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

Dee's Adult Family Home LLC
Dees Adult Family Home LLC
17434 128TH AVE SE
RENTON, WA 98058

RE: Dees Adult Family Home LLC License # 753648

Dear Provider:

This letter addresses Compliance Determination(s) 51614 (Completion Date 12/11/2024) and 46287 (Completion Date 10/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/11/2024 and found that you have corrected the violations listed in the Full report dated 10/16/2024. Your home is back in compliance as of 08/27/2024 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 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10490-1, WAC 388-76-10895-2-a, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Karen Beardsley, NCI

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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 the unannounced on-site full inspection on 08/27/2024, 08/27/2024 and 08/27/2024 of:

Dees Adult Family Home LLC
17434 128TH AVE SE
RENTON, WA 98058

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:

Karen Beardsley, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 — 10/16/2024 (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.

| Statement of Deficiencies | License #: 753648 | Compliance Determination # 46287 |
|---|---|---|
| Plan of Correction | Dees Adult Family Home LLC | Completion Date |
| Page 2 of 6 | Licensee: Dee's Adult Family Home LLC | 10/16/2024 |

Provider (or Representative) 10/21/24 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 interview and observation, the Adult Family Home (AFH) failed to ensure 2 of 4 residents (Residents 2 and 3) had all medications in locked storage. This placed all the residents living in the home at potential risk for misuse of medications.

<Resident 3>

On 08/27/2024 at 8:37 AM, observation showed a bottle of prescription eyedrops with expiration date of 02/06/2023 still in the box and labeled as needing refrigeration in the cabinet over the sink in bathroom of Resident 2.

On 08/27/2024 at 8:39 AM, during an interview, Staff A, Provider, stated that they had not noticed it but would get rid of it and that it was not a bottle that they had been using.

<Resident 2>

On 08/27/2024 at 8:45 AM, observation showed a tube of antifungal (a product which treats fungal infections) cream in the top drawer of the resident's dresser in Resident 3's bedroom.

On 08/27/2024 at 8:48 AM, during an interview, Staff B, Co-Provider, stated that it shouldn't be in the dresser, and he would address it.

**Attestation Statement**

Provider (or Representative) Date

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<Resident 3>

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On 08/27/2024 at 8:39 AM, during an interview, Staff A, Provider, stated that they had not noticed it but would get rid of it and that it was not a bottle that they had been using.

<Resident 2>

On 08/27/2024 at 8:45 AM, observation showed a tube of antifungal (a product which treats fungal infections) cream in the top drawer of the resident's dresser in Resident 3's bedroom.

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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, Dees Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/27/24.

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

Provider (or Representative) 10/21/24 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

**This requirement was not met as evidenced by:**

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure expired medications were disposed of. This placed 1 of 4 non-ambulatory residents, (Resident 2) at risk of being given medications that were expired.

Findings included...

Review of the AFH Policy dated 04/08/2018 "Policy Medication Disposal" showed, "Both the provider and another staff will destroy expired meds, med change, or where there are a small amount of medications that are needed to be disposed of (If the resident refused a medication) it will be placed in the prescription (RX) destroyer."

On 08/27/2024 at 8:37 AM, observation showed a bottle of prescription eyedrops with expiration date of 02/06/2023 still in the box and labeled as needing refrigeration in the cabinet over the sink in Resident 2's bathroom.

On 08/27/2024 at 8:39 AM, during an interview, Staff A, Provider, stated that they had not noticed it but would get rid of it and that it was not a bottle that they had been using.

**Attestation Statement**

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On 08/27/2024 at 8:37 AM, observation showed a bottle of prescription eyedrops with expiration date of 02/06/2023 still in the box and labeled as needing refrigeration in the cabinet over the sink in Resident 2’s bathroom.

On 08/27/2024 at 8:39 AM, during an interview, Staff A, Provider, stated that they had not noticed it but would get rid of it and that it was not a bottle that they had been using.

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

Provider (or Representative) 10/21/24 Date

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

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

**This requirement was not met as evidenced by:**

Based on record review, observation and interview, the Adult Family Home (AFH) failed to conduct partial emergency evacuation drills every 60 days. This placed 4 of 4 non-ambulatory residents (Residents 1, 2, 3 and 4) at potential risk of harm in the event of an emergency.

Findings included...

On 08/27/2024 review of records showed the last partial evacuation drill conducted in the AFH was on 06/08/2024, the last full evacuation drill was on 03/01/2023 and that from 06/09/2024 to 08/27/2024 no drills were conducted.

On 8/27/2024 at 8:35 AM Resident 2 was observed in their room laying in bed while Staff A, Provider, provided personal care with Resident 2's wheelchair at the end of their bed.

On 08/27/2024 at 8:44 AM Resident 3 was observed in their room lying in bed and watching television with their wheelchair in front of their closet.

On 08/27/2024 at 8:47 AM Resident 4 was observed in their room watching television with their wheelchair at the end of their bed.

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, Dees Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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Findings included...

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On 08/27/2024 at 8:44 AM Resident 3 was observed in their room lying in bed and watching television with their wheelchair in front of their closet.

On 08/27/2024 at 8:47 AM Resident 4 was observed in their room watching television with their wheelchair at the end of their bed.

On 08/27/2024 at 9:10 AM, during an interview Staff A stated that Residents 1, 2, 3 and 4, all used wheelchairs and required assistance for all transfers.

On 08/27/2024 at 9:27 AM, during an interview with Staff B, Co-provider, stated that they were aware the AFH were due for their 60-day fire drill.

On 08/27/2024 at 2:00 PM Resident 1 was observed sitting in her recliner in her bedroom with their wheelchair folded beside the door.

**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) 10/21/24 Date

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

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

**This requirement was not met as evidenced by:**

Findings included...

<Resident 2>

On 08/27/2024 at 8:29 AM, observation showed a can of bleach powder inside of an unlocked cabinet over the sink in Resident 2's bathroom.

On 08/27/2024 at 8:42 AM, during an interview, Staff A, Provider, stated that they did not realize the bleach powder was in the cabinet, that they didn't usually look in the cabinet and they would address it.

<Resident 3>

On 08/27/2024 at 9:10 AM, during an interview Staff A stated that Residents 1, 2, 3 and 4, all used wheelchairs and required assistance for all transfers.

On 08/27/2024 at 9:27 AM, during an interview with Staff B, Co-provider, stated that they were aware the AFH were due for their 60-day fire drill.

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Findings included...

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<Resident 3>

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On 08/27/2024 at 8:44 AM, observation showed a can of bleach powder on the floor in Resident 3's bathroom.

On 08/27/2024 at 2:37 PM, during an interview, Staff B, Co-Provider, stated they had not seen the cleaning product and had forgotten it was left in the bathroom.

**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, Dees Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/27/24.

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