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

Great Leaf Home Care, LLC

Great Leaf Home Care LLC
8539 S 114th St
Seattle, WA 98178

RE: Great Leaf Home Care LLC License # 753633

Dear Provider:

This letter addresses Compliance Determination(s) 42754 (Completion Date 06/26/2024) and 38196 (Completion Date 03/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/26/2024 and found that you have corrected the violations listed in the Follow up report dated 03/12/2024. Your home is back in compliance as of 03/29/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Angelica Rios, ALF Licensor

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

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site follow-up on 03/12/2024 and 03/12/2024 of:
Great Leaf Home Care LLC
8539 S 114th St
Seattle, WA 98178

This document references the following SOD dated: 03/12/2024

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Dahl Kim — Residential Care Services

03/20/2024 — 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 03/12/2024 and 03/12/2024 of:

Great Leaf Home Care LLC
8539 S 114th St
Seattle, WA 98178

This document references the following SOD dated: 03/12/2024

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) Date

WAC 388-76-10430 Medication system.

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

Findings included…

During a follow up visit on 03/12/2024 at 2:10 PM, observation showed Resident 1, 2, and 5 lived in and received medication assistance from the AFH.

Resident 5
On 03/12/2024 at 2:33 PM observation showed Resident 5's medication storage container had a bubble pack for Prednisone 50 milligrams (mg), take 1 tablet by mouth 13 hours, 7 hours, and 1 hour prior to procedure. Further, the medication label for Resident 5's Prednisone 50 mg showed the medication was filled on 01/16/2024. Resident 5's medication storage container showed Systane Ultra, 10 milliliters (ml), for dry eyes.

A review of Resident 5's March 2024 pharmacy-generated Medication Administration Record (MAR) showed no entry for Prednisone 50 mg or Systane Ultra 10 ml on Resident 5's MAR.

A review of Resident 5's February 2024 pharmacy-generated MAR also showed no entry for Prednisone 50 mg.

In an interview on 03/12/2024 at 2:46 PM, Staff A, Entity Representative/Resident Manager, stated that they had not noticed the medication was not on Resident 5's MAR. Staff A further stated that they reconciled resident medication with their MAR every month.

Additional review of Resident 5's March 2024 pharmacy-generated MAR showed they were prescribed:

-Atorvastatin 80 mg, take 1 tablet by mouth daily at bedtime, to lower fat in the blood. Review showed on 03/12/2024 at 2:50 PM, the 8:00 PM dose had been initialed.

- "Metformin HCL ER" 500 mg, take 2 tablets (1000 mg) by mouth twice daily with breakfast and dinner, for diabetes (a medical condition where there is high blood sugar levels). Review showed on 03/12/2024 at 2:51 PM, the 5:00 PM dose had been initialed.

Resident 1
A review of Resident 1's March 2024 pharmacy-generated MAR showed they were prescribed:

- "Nitrofurantoin MCR" 50 mg, take 1 capsule by mouth every morning for bacterial infection.

-Probiotic Formula, take 1 capsule by mouth every morning for nutritional deficiency. Family Supply.

-Acetaminophen 500 mg, take 2 tablets (1000 mg) by mouth three times daily as needed for pain. Family Supply.

-Miralax, mix 1 capful (17 grams) in 4-8 ounces of liquid and drink by mouth as needed for constipation if no bowel movement for 2 days. Family Supply.

On 03/12/2024 at 3:07 PM observation showed Resident 1's medication storage container did not contain the following medication: "Nitrofurantoin MCR" 50 mg, Probiotic Formula, Acetaminophen 500 mg, and Miralax.

In an interview on 03/12/2024 at 3:10 PM, Staff A, Entity Representative/Resident Manager, stated that they had spoken to the pharmacy in the morning and Resident 1's "Nitrofurantoin MCR" 50 mg was scheduled to be delivered to the AFH in the evening. Staff A further stated that Resident 1's Probiotic Formula, Acetaminophen 500 mg, and Miralax were supplied by the resident's family. Additionally, Staff A stated that they had spoken to Resident 1's family on 03/10/2024 about Resident 1's medication. Staff A stated that Resident 1's family was to visit the AFH on 03/13/2024 and provide the Resident 1's Probiotic Formula, Acetaminophen 500 mg, and Miralax at that time. Further, Staff A stated that they had been out of Resident 1's Miralax for approximately 1 week.

