the resident or their Representative and the AFH. This failure placed Resident 1 and FR at risk of unmet care needs and placed Resident 1 and FR at risk of receiving services the resident, their Representative, and the AFH did not negotiate.

Findings included…

During a visit on 01/11/2024 at 6:48 PM, observation showed Resident 1 returned to the AFH after a hospital stay.

FR
In an interview on 01/11/2024 at 11:11 AM, Staff A, Entity Representative/Resident Manager, stated that FR had discharged from the AFH approximately 1 month prior.

A review of FR's NCP dated 04/20/2023 showed FR was admitted to the AFH on [redacted]/2023. Further review of FR's NCP showed the AFH's name and FR's Representative's name was typed on each of the signature spaces. Additionally, FR's NCP showed no signatures by the AFH or FR's Representative.

Resident 1
A review of Resident 1's NCP dated 06/20/2023 showed Resident 1 was admitted to the AFH on [redacted]/2023. Further review of Resident 1's NCP showed it was signed by the AFH on 07/01/2023 and signed by each of Resident 1's Representatives on 10/26/2023, 117 days later.

In a follow up phone interview on 01/24/2024 at 2:00 PM, Staff A stated that Resident 1's NCP was signed late due to confusion about Resident 1's POA. In addition, Staff A stated that they did not know why FR's NCP only contained typed names on the signature page instead of signatures. Staff A also stated that FR's Representative never went to the AFH and could not sign FR'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, Senior Best Care Inc. 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 3 of 3 residents (Residents 1, 2, and 5) Negotiated Care Plan (NCP). This failure placed Resident 1, 2, and 5 at risk of harm from unmet care needs.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 2 and Resident 5 lived in and received care from the AFH. Further observation showed Resident 1 returned to the AFH after a hospital stay.

In an initial interview on 01/11/2024 at 9:30 AM, Staff A, Entity Representative/Resident Manager, stated that it was Staff D's, Caregiver, first day and they were receiving orientation training with Staff C, Caregiver. Staff A further stated that it was Staff C's last day working in the AFH.

In an interview on 01/11/2024 at 11:11 AM, Staff A stated that Resident 1, 2, and 5 required 2-person assistance with transfers.

Resident 1
A review of Resident 1's NCP dated 06/20/2023 showed Resident 1 was admitted to the AFH on [redacted]/2023. Further review showed Resident 1 had a [redacted] and staff were to transfer Resident 1.

Review of Comprehensive Assessment Reporting and Evaluation (CARE) for Resident 1 showed their Assessment dated 04/20/2023. Further review showed Resident 1 required 2 staff for transfers.

Resident 2
In an interview on 01/11/2024 at 10:44 AM, Staff C stated that they exclusively worked alone. Staff C stated that Staff A was in the home but stayed in their office and did not assist with resident care. Staff C further stated that Resident 2 was a 2-person assistance, and they were not strong enough to assist the resident by themselves. In addition, Staff C stated that they were not strong enough to pull Resident 2 towards the top of the bed when the resident slid down near the foot of the bed. Staff C stated that this had caused Resident 2 to eat while lying down or at a difficult angle.

A review of Resident 2's NCP dated 04/20/2023 showed Resident 2 was admitted to the AFH on [redacted]/2020. Further review showed Resident 2 had a [redacted], was unable to transfer from the bed to chair, and required extensive assistance with transfers.

In an interview on 01/11/2024 at 10:48 AM, Resident 2 stated that there were two staff

that worked in the AFH in the mornings and rarely had 2 staff in the afternoons and evenings. Resident 2 further stated that they required 2 person transfer assistance. In addition, Resident 2 stated that when only 1 staff was working in the AFH, they acted as the second person to assist with transfers.

Resident 5
A review of Resident 5's NCP dated 12/12/2023 showed Resident 5 was admitted to the AFH on [redacted]/2023. Further review showed Resident 1 had a [redacted] and required 2 staff for transfers.

In a follow up phone interview on 01/24/2024 at 2:00 PM, Staff A stated that both themselves and Staff B lived in and worked in the AFH. Staff A further stated that 2 staff were not required at night.

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, Senior Best Care Inc. 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.

(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 1 of 2 sampled residents (Resident 2) had their prescribed medication available and failed to keep 3 of 4 residents (Resident 1, 2, and 5) medication logs current. This failure placed Resident 2 at risk of worsening condition from missing prescribed medication and placed Residents 1, 2, and 5 at risk of medication errors.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 2 and Resident 5 lived in and received medication assistance from the AFH. Further observation showed Resident 1 returned to the AFH from a hospital stay and received medication assistance from the AFH.

