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

New Option Elderly Care, LLC
New Option Elderly Care
110 Kensington Ave S
Kent, WA 98030

RE: New Option Elderly Care License # 753822

Dear Provider:

This letter addresses Compliance Determination(s) 42536 (Completion Date 06/11/2024) and 40291 (Completion Date 05/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/11/2024 and found that you have corrected the violations listed in the Full report dated 05/14/2024. Your home is back in compliance as of 05/01/2024 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, WAC 388-76-10485-1, WAC 388-76-10485-2, WAC 388-76-10485-3, WAC 388-76-10198, WAC 388-76-10198-2-a, WAC 388-76-10198-4, WAC 388-76-10475-1, WAC 388-76-10475-2-c, WAC 388-76-10490-1, 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

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

Statement of Deficiencies	License #: 753822	Compliance Determination # 40291
Plan of Correction	New Option Elderly Care	Completion Date
Page 1 of 7	Licensee: New Option Elderly Care, LLC	05/14/2024

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 04/22/2024, 04/22/2024 and 04/22/2024 of:
New Option Elderly Care
110 Kensington Ave S
Kent, WA 98030

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:

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 — 5/14/2024 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)

5/15/2024
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;

(2) In the original container with legible and original labels; and

(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 4 of 5 residents (Residents 1, 2, 3 and 5) had all medications in locked storage. This placed all the residents living in the home at potential risk for misuse of medications.

Findings included...

On 04/22/2024 at 8:10 AM, observation of Bedroom D, occupied by Resident 3, showed a tub of barrier cream in the resident's attached bathroom and a bottle of anti-diarrhea pills in the bedside drawer.

On 04/22/2024 at 8:22 AM, observation showed a rectangular box containing suppositories and a prescription tube of anti-fungal cream in dresser drawer of Bedroom B, occupied by Resident 1.

On 04/22/2024 at 8:25 AM, interview of Staff B, Caregiver, they stated that the medications were sometimes left in the resident bedrooms because it made sense and that they were used in the bedroom.

On 04/22/2024 at 8:28 AM, on interview with Staff A, Provider, they stated that medications should not be in the resident bedrooms and though staff had been told, they did not know why medications were stored there.

On 04/22/2024 at 8:32 observation of Bedroom F, occupied by Resident 5, showed a bottle of antacid and a bottle of allergy tablets on the bedside table.

On 04/22/2024 at 8:33 AM, interview with Staff A, they stated that the family had brought in medications for Resident 5 and that they were not always informed.

Observation on 04/22/2024 at 10:27 AM of Bedroom C, occupied by Resident 2, showed a bottle of eye drops stored in the nightstand. Staff A was present and affirmed their understanding that medications could not be stored in the bedroom.

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, New Option Elderly Care is or will be in compliance with this law and / or regulation on (Date) 04/23/2024

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

[signature] 05/15/2024

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:

(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;

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 2 of 6 staff (Staff A and Staff F) had all required personnel records readily available and accessible to the department staff. This placed all the residents living in the home at risk of having untrained care staff.

Findings included...

On 04/22/2024, review of records showed Staff A, Provider, did not have documentation in the home of receiving Nurse Delegation (ND) training or ND Diabetes Focus training.

During an interview on 04/22/2024 at 9:54 AM, Staff A stated that they did not have copies of the Nurse Delegation paperwork in the home.

On 04/22/2024 review of the background checks showed Staff F, Caregiver, did not have proof of Fingerprint check or Background check in the home.

04/22/2024 at 4:40PM while interviewing Staff A regarding records, they stated that the background checks for Staff F were not in the AFH. Staff A said that requested documents "might be at the other AFH" and showed department staff a picture of the background check after contacting someone on her phone.

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, New Option Elderly Care is or will be in compliance with this law and / or regulation on (Date) 04/22/2024

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

[signature] 05/15/2024

Provider (or Representative) Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(c) Dosage of the medication;

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to maintain an accurate record of medications for 1 of 5 residents (Resident 4). This failure placed Resident 4 at potential risk of receiving medications not prescribed to them.

Findings included...

[Resident 1]
On 04/22/2024 at 2:19 PM observation of medications found that Resident 1 had three separate prescriptions for the same nerve pain medication, one for 300 milligrams (mg) by

mouth daily, one for 100 mg by mouth, administered at night and a third for 300 mg by mouth as needed. Blister packs (a card that contain doses of medication within small, clear, or light-resistant package) for the two daily medication dosages were present in medication storage but there were no other supply for the as needed dosage.