Additional review of Resident 1's March 2024 pharmacy-generated MAR showed they were prescribed:

- "Albuterol Sul" 2.5 mg/3 ml, inhale contents of 1 vial via nebulizer (delivery device used to administer medication in the form of a mist inhaled into the lungs) twice daily for damaged lungs. Further review showed on 03/12/2024 at 3:12 PM, the 8:00 PM dose had been initialed. Additionally, review showed the 8:00 AM and 8:00 PM dose for 3/13/2024 and 03/14/2024 had also been initialed.

-Sodium Chloride 7 percent (%), inhale 1 vial contents via nebulizer twice daily for damaged lungs. Further review showed on 03/12/2024 at 3:13 PM, the 8:00 PM dose had been initialed.

Resident 2
A review of Resident 2's pharmacy-generated MAR showed they were prescribed:
-Atorvastatin 40 mg, take 1 tablet by mouth daily at bedtime for fat in the blood. Further review showed on 03/12/2024 at 3:17 PM, the 8:00 PM dose had been initialed.

- "Donepezil HCP" 10 mg, take 1 tablet by mouth every night at bedtime for Alzheimer's (a brain disease that includes a decline in memory, thinking, behavior and social skills). Further review showed on 03/12/2024 at 3:18 PM, the 8:00 PM dose had been initialed.

-Genteal Tears 0.1%-0.3%, instill 1 drop in both eyes three times daily. Further review showed on 03/12/2024 at 3:19 PM, the 8:00 PM dose had been initialed.

In an interview on 03/13/2024 at 3:20 PM, Staff A stated that they had made a mistake when they initialed Resident 1, Resident 2, and Resident 5's MAR.

This is an uncorrected deficiency cited on 01/02/2024.

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, Great Leaf Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date

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

Statement of Deficiencies	License #: 753633	Compliance Determination #: 34397
Plan of Correction	Great Leaf Home Care LLC	Completion Date
Page 1 of 18	Licensee: Great Leaf Home Care, LLC	01/02/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 12/26/2023 and 12/26/2023 of:
Great Leaf Home Care LLC
8539 S 114th St
Seattle, WA 98178

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
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.

for Dahl Kim — 01/08/2024

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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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Residential Care Services

Date

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Provider (or Representative) Date

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

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

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a valid name and date of birth background check for 1 of 6 sampled staff (Staff G, non-caregiver/maintenance). This failure resulted in staff having unsupervised access to vulnerable adults with an unknown background.

Findings included…

During a visit on 12/26/2023 at 8:48 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Staff G performed maintenance tasks inside the AFH.

Review of Staff G's personnel records showed a hire date of 03/12/2018. Further review of Staff G's personnel records showed a name and date of birth background check dated 12/20/2018 and had expired on 12/20/2020.

In an interview on 12/26/2023 at 5:00 PM, Staff A, Entity Representative/Resident Manager, stated that they thought they only needed to do Staff G's background check once.

Attestation Statement

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_____ _____
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:

(3) Tuberculosis testing results.

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 staff (Staff A, Entity Representative/Resident Manager, Staff B, Caregiver, Staff C, Caregiver, and Staff D, Caregiver) had tuberculosis (TB) testing records readily accessible to Department Staff (DS). This failure placed all residents and staff in the AFH at risk of illness in the event a staff person had TB, a communicable disease affecting the lungs, and caused a delay for DS to determine if the home had qualified staff.

Findings included…

During a visit on 12/26/2023 at 8:48 AM, observation showed Resident 1, 2, 3, 4, and 5 lived in and received care from the AFH. Observation also showed Staff A and Staff C worked in the home.

Review of Staff A, Entity Representative/Resident Manager, personnel records showed the AFH was licensed on 03/12/2018. Review of Staff A's records found a TB chest x-ray was completed on 10/10/2014. Staff A's records showed no other TB tests records.

Review of Staff B, Caregiver, personnel records showed a hire date of 03/12/2018. Further review of Staff B's records found a 1-step TB skin test that showed a positive result on 10/09/2014. Additionally, Staff B's record showed no other TB test records.