Resident 5
A review of Resident 5's January 2024 pharmacy-generated Medication Administration Record (MAR) showed Resident 5 was prescribed,

-Baza Protect Moisture Cream, apply topically to affected area(s) of the bilateral (both sides) buttocks twice daily for skin irritation. Resident 5's MAR showed no initial entries for the 8 AM dose on 01/07/2024 and the 8:00 AM and 5:00 PM dose on 01/08/2024, 01/09/2024, and 01/10/2024.

- "Donepezil HCL" 10 milligram (mg), take 1 tablet by mouth daily at bedtime for dementia (affects memory, thinking, and daily life). Resident 5's MAR showed no initialed entries for the 8:00 PM dose on 01/08/2024, 01/09/2024, and 01/10/2024.

- "Duloxetine HCL DR" 30 mg, take 1 capsule by mouth every morning for depression. Resident 5's MAR showed no initialed entries for the 8:00 AM dose on 01/01/2024, 01/02/2024, 01/03/2024, 01/04/2024, 01/05/2024, 01/06/2024, 01/07/2024, 01/08/2024, 01/09/2024, and 01/10/2024.

-Gabapentin 100 mg, take 1 capsule by mouth every morning for polyneuropathy (degeneration of nerves. Resident 5's MAR showed no initialed entries for the 8 AM dose on 01/08/2024, 01/09/2024, and 01/10/2024.

- "Hydrocodone-Acetamin" 5-325 mg, take 1 tablet by mouth three times daily for pain. Resident 5's MAR showed no initialed entry for the 2:00 PM dose on 01/09/2024 and 01/10/2024. On 01/11/2024 at 10:35 AM, Resident 5's MAR showed an initialed entry for 01/11/2024 at 8:00 PM.

- "Memantine HCL" 10 mg, take 1 tablet by mouth twice daily for Alzheimer's (brain disorder affecting memory, thinking, and behavior). On 01/11/2024 at 10:35 AM, Resident 5's MAR showed an initialed entry for 01/11/2024 for the 8:00 PM dose.

-Multivitamin, take 1 tablet by mouth every morning for vitamin deficiency. Resident 5's MAR showed no initialed entries for 01/01/2024, 01/02/2024, 01/03/2024, 01/04/2024, 01/05/2024, 01/06/2024, 01/07/2024, 01/08/2024, 01/09/2024, and 01/10/2024.

- "Myrbetriq ER" 50 mg, take 1 tablet by mouth daily at bedtime for overactive bladder. On

01/11/2024 at 10:35 AM, Resident 5's MAR showed an initialed entry for 01/11/2024 for the 8:00 PM dose.

-Polyethylene Glycol 3350, dissolve 17 gram (1 capful) in 8 ounces of water and drink by mouth twice daily for constipation. On 01/11/2024 at 10:35 AM, Resident 5's MAR showed an initialed entry for 01/11/2024 for the 5:00 PM dose.

-Thera-derm lotion, apply topically on both legs twice daily for dry skin. On 01/11/2024 at 10:35 AM, Resident 5's MAR showed an initialed entry for 01/11/2024 for the 8:00 PM dose.

In an interview on 01/11/2024 at 10:40 AM, Staff C, Caregiver, stated that they had forgotten to initial entries on Resident 5's MAR. Staff C further stated that they had made a mistake when they initialed entries on 01/11/2024 for medications they had not yet given.

Resident 1
A review of Resident 1's January 2024 computer-generated MAR showed they were prescribed,

-Antifungal 2 percent (%) powder, apply 1 application topically to affected area of skin twice daily for 14 days for fungal infection. Resident 1's MAR showed no initialed entries for the 8:00 AM and 8:00 PM dose on 01/01/2024, 01/02/2024, 01/03/2024, 01/04/2024, 01/05/2024, 01/06/2024, and 01/07/2024.

-Carbamazepine 100 mg, chew and swallow 1 tablet by mouth twice daily for the prevention of seizures. Resident 1's MAR showed no documentation for the 8:00 PM dose on 01/02/2024 and 01/04/2024.

- "Midodrine HCL" 10 mg, take 1 tablet by mouth three times daily for low blood pressure. Resident 1's MAR showed no documentation on 01/06/2024 for the 4:00 PM dose.

-"Omeprazole DR" 20 mg, take 1 capsule by mouth every morning 30 minutes before breakfast for excessive acid in stomach. Resident 1's MAR showed no documentation for the 7:30 AM dose on 01/03/2024, 01/05/2024, and 01/06/2024.

-Acetic Acid 0.25%, use 60 milliliters (ml) to irrigate bladder once daily, Resident 1's MAR showed no documentation for 8:00 AM on 01/01/2024, 01/02/2024, 01/03/2024, 01/04/2024, 01/05/2024, 01/06/2024, and 01/07/2024.