On review of Resident 1's Medication Administration Record (MAR) dated February 2024, March 2024 and April 2024, the as needed nerve medication was listed for all three months and showed it had not been administered in that time. On 04/22/2024 at 2:24 PM Staff A, Provider, stated on interview that the medication had been discontinued and should not be listed on the MAR.

[Resident 4]
On 04/22/2024 at 2:42 PM observation showed Resident 4 had urinary health supplement in her medication box with a handwritten label, "Cranberry Supplement 36 milligram (mg)".

On record review, the MAR for Resident 5 dated February 2024, March 2024 and April 2024 showed the resident was prescribed the supplement for 465 MG daily and was receiving that supplement daily from 02/01/2024 – 04/22/2024. No other dosages were found in Resident 5's medication supplies.

In an Interview on 04/22/2024 at 2:50 PM Staff A, Provider, stated that the dosage they received from the pharmacy was dependent on what the pharmacy had available in stock and sometimes they did not have the correct dosage.

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, New Option Elderly Care is or will be in compliance with this law and / or regulation on (Date) 05/01/2024.

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

Provider (or Representative) — Date: 05/15/2024

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 and observation the Adult Family Home (AFH) failed to ensure all medications were in locked storage. This placed 4 of 4 ambulatory residents, (Residents 1, 2, 3, and 5) at risk of taking medications that were not their own.

Findings included...

Review of the AFH undated "Medication Disposal Policy" showed, "... The destruction must be handled in accordance with the Adult Medication Disposal Policy. WAC 388-76-10490... Render the unusable medications and prevent the unintended digestion of discarded med."

On 04/22/2024 at 1:56 PM, observation of medications showed a blister pack (a card that contain doses of medication within small, clear, or light-resistant package) of pain reliever 200 mg with 1 tablet per dose with 30 tablets total, prescribed for Resident 4, expired on 04/08/2024.

On 04/22/2024 at 1:58 PM, observation of First Aid Kit showed the following; five packs of pain reliever 500 milligrams (mg) with 2 tablets per pack, expired on 01/2010, one pack of chewable blood thinner 81 mg with one tablet per pack, expired on 12/2010, one pack of pain reliever 400 mg with two tablets per pack, expired on 04/2010, four packs burn cream, expired 01/2011, two packs anti-bacterial ointment, expired 02/2011, four packs sanitizing gel, expired 11/2009, and one pack lip balm, expired 05/2010.

On 04/22/2024 at 2:05 PM, during an interview with Staff A, Provider they responded to these expired medications saying, "There is nothing to say, I should have known and now I do." Provider further affirmed that expired medications would be disposed of.

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, New Option Elderly Care is or will be in compliance with this law and / or regulation on (Date) 4/22/2024

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

Provider (or Representative) — Date: 5/15/2024

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:

Based on interview and observation the Adult Family Home (AFH) failed to ensure chemical sprays were placed in locked storage. This placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) living in the home at risk of exposure to toxic substances.

Findings included...

On 04/22/2024 at 8:07 AM, observation showed a can of sanitizing spray on the handrail of the shower in the bathroom of Bedroom D, occupied by Resident 3.

On 04/22/2024 at 8:11 AM, observation showed a wheeled storage cart in the hallway between Bedrooms B and C (occupied by Residents 1 and 2) containing personal protective equipment with a can of sanitizing spray on it.

On 04/22/2024 at 8:15 AM, observation showed 2 cans of sanitizing spray in the bathroom shower of Bedroom B, occupied by Resident 1.

On 04/22/2024 at 8:26 AM, during an interview, Staff A, Provider, stated that they were aware of chemical storage policy and would address it.

On 04/22/2024 at 8:28 AM department staff observed a second personal protective equipment cart in the hallway with a can of sanitizing spray between Bedroom E (occupied by Resident 4) and the living room.

On 04/22/2024 at 8:29 AM, Staff A acknowledged that they were aware of the sanitizing spray and picked them to be stored.

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, New Option Elderly Care is or will be in compliance with this law and / or regulation on (Date) 04/22/2024

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

Provider (or Representative) 05/15/2024 Date