Review of Staff C, Caregiver, personnel records showed a hire date of 03/12/2018. Further review of Staff C's records found a 1-step TB skin test that showed a negative result on

07/27/2018. Additionally, Staff C's record showed no other TB test records.

Review of Staff D, Caregiver, personnel records showed a hire date of 01/15/2021. Further review of Staff D's record showed no TB test records. [Note: due to Covid, TB testing requirements were waived and reimplemented on 07/03/2022.]

In an interview on 12/26/2023 at 2:00 PM, Staff A stated that Staff B had completed a chest x-ray in 2014 but did not know where the record was located. Staff A further stated that they would look for Staff D's TB test records. Additionally, Staff A stated they were unaware of the requirement to have all staff TB test records available to DS.

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 388-76-10330 Resident assessment. The adult family home must:

(1) Obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting a resident to the home;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to obtain an Assessment before admitting 1 of 2 sampled residents (Resident 4) to the AFH. This failure placed Resident 4 at risk of unmet care needs.

Findings included…

During a visit on 12/26/2023 at 8:48 AM, observation showed Resident 4 lived in and received care from the AFH.

Review of Resident 4's records showed Resident 4 was admitted to the AFH on [redacted]/2023. Review of Resident 4's Assessment showed it was completed 07/27/2023.

In an interview on 12/26/2023 at 4:20 PM, Staff A, Entity Representative/Resident Manager, stated that a nurse was not available to complete an Assessment prior to Resident 4’s admission to the AFH. Staff A further stated that an Assessment was

completed after Resident 4's admission to 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

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they had nurse delegation (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 place for 1 of 2 sampled residents (Resident 5) that required nurse delegation. This failure placed Resident 5 at risk of harm and injury from AFH staff not being trained to complete nursing tasks.

Findings included…

During a visit on 12/26/2023 at 8:48 AM, observation showed Resident 5 lived in and received medication from the AFH.

In an initial interview on 12/26/2023 at 9:28 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 5 was a recent admission to the AFH. Staff A further stated that Resident 5 had Diabetes (a medical condition where there is high blood sugar levels) and Insulin dependent (needs insulin to control blood sugar). Staff A stated that Resident 5 received their insulin through an insulin pen. In addition, Staff A stated that staff prepared the pen with the required dosage of insulin, a delegated task, and that Resident 5 self-administered their insulin.

Review of Resident 5's records showed Resident 5 was admitted to the AFH on

[redacted]/2023. Review of Resident 5's Assessment showed it was completed on 10/30/2023. Further review of Resident 5's Assessment showed Resident 5 required nurse delegation for assistance with testing blood glucose (blood sugar) and assistance with insulin. Additionally, Resident 5's Assessment showed that nurse delegation was required for all medication and the AFH provider was responsible for setting up nurse delegation as soon as the resident was admitted.

A review of Resident 5's December 2023 AFH-generated Medication Administration Record (MAR) showed they were prescribed, Lantus Solostar Pen 100-unit(s) milliliters (ml), 25 units subcutaneously (under the skin) daily, monitor blood glucose readings, fasting and before dinner; call provider immediately for glucose readings above 400 and less than 70. Additional review of Resident 5's MAR showed Resident 5's blood sugar was checked 12/17/2023 (PM), twice on the following dates 12/18/2023, 12/19/2023, 12/20/2023, 12/21/2023, 12/22/2023, 12/23/2023, 12/24/2023, 12/25/2023, and once on 12/26/2023 (AM). Resident 5's December 2023 MAR also showed Lantus Solostar Pen 100-unit(s) ml had been initialed on the following dates 12/18/2023, 12/19/2023, 12/20/2023, 12/21/2023, 12/22/2023, 12/23/2023, 12/24/2023, 12/25/2023, and 12/26/2023.

In an interview on 12/26/2023 at 4:01 PM, Staff A stated that they had contacted their nurse delegator but was unable to schedule an appointment, due to a personal issue, with the AFH until 12/27/2023. Staff A further stated that when the nurse delegator was on vacation, they contacted another nurse for delegated related issues. Additionally, Staff A stated that they had not contacted another nurse for the delegation of Resident 5's medication.