-Therems-M, take 1 tablet by mouth every morning for vitamin deficiency. Resident 1's MAR showed no documentation for the 8:00 AM dose on 01/06/2024 and 01/07/2024.

-Nystatin 100,00 units, apply topically to affected areas under skin folds twice daily for fungal infection. Resident 1's MAR showed no documentation for the 8:00 PM dose on 01/02/2024 and 01/04/2024 and the 8:00 AM dose on 01/06/2024 and 01/07/2024.

Resident 2
A review of Resident 2's January 2024 computer-generated MARs showed they were prescribed,

-Allopurinol 100 mg, take 1 tablet by mouth twice daily for gout. Resident 2's MAR showed no documentation for the 8:00 PM dose on 01/04/2024 and 01/10/2024.

- "Amitriptyline HCL" 50 mg, take 1 tablet by mouth at bedtime for depression. Resident 2's MAR showed no documentation for the 10:00 PM dose on 01/04/2024 and 01/10/2024.

-Atorvastatin 20 mg, take 1 tablet by mouth at bedtime for high levels of fat in the blood. Resident 2's MAR showed no documentation for the 8:00 PM dose on 01/04/2024 and 01/10/2024.

-Baclofen 20 mg, take 1 tablet by mouth four times daily for muscle spasms. Resident 2's MAR showed no documentation for the 5:00 PM dose on 01/01/2024, 01/03/2024, 01/05/2024, 01/06/2024, 01/09/2024, and the 8:00 PM dose on 01/04/2024 and 01/10/2024.

-Eliquis 5 mg, take 1 tablet by mouth every 12 hours for blood clots. Resident 2's MAR showed no documentation for the 6:00 PM dose on 01/01/2024, 01/03/2024, 01/05/2024, 01/06/2024, 01/09/2024, and the 6:00 AM dose on 01/05/2024 and 01/08/2024.

- "Metformin HCL" 1,000 mg, take 1 tablet by mouth twice daily with breakfast and dinner for high blood sugar. Resident 2's MAR showed no documentation for the 5:00 PM dose on 01/01/2024, 01/03/2024, 01/05/2024, 01/06/2024, and 01/09/2024.

- "Methenamine Hipp" 1 gram, take 1 tablet by mouth twice daily for urinary tract infection. Resident 2's MAR showed no documentation for the 8:00 PM dose on 01/04/2024 and 01/10/2024.

-Nyamyc 100,000 units, apply topically to the groin twice daily. Resident 2's MAR showed no documentation for the 8:00 PM dose on 01/04/2024 and 01/10/2024.

- "Omeprazole DR" 20 mg, take 1 capsule by mouth twice daily 30 minutes before meals

for excessive stomach acid. Resident 2's MAR showed no documentation for the 4:30 PM dose on 01/06/2024 and 01/10/2024.

-Oxybutynin 5 mg, take 1 tablet by mouth three times a day for overactive bladder. Resident 2's MAR showed no documentation for the 8:00 PM dose on 01/04/2024 and 01/10/2024.

-Silodosin 4 mg, take 1 capsule by mouth every evening for enlarged prostate. Resident 2's MAR showed no documentation for 01/01/2024, 01/03/2024, 01/05/2024, 01/06/2024, and 01/09/2024.

Resident 2 Bedroom
On 01/11/2024 at 2:15 PM, observation showed the following medication in Resident 2's bathroom and bedroom, 2 packages of Nyquil cold and flu, 3 bottles of Saline spray, Xylimelts Dry Mouth, Neosporin, Triple Antibiotic Ointment, Cortisone 10, 2 packages of Theraflu, Aspercreme, Icy Hot, 2 bottles of Sodium Chloride, Wound Wash, Tylenol, and Tiger Balm.

Further review of Resident 2's January 2024 computer-generated MAR showed the following medications were not on Resident 2's MAR: 2 packages of Nyquil cold and flu, 3 bottles of Saline spray, Xylimelts Dry Mouth, Neosporin, Triple Antibiotic Ointment, Cortisone 10, 2 packages of Theraflu, Aspercreme, Icy Hot, 2 bottles of Sodium Chloride, Wound Wash, Tylenol, and Tiger Balm.

In an interview on 01/11/2024 at 2:25 PM, Staff A stated that Resident 2 had gone into the community and had purchased the medications on their own.

Additional review of Resident 2's January 2024 computer-generated MAR showed they were prescribed,

-Pregabalin 300 mg, take 1 capsule by mouth twice daily for pain.

-Zinc Oxide 20% ointment, apply a thin layer topically to peri wound daily to prevent skin breakdown.

