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

Dedicated AFH LLC

Dedicated AFH LLC
15420 22nd Pl W
Lynnwood, WA 98087

RE: Dedicated AFH LLC License # 753650

Dear Provider:

This letter addresses Compliance Determination(s) 40009 (Completion Date 04/18/2024) and 39002 (Completion Date 04/03/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/18/2024 and found that you have corrected the violations listed in the Full report dated 04/03/2024. Your home is back in compliance as of 04/04/2024 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, WAC 388-76-10650-2-a, WAC 388-76-10650-1

The Department staff who did the on-site verification:
Hang Lu, Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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

Statement of Deficiencies	License #: 753650	Compliance Determination # 39002
Plan of Correction	Dedicated AFH LLC	Completion Date
Page 1 of 4	Licensee: Dedicated AFH LLC	04/03/2024

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 03/27/2024 and 03/27/2024 of:
Dedicated AFH LLC
15420 22nd Pl W
Lynnwood, WA 98087

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

The department staff that inspected the Adult Family Home:

Hang Lu, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

04/04/2024
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 Plan of Correction Page 2 of 4	License #: 753650 Dedicated AFH LLC Licensee: Dedicated AFH LLC	Compliance Determination # 39002 Completion Date 04/03/2024

Provider (or Representative)

4/4/24
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, record review, and interview, the Adult Family Home (AFH) failed to ensure a medication was given as prescribed and the Medication Log (ML) was up to date for 1 of 2 sampled residents (Resident 2). This failure resulted in Resident 2 not getting the correct dosage of the medication.

Findings included...

Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]2024 with multiple medical diagnoses.

Observation of Resident 2's medication supply, on 03/27/2024 at 3:00 PM, showed a bingo pack of Prednisone (a steroid to treat gout, a form of arthritis that causes pain and swelling in the joints). The pharmacy label on the bingo pack read, "Prednisone Tab(let) 20 milligrams (mg): Take two tablets (40 mg) by mouth daily." It was noted there was a Post-it note attached to the bingo pack with the following handwritten instructions: "03/25/2024 - 3/30/2024: 1 tablet/ night".

Record review showed the doctor's order, dated 02/26/2024, matched the pharmacy label on the Prednisone bingo pack.

In an interview, on 03/27/2024 at 3:05 PM, Staff A, Entity Representative, stated that the hospice nurse instructed them over the phone on 03/25/2024 to start tapering the Prednisone dose to 1 tablet (20 mg) a day. Staff A stated that their electronic ML was linked to the pharmacy and the order change should have been updated on the ML effective 03/25/2024. Staff A stated that they had started giving Prednisone 1 tablet (20 mg) every night since 03/25/2024.

Review of Resident 2's March 2024 ML showed an entry that read, "Prednisone Tab(let) 20

milligrams (mg): Take two tablets (40 mg) by mouth daily." Record review showed Staff A's initials indicating they gave the Prednisone every day at 8 PM from 03/01/2024 to 03/24/2024. Record review showed there was no documentation of the Prednisone order change from 2 tablets (40 mg) to 1 tablet (20 mg) daily on the ML and staff's initials to indicate they gave the Prednisone as ordered on 03/25/2024 and 03/26/2024.

Observation, on 03/27/2024 at 3:15 PM, showed Staff A calling the pharmacy to ask about Prednisone order change effective 03/25/2024 and the update on the ML. Staff A presented the Prednisone orders, dated 03/25/2024, with instructions to taper the dosage of Prednisone over several weeks, "First taper (Prednisone 20 mg tablet): 1.5 tablets (30 mg) for five days, 2nd taper: 1 tablet (20 mg) for five days, 3rd taper: (Prednisone 5 mg tablet): 15 mg for five days, 4th taper: 10 mg for five days, 5th taper: 5 mg for five days, and last taper: 2.5 mg for five days, then stop."

In an interview on 03/28/2024 at 8:05 AM, Staff A stated that they should have started 1.5 tablets (30 mg) beginning 03/25/2024 and 1 tablet (20 mg) beginning 03/30/2024. Staff A stated that they had notified the hospice nurse that they made a mistake. Staff A stated that the hospice nurse said to give 1.5 tablets (30 mg) for the remaining three days. Staff A stated that they would inform Resident 2's representative of the medication error.

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, Dedicated AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/4/24.

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

Provider (or Representative) — Date: 4/4/24

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(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;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 resident (Resident 2) had a safety assessment when using the [redacted]. This failure placed Resident 2 at risk for injury from improper use of the [redacted]

Statement of Deficiencies Plan of Correction Page 4 of 4	License #: 753650 Dedicated AFH LLC Licensee: Dedicated AFH LLC	Compliance Determination # 39002 Completion Date 04/03/2024

Findings included...

Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]2024 with multiple medical diagnoses. Resident 2 was currently on hospice.

In an interview, on 03/27/2024 at 11:55 AM, Staff B, Caregiver, stated that Resident 2 had fallen twice. Staff B stated that the [redacted] were used to prevent Resident 2 from getting out of bed and falling again.

Observation, on 03/27/2024 at 3:45 PM, showed Resident 2 lying in bed. There were two extendable metal [redacted] (one on each side) toward the head of the bed and two mesh [redacted] (one on each side) toward the end of the bed. The four [redacted] were in raised position. The four [redacted] covered the full length of both sides of the bed.

Record review showed Resident 2 did not have documentation of a safety assessment (for the use of the [redacted] done by a qualified assessor.

In an interview, on 03/27/2024 at 3:45 PM, Staff B stated that they would keep the metal [redacted] in place while removing the mesh [redacted] Staff B stated that Resident 2 was weaker now and they would not be able to get out of bed on their own. Staff B stated that they would ask for a [redacted] safety assessment when the hospice nurse returned on 03/29/2024.

In a phone interview, on 03/28/2024 at 2:14 PM, Staff A, Entity Representative, stated that Staff B had already removed the two mesh [redacted] from Resident 2's bed. Staff A stated that they kept Resident 2's bed in the lowest position and placed a thick mattress next to the bed.

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, Dedicated AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/4/24.

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

Provider (or Representative) 4/4/24 Date