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

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have written approval from 1 of 5 residents (Resident 2) Primary Care Physician (PCP) to serve the resident Ensure (nutritional supplement to increase nutrition and calories). Additionally, the AFH failed to have written approval from 5 of 5 residents' (Residents 1, 2, 3, 4, and 5) PCPs for the residents to use Ricola Cough Drops. These failures placed Resident 2 at risk of dietary problems and placed Residents 1, 2, 3, 4, and 5 at potential risk of medication interactions from prescribed medication and/or worsening of condition from taking medication not prescribed to them.

Findings included…

During a visit on 12/26/2023 at 8:48 AM, observation showed Resident 1, 2, 3, 4, and 5 lived in and received medication from the AFH.

On 12/26/2023 at 8:54 AM, observation showed a glass baking dish with Ricola Cough Drops in the center of the kitchen table.

In an interview on 12/26/2023 at 8:55 AM, Staff A, Entity Representative/Resident Manager, stated that they provided the Ricola Cough Drops to all residents in case they wanted candy. Staff A also stated that they did not have any orders from the residents' PCPs for the Ricola Cough Drops.

In an interview on 12/26/2023 at 9:28 AM, Staff A stated that they sometimes gave Resident 2 Ensure if they had not eaten.

On 12/26/2023 at 11:58 AM, observation showed 2-16 packs of Ensure in the medication room.

In an interview on 12/26/2023 at 4:00 PM, Staff A stated that they had given Resident 2 Ensure a couple of times, maybe two weeks ago. Staff A further stated that they did not have an order from Resident 2's PCP for Ensure.

A review of Resident 5's December 2023 pharmacy-generated Medication Administration Record (MAR) showed no entry for Ensure.

In an interview on 12/26/2023 at 4:03 PM, Staff A stated that they had not written Resident 2's Ensure on the residents MAR.

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, Great Leaf Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(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 5) had their prescribed medication available and failed to keep 3 of 6 residents (Residents 2, 4, and 5) medication logs current. These failures placed Resident 5 at risk of worsening condition from missing prescribed medication and placed Residents 2, 4, and 5 at risk of medication errors.

Findings included…

During a visit on 12/26/2023 at 8:48 AM, observation showed Residents 2, 4, and 5 lived in and received medication from the AFH.

Resident 4
A review of Resident 4's December 2023 pharmacy-generated Medication Administration Record (MAR) showed they were prescribed,

-Metoprolol Tartrate 50 milligrams (mg), take 1 tablet by mouth twice daily for the management of high blood pressure. Resident 4's December 2023 MAR showed no initialed entries for the 8:00 AM dose on 12/22/2023, 12/23/2023, 12/24/2023, and 12/25/2023.

-Acetaminophen 500 mg, take 2 tablets (1000 mg) by mouth twice daily for pain. Further review of Resident 4's December 2023 MAR showed no initialed entry for the 8:00 PM dose on 12/23/2023.

In an interview on 12/26/2023 at 3:15 PM, Staff A, Entity Representative/Resident Manager, stated that they had forgotten to sign Resident 4's MAR.

Resident 5
A review of Resident 5's December 2023 AFH-generated MAR showed they were prescribed,

-Polyethylene Glycol 17 grams, dissolve 1 capful in 6-8 ounces (oz) of juice or water and drink by mouth daily as needed for constipation.

-Artificial Tears Eye Drops, 2 drops in both eyes daily as needed for dry eyes.

-Voltaren Topical 1 percent (%) Gel, 2 grams topically 4 times daily as needed for pain.

-Narcan 4 mg/0.1 milliliters (ml) Nasal Spray, 1 spray may repeat every 2-3 minutes until patient responds as needed for potential opioid induced non-responsiveness.

On 12/26/2023 at 4:30 PM, observation showed Resident 5's Polyethylene Glycol 17 grams, Artificial Tears Eye Drops, Voltaren Topical 1% Gel, and Narcan 4 mg/0.1 ml were not in their medication storage container. Further review of Resident 5's medication storage container found Oxycodone-Acetaminophen 5-325 mg, 1 tablet 3 times daily as needed for pain.