-Ascorbic Acid 500 mg, take 1 tablet by mouth on Monday, Wednesday, and Friday mornings for vitamin deficiencies.

- "Hydrocodone-Acetamin" 10-325 mg, take 1 tablet by mouth every eight hours for pain.

-Oflaxacin 0.3% instill 1 drop into left eye four times daily for bacterial infection.

-Ketorolac 0.5% instill 1 drop into left eye twice a day for 30 days then stop for pain.

On 01/11/2024 at 5:20 PM, observation showed the following medications were not in Resident 2's medication storage container, Pregabalin 300 mg, Zinc Oxide 20%, Ascorbic Acid 500 mg, "Hydrocodone-Acetamin" 10-325 mg, Oflaxacin 0.3%, and Ketorolac 0.5%.

In an interview on 01/11/2024 at 5:29 PM, Staff C stated that Resident 2 had no further refills on their Pregabalin 300 mg, Zinc Oxide 20% had been discontinued by wound care, and Resident 2 had been on "Hydrocodone-Acetamin" 10-325 mg for 2 weeks and was no longer taking it. Staff C further stated that Resident 2 no longer used Ofloxacin 0.3% and Ketorolac 0.5%. Additionally, Staff C stated that they that they did not have discontinuation orders for Pregabalin 300 mg, Zinc Oxide 20%, "Hydrocodone-Acetamin" 10-325 mg, Ofloxacin 0.3%, and Ketorolac 0.5 %, Staff C also stated that they could not locate Resident 2's Ascorbic Acid 500 mg.

In an interview on 01/11/2024 at 6:40 PM, Staff A, Entity Representative/Resident Manager, stated that they reviewed resident medications monthly.

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, Senior Best Care Inc. 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;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep medication found in Resident 2's bathroom and bedroom, the refrigerator, and Staff A, Entity

Representative/Resident Manager's office, in locked storage. These failures placed 3 of 3 ambulatory residents (Resident 2, 3, and 4) at risk of harm or injury if they took medication not prescribed for their use.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 2, 3, and 4 lived in and received care from the AFH. Further observation showed Resident 2 and Resident 3 operated their [redacted] independently in the AFH.

On 01/11/2024 at 9:22 AM, observation showed the keys to the medication storage closet hanging from the lock in the doorknob.

In an interview on 01/11/2024 at 9:23 AM, Staff C, Caregiver, stated that they had just completed giving residents their medication. Staff C further stated that they had left the keys in the lock to answer the door for department staff.

In an initial interview on 01/11/2024 at 11:11 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 4 used a walker independently for ambulation.

Refrigerator
On 01/11/2023 at 12:50 PM, observation showed the following medication stored in the unlocked door of the refrigerator in the kitchen of the AFH:

Former Resident (FR)
5 packages of Insulin Lispro Injection Kwik Pen 100 units/milliliters (ml), inject subcutaneously (under the skin) every 6 hours per sliding scale and 2 packages Lantus Solstar 100 units/15 ml, inject 22 units subcutaneously four mornings per week on non-dialysis (treatment that helps body remove extra fluid from the blood) day.

Resident 2
12 packages of Insulin Lispro 100 unit/ml, inject 20 units subcutaneously 3 times daily with meals, 1 package of Levemir Flex pen 100 unit/15 ml, inject 35 units subcutaneously every morning, and 2 packages of Lantus Solostar 100 unit, inject 50 units subcutaneously every morning.

In an interview on 01/11/2024 at 12:51 PM, Staff A stated that they had contacted the pharmacy 2 weeks prior to pick up FR's refrigerated medication. Staff A further stated that they were not aware medication in the refrigerator was required to be locked.

On 01/11/2024 at 1:05 PM, observation showed a medication cup with 7 pills in an unlocked kitchen cabinet.

In an interview on 01/11/2024 at 1:06 PM, Staff C stated that the pills in the medication cup were for Resident 5. Staff C further stated that Resident 5 had refused their morning medication and they had placed the medication cup in the cabinet. Additionally, Staff C stated that they were going to approach Resident 5 again with the medication and find out if they would take it.

Resident 2 Bedroom
On 01/11/2024 at 2:15 PM, observation showed the following medication in Resident 2's bathroom in an unlocked 5-drawer plastic shelving unit, 2 packages of Nyquil cold and flu, 3 bottles of Saline spray, Xylimelts Dry Mouth, Neosporin, Triple Antibiotic Ointment, Cortisone 10, 2 packages of Theraflu, Aspercreme, Refresh Tears, Icy Hot, and Tiger Balm. Resident 2 also had a bottle of Tylenol on their bedside table. Additional observation of Resident 2's bathroom showed Nystatin 100,000 units, apply topically to affected areas under skin folds twice daily for fungal infection, 2 Sodium Chloride bottles 100 ml each, and a bottle of Wound Wash.

