STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

AFH at Silver Lake, LLC

AFH at Silver Lake LLC
18305 15th place W
Lynnwood, WA 98037

RE: AFH at Silver Lake LLC License # 753755

Dear Provider:

This letter addresses Compliance Determination(s) 46596 (Completion Date 09/03/2024) and 45138 (Completion Date 08/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/03/2024 and found that you have corrected the violations listed in the Full report dated 08/14/2024. Your home is back in compliance as of 08/23/2024 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 388-76-10750-7, WAC 388-76-10750-8, WAC 388-76-10485-1, WAC 388-76-10365, WAC 388-76-10280-2, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285

The Department staff who did the on-site verification:
Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 08/07/2024 and 08/07/2024 of:

AFH at Silver Lake LLC
11724 23rd Dr SE
Everett, WA 98208

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Toni Bolo, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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

(8) Grant a resident access to and use of toxic substances and hazardous materials only with direct supervision, unless the resident has been assessed as safe to use the substance or material without direct supervision and if the use is documented in the negotiated care plan;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure toxic chemicals were secured in locked storage. This failure placed the health and safety of 1 of 1 ambulatory resident (Resident 5) at risk by accessing harmful substances and hazardous materials they were not assessed as safe to use without direct supervision.

Findings included…

Observation, on 08/07/2024 at 9:13 AM, showed six residents resided at the AFH.

Observations during the AFH tour, on 08/07/2024 at 9:13 AM, showed Lysol disinfecting spray sitting out unsecured on a table at the entrance of the AFH. At 9:18 AM, another bottle of Lysol disinfecting spray sat on a nightstand in Resident 1's room. At 9:34 AM, a bottle of Lysol disinfecting spray sat on a shelf in the dining room and on a table in Resident 2's room at 9:41 AM.

Observation of AFH bathroom 1, on 08/07/2024 at 9:45 AM, showed Clorox disinfecting wipes, a bottle of Clorox bleach, and a bottle of Pine Sol cleaning solution sitting out unsecured on a shelf.

Record review showed the AFH admitted Resident 5 on [redacted]/2024 with multiple diagnoses that included [redacted] ([redacted]). Resident 5's assessment, "Safety with nonedible care items in the home," dated 07/13/2024, did not list Lysol disinfecting spray, Clorox disinfecting wipes, Clorox bleach, and Pine Sol cleaning solution as items Resident 5 was assessed as safe to use without direct supervision.

Interview, on 08/07/2024 at 4:00 PM, Staff A (Entity Representative) stated that they were not aware that Resident 5's "Safety with nonedible care items in the home," assessment did not list Lysol disinfecting spray, Clorox disinfecting wipes, Clorox bleach, and Pine Sol cleaning solution.

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, AFH at Silver Lake 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, record review, and interview, the Adult Family Home (AFH) failed to have all medications in locked storage. This failure placed 1 of 1 ambulatory resident's (Residents 5) safety at risk by having access to medications not prescribed for them.

Findings included…

Observation, on 08/07/2024 at 9:13 AM, showed six residents resided at the AFH.

Record review showed the AFH admitted Resident 5 on [redacted]/2024 with multiple diagnoses that included [redacted] ([redacted]).

Observation, on 08/07/2024 at 10:07 AM, showed Resident 5 ambulated independently from dining room area to living room area.

Interview, on 08/07/2024 at 10:10 AM, Staff A (Entity Representative) stated that Resident 5 was independent with ambulation and required caregiver assistance with medications.

Observation of AFH bathroom 2, on 08/07/2024 at 9:25 AM, showed three bottles of nasal spray, a bottle of eye drops, and a bottle of nystatin powder sitting out unsecured on the bathroom shelf. Observation showed the AFH bathroom 2 door unlocked and open and accessible through Resident 3's bedroom.

Observation of Resident 2's bedroom, on 08/07/2024 at 9:41 AM, showed a bottle of eye drops and a bottle of antifungal cream sitting out unsecured on a table. Resident 2's bedroom door was unlocked and open.

Observation of AFH bathroom 1, on 08/07/2024 at 9:45 AM, showed a bottle of ketoconazole shampoo (shampoo used to treat dandruff) sitting out unsecured on a shelf. AFH bathroom 1 door was unlocked and open.

Interview, on 08/07/2024 at 4:00 PM, Staff A stated that they were not aware of any unsecured medications at 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 388-76-10365 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, record review, and interview, the Adult Family Home (AFH) failed to follow the negotiated care plans (NCP) for 2 of 6 residents (Resident 2 & 3) when AFH staff used [redacted]. This failure placed the residents at risk for injury.

Findings included…

Record review showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses including [redacted]. Resident 3's NCP, dated

07/24/2024, showed Resident 3 used, "[redacted] only," for increased bed mobility.

Observation, on 08/07/2024 at 9:22 AM, showed Resident 3 in a [redacted] that had one side against a wall and the other side had [redacted] up on their [redacted].

Record review showed the AFH admitted Resident 2 on [redacted]/2022 with multiple diagnoses including [redacted] ([redacted]). Resident 2's NCP, dated 09/14/2023, showed Resident 2 used, "[redacted] only," for increased bed mobility.

Observation, on 08/07/2024 at 9:41 AM, showed Resident 2 in a [redacted] that had one side against a wall and the other side had [redacted] up on their [redacted].

Interview, on 08/07/2024 at 2:55 PM, Resident 3 stated that both [redacted] were used at night, and they were not able to get out of bed in case of emergencies.

Interview, on 08/07/2024 at 4:00 PM, Staff A stated that they were not aware that staff were not following Resident 2 and 3's NCP regarding using only [redacted].

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 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff B, Caregiver) completed Tuberculosis (TB, a bacterial infection spread through air) testing within three days of their hire date. This failure placed residents and staff at risk of being exposed to a communicable disease.

Findings included…

Record review showed the AFH hired Staff B on 05/27/2024. Staff B's employee file, dated 05/27/2024, showed that Staff B had a negative TB skin test on 02/14/2024 prior to their hire date at the AFH. Staff B had a second negative TB skin test on 06/19/2024, 23 days after their hire date at the AFH.

Interview, on 08/07/2024 at 4:00 PM, Staff A (Entity Representative) stated that they thought Staff B's two TB skin test met the TB testing requirement.

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 388-76-10285 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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff C, Caregiver) completed a second Tuberculosis (TB, a bacterial infection spread through air) skin test. This failure placed residents and staff at risk of being exposed to a communicable disease.

Findings included…

Record review showed the AFH hired Staff C on 03/02/2024. Staff C's employee file, dated 03/02/2024, showed Staff C had a negative TB skin test on 03/05/2024. Staff C's employee file showed no other records of TB tests or TB skin tests.

Interview, on 08/07/2024 at 4:00 PM, Staff A stated that they did not think Staff C needed further testing.

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, AFH at Silver Lake 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