Further review of Resident 5's December 2023 AFH generated MAR showed no entry for Oxycodone-Acetaminophen 5-325 mg.

In an interview on 12/26/2023 at 4:31 PM, Staff A, stated that they had asked Resident 5's family to bring Polyethylene Glycol 17 grams, Artificial Tears Eye Drops, Voltaren Topical 1% Gel, and Narcan 4 mg/0.1 ml to the AFH. Staff A further stated that they had forgotten to put Resident 5's Oxycodone-Acetaminophen 5-325 mg on the resident's MAR.

A review of Resident 5's After Visit Summary dated 12/12/2023 showed Resident 5 was prescribed, Aspirin 81 mg, take one tablet daily for prevention of heart attack and stroke.

In a follow up phone interview on 01/02/2023 at 3:00 PM, Staff A stated that Resident 5 did not have Aspirin 81 mg in the AFH. Staff A further stated that they had talked to Resident 5's Representative and was told the resident had stopped taking Aspirin 81 mg. Additionally, Staff A stated that they had left a voicemail for Resident 5's Primary Care Physician and had called the pharmacy last week for a discontinuation order for Resident 5's Aspirin 81 mg.

Resident 2
A review of Resident 2's December 2023 pharmacy-generated MAR showed they were prescribed,

-Calcium 600 D3 400 Vitamin, take 2 tablets by mouth every morning for vitamin deficiency. Further review of Resident 2's December 2023 MAR showed no initialed entries for the 8:00 AM dose on 12/22/2023, 12/23/2023, 12/24/2023, and 12/25/2023.

-Genteal Tears 0.1 percent (%)-0.3%, instill 1 drop in both eyes three times daily for dry eyes. Further review of Resident 2's December 2023 MAR showed no initialed entries for the 2:00 PM dose on 12/22/2023, 12/23/2023, 12/24/2023, and 12/25/2023.

In a follow up phone interview on 01/02/2024 at 3:00 PM, Staff A stated that they had made a mistake by not initialing the entries for Resident 2's Calcium 600 D3 400 Vitamin and Genteal Tears 0.1%-0.3% on their December 2023 MAR.

Attestation Statement

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_____ _____
Provider (or Representative) Date

WAC 388-76-10480 Medication organizers. The adult family home must ensure:

(1) A licensed nurse, pharmacist, the resident or the resident's family member fills a resident's medication organizer;

(3) Each resident and anyone giving care to a resident can readily identify medications in the medication organizer;

(4) Medication organizer labels clearly show the following:

(a) The name of the resident;

(b) A list of all prescribed and over-the-counter medications;

(c) The dosage of each medication;

(d) The frequency which the medications are given.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the medication organizer of 1 of 1 resident (Resident 5) was filled only by a licensed nurse, pharmacist, the resident, or the resident's family member. In addition, the AFH failed to ensure the medication organizer had the residents name, listed all prescribed medications, the dosage, and frequency of each medication. These failures placed Resident 5 at risk of medication errors.

Findings included…

During a visit on 12/26/2023 at 8:48 AM, observation showed Resident 5 lived in and received medication from the AFH.

On 12/26/2023 at 4:00 PM, observation showed Resident 5 had 2 medication organizers. Further observation showed the medication organizers did not have the resident's name, list of medications, the dosage, and frequency.

A review of Resident 5's December 2023 AFH-generated Medication Administration Record (MAR) showed they were prescribed,

-Atorvastatin Calcium 80 milligrams (mg), take 1 tablet by mouth once daily for high cholesterol.

-Losartan Potassium 100 mg, take 1 tablet by mouth once daily for lowering the risk of stroke.

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

-Hydrochlorothiazide 12.5 mg, take 1 tablet by mouth once daily for high blood pressure.

-"Metformin Hydrochloride ER" 500 mg, take 2 tablets by mouth twice daily for management of high blood sugar levels.

In an interview on 12/26/2023 at 4:01 PM, Staff A, Entity Representative/Resident Manager, stated that they had filled some of Resident 5's medication organizer and the resident's family had also filled it. Staff A further stated that they thought Resident 5's medication organizer had been filled correctly even though two people had filled the organizer. Staff A further stated that they were currently a Nursing Assistant Credentialed.