In an interview on 01/11/2024 at 2:25 PM, Staff A stated that Resident 2 had gone into the community and had purchased the medications on their own.

On 01/11/2024 at 9:48 AM and at 2:40 PM, observation showed the door to Staff A's office was unlocked and wide open. Further observation showed 5 prescription medication bottles with medication inside on Staff A's desk and on the shelving units behind their desk.

In an interview on 01/11/2024 at 2:42 PM, Staff A stated that the medication in their office was their own medication and did not include any resident medication.

On 01/11/2024 at 4:40 PM observation showed that Staff C went to Resident 5's bedroom and returned with Resident 5's prescribed Nyamyc 100,000 units/gram, apply topically to affected area(s) of the skin folds and groin areas twice daily as needed for rash/redness.

In an interview on 01/11/2024 at 4:41 PM, Staff C stated that Resident 5's Nyamyc 100,000 units/gram was in the resident's room.

Attestation Statement

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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 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

(2) Residents who have left the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 2 of 2 current residents (Resident 2 and Resident 5) and 1 of 1 former resident (FR). This failure placed Resident 2 and Resident 5 at risk for side effects or decreased action from taking an expired medication.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 2 and Resident 5 lived in and received medication assistance from the AFH.

Former Resident (FR)
On 01/11/2023 at 10:50 AM, observation showed 5 packages of Insulin Lispro Injection Kwik Pen 100 units/milliliters (ml), inject subcutaneously (under the skin) every 6 hours per sliding scale and 2 packages Lantus Solstar 100 units/15 ml, inject 22 units subcutaneously four mornings per week on non-dialysis (treatment that helps the body remove extra fluid from the blood) day in the refrigerator of the AFH.

In an interview on 01/11/2024 at 10:51 AM, Staff A, Entity Representative/Resident Manager, stated that the 5 packages of Insulin Lispro Injection Kwik Pen 100 units/ml and 2 packages Lantus Solstar 100 units/15 ml belonged to FR who discharged from the AFH the first week of December 2023. Staff A further stated that they had called the pharmacy 2 weeks prior to pick up the unused medication.

Resident 2
On 01/11/2024 at 10:55 AM, observation showed 5 packages of Insulin Lispro 100 units/ml in the refrigerator for Resident 2. Further review showed the Insulin Lispro 100 units/ml expired on 05/16/2023, 07/10/2023, 08/06/2023, 12/07/2023, and 12/28/2023.

In an interview on 01/11/2024 at 10:56 AM, Staff A stated that they were unaware Resident 2's medication was expired. Staff A further stated that the AFH's medication disposal policy was to call the pharmacy to pick up the medication or to crush the medication and mix it with coffee grounds.

On 01/11/2024 at 2:15 PM, observation showed 3 bottles of Saline Spray and Aspercreme in a plastic 5 drawer storage container in Resident 2's bathroom. Further observation showed the 3 bottles of Saline Spray all expired on 03/2023 and the Aspercreme expired on 06/2023.

In an interview on 01/11/2024 at 2:16 PM, Staff A stated that Resident 2 had bought the Saline Spray and Aspercreme themselves.

On 01/11/2024 at 5:15 PM, observation showed Resident 2 had the following medication in their medication storage container:

-Diphenoxylate-Atop 2.5-0.025 milligrams (mg), take 1 tablet by mouth four times daily as needed for diarrhea. Further observation showed Resident 2's Diphenoxylate-Atop 2.5-0.025 mg expired on 08/27/2023.

-Loperamide 2 mg, take 2 capsules by moth initially, then 1 capsule after each additional loose stool as needed. Further observation showed Resident 2's Loperamide 2 mg expired on 08/21/2023.

-Docusate Sodium 100 mg, take 1 capsule by mouth daily as needed for constipation. Further observation showed Resident 2's Docusate Sodium 100 mg expired on 09/26/2023.

Resident 5
On 01/11/2024 at 2:02 PM, observation showed Fungi Nail Oil under the sink in Resident 5's bathroom. Further observation showed the Fungai Nail Oil had expired on 01/2018.

In an interview on 01/11/2024 at 2:03 PM, Staff A stated that Resident 5's family must have put the Fungai Nail Oil under Resident 5's sink. Staff A stated that they were not aware the Fungai Nail Oil was under Resident 5's sink or that it was expired.

A review of the AFH's undated "Medication Disposal Form/Policy" showed medications were disposed by mixing with coffee grounds, kitty litter, or with the RX Destroyer (chemical destruction container that converts solid and liquid medications into a non-retrievable form).

Attestation Statement

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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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

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) signed a copy of their notice of rights and services. This failure placed Resident 2 at risk of not receiving the care they required and not knowing their rights.

Findings included…

During a visit on 01/11/2024 at 9:20 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]/2020. Further review of Resident 2's records showed Resident 2's notice of rights and services agreement dated 02/14/2020 showed pages 8, 10, and 11 were not signed by Resident 2. In addition, the agreement had no other signatures with dates indicating that it had ever been reviewed.

In a follow up phone interview on 01/24/2024 at 2:00 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 2 admitted to the AFH a long time ago. Staff A further stated that they would check their records.

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, Senior Best Care Inc. 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure an assessment was completed that identified the need and ability to safely use [redacted] for one of one resident (Resident 1). Further, the AFH failed to inform Resident 1 or their Representative of the safety risks and benefits associated with the use of [redacted]. In addition, the AFH did not include in Resident 1's Negotiated Care Plan (NCP) how the [redacted] would be used. These failures placed Resident 1 at potential risk of harm or injury if the [redacted] were not safe for the resident's use in the AFH. In addition, these failures prevented the resident or their Representative from making an informed decision about whether to use the [redacted] and placed the resident at risk of harm from staff not knowing how the resident used the [redacted].

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 1 was not in the AFH. Further observation showed Resident 1 returned to the AFH after a hospital stay.

On 01/11/2024 at 2:00 PM, observation showed Resident 1's [redacted] had bilateral one-half [redacted] bolted to the bed frame. Further observation showed the [redacted] on the right side of the bed was in the up position and the [redacted] on the left side of the bed was in the down position. Department Staff were able to move the left [redacted] into the up position.

Review of email correspondence received by the Department on 01/16/2024 at 10:58 AM from Staff A, showed 2 pages of hospital notes dated 06/02/2023 for Resident 1. Review of Resident 1's hospital notes showed Resident 1 was in a [redacted] with [redacted] in the up position. There was no Assessment included in the email correspondence showing Resident 1's need and ability to safely use [redacted] in the AFH.

In a follow up phone interview on 01/24/2024 at 2:00 PM, Staff A stated that they had completed the Assessment for Resident 1's need and ability to use [redacted]. Staff A further stated that they had provided Resident 1's Representative with information on the [redacted] benefits and safety risks.

Review of email correspondence received by the Department on 01/27/2024 at 10:41 PM from Staff A, showed a [redacted] evaluation for Resident 1 dated 06/11/2023 was completed by Staff A. Further review showed Staff A assessed Resident 1's cognition, physical abilities, and indicated Resident 1's Representative understood the risks of [redacted] use. Resident 1's evaluation did not indicate what type of [redacted] Resident 1 required (full, ½, ¼, etc.) or when the [redacted] would be used (at night, always, only during illness, etc.). The evaluation showed the information would be entered into Resident 1's NCP and reevaluation would occur with a change in condition and quarterly. Additionally, the evaluation showed the risks associated with the use of [redacted] included strangulation, broken bones, immobility, pressure sores, dehydration, incontinence, agitation, muscle atrophy, loss of independence, and visual obstruction. Resident 1's [redacted] evaluation was signed only by Staff A on 06/11/2023 and did not include information that the evaluation had been reviewed as identified.

Review of Staff A's credentials with the Department of Health showed they were a Nursing Assistant Certified, not a registered nurse, occupational therapist or physical therapist.

Review of the Washington Administrative Code (WAC) 246-841A for Nursing Assistants showed WAC 246-841A-400 Standards of Practice and Competencies for Nursing Assistants found no information that Nursing Assistants were able to conduct evaluations for [redacted].

Review of Resident 1's NCP dated 06/20/2023 showed Resident 1 was admitted to the AFH on [redacted]/2023. In addition, Resident 1's NCP showed no information that Resident 1 used [redacted] and how the resident used them.

Review of email correspondence received by the department on 01/27/2024 at 10:41 PM from Staff A, showed the AFH's [redacted] Informed Consent and Release for Resident 1 was signed by Resident 1's Representative on 06/11/2023. Further review showed the following safety issues with the use of [redacted] were not included in the AFH's [redacted] Informed Consent and Release: entrapment through the individual bars of an individual [redacted], through the spaces between split [redacted], between the [redacted] and mattress, between the headboard or footboard, [redacted] and the mattress. Additionally, the AFH's [redacted] Informed Consent and Release for Resident 1 showed the [redacted] may also be associated with accidental skin bruising, cuts, or scrapes.