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, Great Leaf Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the medication storage room door remained locked and the key was inaccessible to 3 of 5 ambulatory residents (Residents 2, 3, and 5). Additionally, the AFH failed to ensure medication found on the kitchen table, in 1 of 5 resident bedrooms (Resident 2), in 1 of 2 bathrooms (Bathroom 1), and in the living room were kept in locked storage. These failures placed Residents 2, 3, and 5 at risk of harm or injury if they accessed and inappropriately took unlocked medication.

Findings included…

During a visit on 12/26/2023 at 8:48 AM, observation showed Residents 2 and 3 ambulated independently and Resident 5 ambulated with the use of a cane in the AFH.

On 12/26/2023 at 8:54 AM, observation showed a glass baking dish with Ricola Cough Drops in the center of the kitchen table.

In an interview on 12/26/2023 at 8:55 AM, Staff A, Entity Representative/Resident Manager, stated that they provided the Ricola Cough Drops to all the residents in case they wanted candy.

On 12/26/2023 at 8:56 AM, observation showed Staff A walked to the medication room and opened the unlocked door.

In an interview on 12/26/2023 at 8:57 AM, Staff A stated that they had just completed giving the residents their morning medications and had accidentally left the medication room door unlocked. Staff A further stated that they locked the medication room door after each resident received their medication.

On 12/26/2023 at 9:06 AM, Department Staff (DS) turned the knob on the medication room door and found it unlocked. DS asked Staff C, Caregiver, to lock the medication room door. Observation further showed Staff C retrieved a set of keys from the top of a ledge located next to the medication room.

In an interview on 12/26/2023 at 9:08 AM, Staff C stated that the keys for the medication room were normally kept on the ledge.

On 12/26/2023 at 9:11 AM, observation showed Staff C left the medication room door opened all the way and walked down a hallway. Further observation showed Staff C was out of line of sight from the medication room. Additionally, Resident 5's bedroom door (Bedroom D) was located within 5 feet of the medication room.

In an interview on 12/26/2023 at 9:12 AM, Staff C stated that the medication room door was always kept locked.

On 12/26/2023 at 11:22 AM, observation showed Refresh Tears, for dry eyes, in the medication cabinet of Bathroom 1.

In an interview on 12/26/2023 at 11:24 AM, Staff A stated that Staff B, Caregiver, used the Refresh Tears at night.

On 12/26/2023 at 11:50 AM, observation showed Medicated Body Powder on the shelf in Resident 2's bedroom.

In an interview on 12/26/2023 at 11:51 AM, Staff A stated that they did not know Resident 2 had Medicated Body Powder in their bedroom.

On 12/26/2023 at 11:56 AM, observation showed the keys to the medication room were found hanging from the lock of the door.

In an interview on 12/26/2023 at 11:57 AM, Staff A stated that they had forgotten to remove the keys from the lock.

On 12/26/2023 at 12:00 PM, observation showed a package of SalonPas topical medicated skin patches for the relief of pain and Methyl Salicylate Camphor and Menthol topical medication for pain relief on a shelf in the living room.

In an interview on 12/26/2023 at 12:01 PM, Staff A stated that they did not realize the SalonPas and Methyl Salicylate Camphor and Menthol needed to be locked up.

On 12/26/2023 at 1:17 PM, observation showed the keys to the medication room were found hanging from the lock of the door.

In an interview on 12/26/2023 at 1:18 PM, Staff A stated that they had forgotten to remove the keys from the lock.

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, Great Leaf Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

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

(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 inform one of one resident (Resident 4) and their Representative of the safety risks and benefits associated with the use of [redacted]. In addition, the AFH did not include in Resident 4's Negotiated Care Plan (NCP) how the [redacted] would be used. These failures prevented Resident 4 and 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 12/26/2023 at 8:48 AM, observation showed Resident 4 lived in and received care from the AFH.

On 12/26/2023 at 9:03 AM, observation showed Resident 4 in a hospital bed with [redacted] bolted on the frame. Further observation showed the [redacted] were lowered on the left side.

On 12/26/2023 at 11:43 AM, observation showed the [redacted] on Resident 4's hospital bed were able to be moved from the down to the up position.

During an interview on 12/26/2023 at 3:45 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 4 used the [redacted] to reposition themselves in bed and to stand up. Staff A further stated that Resident 4 was not provided with information on the benefits and safety risks of [redacted]. Additionally, Staff A stated that there was no documented information on Resident 4's NCP for the use of [redacted].

Review of Resident 4's records showed Resident 4 was admitted to the AFH on [redacted]/2023. Resident 4's NCP showed no record of how they used the [redacted].

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, Great Leaf Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10795 Windows.

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

(c) The home must ensure the bedroom window can be opened from inside the room without keys, tools, or special knowledge or effort to open.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the window in 2 of 6 bedrooms (Bedroom E, used by Resident 3 and Bedroom F, Vacant for Potential Resident) was able to open without removing an object taped to the window. This failure placed Resident 3 and 1 Potential Resident at risk of injury or serious harm if an emergency requiring evacuation through the window occurred.

Findings included…

During a visit on 12/26/2023 at 8:48 AM, observation showed Resident 3 lived in and received care from the AFH.

On 12/26/2023 at 11:04 AM, observation showed Resident 3's bedroom window was opened 5-inches. Further observation showed a solid piece of plastic running from the top to the bottom of the 5-inch gap in the window. Additionally, the plastic was duct taped, a strong cloth-backed waterproof adhesive tape, and kept the plastic obstruction firmly in place. Department Staff (DS) attempted to open the window and found they could not.

In an interview on 12/26/2023 at 11:06 AM, Staff A, Entity Representative/Resident Manager, stated that during the summer the AFH had portable air conditioners that they used in the resident bedroom windows. Staff A further stated that someone had forgotten to remove the duct tape and plastic from the window.

In an interview on 12/26/2023 at 11:12 AM, Staff A stated that Bedroom F was vacant and currently had no resident occupying the bedroom.

On 12/26/2023 at 11:15 AM, observation showed Bedroom F bedroom window was opened 5-inches with a piece of plastic running from the top of the window to the bottom. Further observation showed the plastic was duct taped to keep it firmly in place. DS attempted to open the window but found they could not.

In an interview on 12/26/2023 at 11:16 AM, Staff A stated that the AFH also used a portable air conditioner in the vacant bedroom during the summer to keep the resident comfortable. Staff A further stated that someone had forgotten to remove the duct tape and plastic from the window.

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, Great Leaf Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a space heater in 1 of 6 bedrooms (Bedroom B, used by Resident 4) had a barrier that did not get hot to the touch and that prevented any contact by the resident. This failure placed Resident 4 at risk of potential burns if they touched the barrier on the space heater.

Findings included…

During a visit on 12/26/2023 at 8:48 AM, observation showed Resident 4 lived in and received care from the AFH.

On 12/26/2023 at 11:45 AM, observation showed a space heater in use in Resident 4's bedroom. Department Staff (DS) touched the barrier of the space heater and immediately removed their hand as the barrier was extremely hot.

In an interview on 12/26/2023 at 11:46 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 4's family had bought the space heater for the resident.

On 12/26/2023 at 3:31 PM, observation showed the same space heater was again in use in Resident 4's bedroom. DS touched the barrier to the space heater, and it was hot to the touch.

In an interview on 12/26/2023 at 3:32 PM, Staff A stated that Resident 4 really liked to use the space heater.

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, Great Leaf Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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

01/08/2024

Great Leaf Home Care, LLC
Great Leaf Home Care LLC
8539 S 114th St
Seattle, WA 98178

RE: Great Leaf Home Care LLC # 753633

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/02/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Lydia Owusu-Acheampong, 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.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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.

The Adult Family Home (AFH) failed to have a dated Negotiated Care plan (NCP) for Resident 4. Resident 4 was admitted to the AFH on [redacted]2023 and Resident 4's NCP was not dated by the resident and AFH.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

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

Sincerely,

for Dahl Kim

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

Enclosure

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.

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In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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(2) Adult family home.

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You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

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

Sincerely,

Lydia Owusu-Acheampong, 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:
Lydia Owusu-Acheampong, 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 IDR**s 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