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, Senior Best Care Inc. 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 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The home may video monitor and video record activities in the home, without an audio component, only in the following areas:

(a) Entrances and exits if the cameras are:

(i) Focused only on the entrance or exit doorways; and

(3) The home must notify all residents in writing of the video monitoring equipment. The home must:

(a) Identify in the written notification each person or organization with access to electronic monitoring; and

(b) Retain an acknowledgment that has been signed and dated by both the resident and the home that states in writing that the resident has received this notification.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure video monitoring focused only on the entrance and exit doorways. In addition, the AFH failed to provide written notification to 5 of 5 residents (Resident 1, 2, 3, 4 and 5) of video monitoring and to identify each person or organization with access to the electronic

monitoring. This failure placed all 5 residents at risk of invasion of privacy.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 2, 3, 4 and 5 lived in and received care from the AFH. Further observation showed Resident 1 returned to the AFH after a hospital stay.

On 01/11/2024 at 9:21 AM observation showed a security camera mounted to the kitchen ceiling and faced the back door exit. Observation further showed another camera mounted to the foyer ceiling and faced the front door entrance of the AFH.

On 01/11/2024 at 9:49 AM observation showed Staff A, Entity Representative/Resident Manager, had 2 video monitors in their office. The monitors showed live video of the entrance of the AFH, Foyer area, a portion of the kitchen, dining room table, and the walkway to the back door exit.

On 01/11/2024 at 9:48 AM and at 2:40 PM, observation showed the door to Staff A's office was unlocked and wide open.

Observation on 01/11/2024 at 10:39 AM showed Resident 2 used their [redacted] to exit and enter the AFH through the back door. Observation further showed Resident 2 was video recorded from the dining area to the back door due to the placement of the video cameras inside the AFH.

Observation on 01/11/2024 at 6:41 PM showed Resident 3 used their [redacted] to exit and enter the AFH through the back door. Observation further showed Resident 3 was video recorded from the dining area to the backdoor due to the placement of the video cameras inside the AFH.

In an interview on 01/11/2024 at 6:35 PM, Staff A stated that they had not provided the residents written notification of the video monitoring that was occurring in the AFH. Staff A further stated that they had no documentation that showed the residents were aware of the video monitoring and who had access to the video monitoring.

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_____ _____
Provider (or Representative) Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

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

(11) Keep the home free from:

(c) Cockroaches; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the home was kept in good repair with a homelike environment, that the hot water temperature did not exceed one hundred twenty degrees Fahrenheit, that all toxic substances were kept in locked storage, and that the AFH was free of cockroaches. These failures placed all residents (Resident 1, 2, 3, 4, and 5) at risk of harm or injury in the event they were burned by excessive water temperature, accessed or ingested toxic substances, and at risk of exposure to disease carried by cockroaches.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Resident 1 returned to the AFH after a hospital stay.

Cockroaches
In an interview on 01/11/2024 at 10:41 AM, Resident 2 stated that there were cockroaches all over the home including in the kitchen drawers. Resident 2 further stated that there

recently was a cockroach in their bedroom.

On 01/11/2024 at 10:43 AM observation showed 2 cockroaches in the top left kitchen drawer and 1 cockroach in the bottom left cabinet with the pots and pans.

In an interview on 01/11/2024 at 10:44 AM, Staff A, Entity Representative/Resident Manager, stated that an exterminator had been to the home a couple weeks ago. Staff A further stated that the exterminators came to the AFH every 3 months.

On 01/11/2024 at 12:12 PM observation showed a cockroach moving across the floor in Staff A's office.

Kitchen
On 01/11/2024 at 10:45 AM observation in the kitchen of the AFH showed the drawer handles were sticky, had crumbs, coffee grounds, and light brown sticky spots in the drawers. Observation also showed a pair of old dirty stained oven mitts and hair in the drawer with the utensils. Further observation showed underneath the kitchen sink in an unlocked cabinet with toxic substances including, a canister of Ajax, Ultra Oxygen Cleaner Spray, and Eazy Off Oven Cleaner.

Laundry Room
On 01/11/2024 at 1:38 PM observation showed the laundry room door was unlocked and contained the following toxic substances, Pine Sol 100 ounces, Scrubbing Bubbles Cleaner, Lysol Spray, Clorox Spray, Ultra Shine Dishwashing Detergent 115 pack, and Sani-Hands Wipes. Further observation of the laundry room showed underneath the unlocked sink, Windex, Baking Soda 13.5-pound container, Peri Fresh Perineal Cleaner 1 gallon.

In an interview on 01/11/2024 at 2:41 PM, Staff C, Caregiver, stated that the laundry room was kept unlocked.

In an interview on 01/11/2024 at 2:42 PM, Staff A stated that they kept the laundry room door locked. Staff A placed a key on top of the door frame and stated that was where the laundry room door key was kept. Additionally, observation showed Staff C was not tall enough to reach the top of the door frame where the key to the laundry room was kept. Staff A stated that they wanted to change the lock on the laundry room door.

Bedrooms
On 01/11/2024 at 1:20 PM observation showed Bedroom A was vacant and the water temperature at the bathroom sink was 125.6 degrees Fahrenheit (F).

On 01/11/2024 at 1:30 PM observation showed Bedroom B used by Staff C showed no bathroom door. Further observation showed the water temperature at the bathroom sink was 126.9 degrees F.

On 01/11/2024 at 1:49 PM observation showed Bedroom [redacted] used by Resident 1 had no bathroom door. Further observation showed the water temperature at the bathroom sink was 122.9 degrees F.

In an interview on 01/11/2024 at 1:50 PM, Staff A stated that another resident in the AFH had broken their bathroom door. Staff A further stated that they had removed the bathroom door from Bedroom [redacted] to replace the broken one about 2-3 months ago. Additionally, Staff A stated that Resident 1 did not use the bathroom.

On 01/11/2024 at 2:01 PM observation showed Bedroom [redacted] used by Resident 5 had no bathroom door. Further observation showed the water temperature at the bathroom sink was 128.3 degrees F.

On 01/11/2024 at 2:10 PM observation showed Bedroom [redacted] used by Resident 2 showed Listerine 500 milliliters (ml) and Lysol Cleaning Wipes in an unlocked plastic 5 drawer storage unit. Further observation showed the water temperature at the bathroom sink was 133.9 degrees F.

On 01/11/2024 at 2:34 PM observation showed Bedroom [redacted] used by Resident 3 and Resident 4 had a water temperature at the sink of 123.6 degrees F.

Hallway
On 01/11/2024 at 2:46 PM observation showed the hallway walls near the resident rooms had scuff marks, scratches, and dents in the walls. Further observation showed a 1-foot hole in the wall, within 6 inches of the floor, in the hallway near Bedroom D.

In an interview on 01/11/2024 at 2:47 PM, Staff A stated that the walls had been damaged by a wheelchair. Staff A further stated that they had been in the process of painting and repairing the walls but had to stop due to financial reasons.

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Provider (or Representative) Date

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to evacuate all residents in the home in five minutes or less. This failure placed all residents (Resident 1, 2, 3, 4, and 5) at risk of harm or serious injury in the event of an emergency requiring evacuation from the AFH.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Resident 1 returned to the AFH after a hospital stay.

A review of the AFH's Emergency Evacuation Drill Log dated 12/19/2023 showed Resident 1 was out of the AFH, Resident 3 did not participate, and Resident 2 and Resident 4 participated in the emergency evacuation drill. Further observation of the Emergency Evacuation Drill Log dated 12/19/2023 showed the partial evacuation drill lasted from 1:00 PM to 1:06 PM, 6 minutes. Additionally, Resident 5 was not listed on the emergency evacuation drill log.

Review of Resident 5's records showed they were admitted to the AFH on [redacted]/2023.

In an interview on 01/11/2024 at 5:30 PM, Staff A, Entity Representative/Resident Manager, stated that the emergency evacuation drill on 12/19/2023 lasted 5 or 6 minutes.

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Provider (or Representative) Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

(d) Continuing to offer the resident a chance to participate in every evacuation drill.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to include in 1 of 1 resident (Resident 3) Negotiated Care Plan (NCP) their refusal to participate in evacuation drills and the estimated amount of time it would take to evacuate Resident 3 from the AFH. In addition, the AFH failed to include the estimated time to evacuate Resident 3 on the emergency evacuation drill log to ensure evacuation of the AFH did not exceed five minutes. This failure placed Resident 3 at risk of harm or serious injury in the event of an emergency requiring evacuation from the AFH.

Findings included…

During a visit on 01/11/2024 at 9:20 AM, observation showed Resident 3 lived in and received care from the AFH.

In an interview on 01/11/2024 at 11:11 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 3 refused to participate in emergency evacuation drills.

Review of the AFH's Emergency Evacuation Drill Logs dated 12/19/2023, 10/19/2023, 08/17/2023, 06/15/2023, 04/20/2023, and 02/16/2023 showed no estimated time it would take to evacuate Resident 3 from the AFH.

Review of Resident 3's NCP dated 01/03/2020 showed Resident 3 was admitted to the AFH on [redacted]/2019. Further observation showed no information that Resident 3 refused to participate in emergency evacuation drills. Additionally, Resident 3's NCP showed no estimated time it would take to evacuate Resident 3 from the AFH.

Attestation Statement

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

_____ _____

Provider (or Representative) Date