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

HASET ADULT FAMILY HOME LLC
Haset Adult Family Home LLC
19711 Whitman Ave N
Shoreline, WA 98133

RE: Haset Adult Family Home LLC License # 753836

Dear Provider:

This letter addresses Compliance Determination(s) 52736 (Completion Date 01/15/2025) and 49413 (Completion Date 11/20/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/15/2025 and found that you have corrected the violations listed in the Complaint report dated 11/20/2024. Your home is back in compliance as of 12/09/2024 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:
Theresia Karundeng, NCI

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
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Statement of Deficiencies	License #: 753836	Compliance Determination # 49413
Plan of Correction	Haset Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: HASET ADULT FAMILY HOME LLC	11/20/2024

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 an unannounced on-site complaint investigation on 10/28/2024 and 11/14/2024 of:

Haset Adult Family Home LLC
19711 Whitman Ave N
Shoreline, WA 98133

This document references the following complaint number(s): 151871, 153298, 153907

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

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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' Bourgue
Residential Care Services

12/04/2024
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.

Provider (or Representative) 12/09/24 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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 residents (Resident 1) received medications according to physician's orders and documentation in the medication log was up to date. This failure placed Resident 1 at risk for harm related to medication errors, medical complications, and unmet care needs.

Findings included...

Review of Resident 1's Negotiated Care Plan (NCP) dated 12/08/2023, showed Resident 1 was admitted to the AFH on [redacted]/2023 with multiple medical diagnoses. Further review showed Resident 1 required caregiver assistance with medication administration.

Review of Resident 1's Medication Logs (ML), dated October 2024, showed the following:

-Baclofen (used to treat muscle spasms) take one tablet by mouth two times daily if needed for muscle spasm. Records showed Resident 1 received Baclofen on 10/01/2024-10/27/2024 daily. Records showed documentation of time and results/response of baclofen were not documented in Resident 1's October 2024 ML.

-Oxycodone (used to treat pain) 5 milligrams (mg – a unit of weight) by mouth immediate release as needed. Records showed the Oxycodone order written in the October 2024 ML did not include the frequency/how often it should be administered. Records showed Resident 1 received Oxycodone one to two times a day on 10/11/2024, 10/12/2024, 10/13/2024, and 10/20/2024. Records showed documentation of time, reasons, and response of Oxycodone were not documented in Resident 1's October 2024 ML.

Provider (or Representative) _____ Date _____

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-Acetaminophen (used for pain or fever) extra strength, take one to two tablets as needed. Records showed the Acetaminophen order written in the October 2024 ML did not include the frequency/how often it should be administered. Records showed Resident 1 received Acetaminophen one to two times a day on 10/12/2024-10/16/2024, 10/18/2024-10/23/2024, and 10/25/2024. Records showed documentation of time, reasons, and response of Acetaminophen were not documented in Resident 1's October 2024 ML.

In an interview, on 10/28/2024 at 2:31 PM, Staff B, Resident Manager, acknowledged that Resident 1's Oxycodone and Acetaminophen order were not complete. Staff B acknowledged that Resident 1's Oxycodone and Acetaminophen order did not have a frequency/how often it should be administered. Staff B stated that when they administer a medication (Oxycodone, Acetaminophen and Baclofen) as needed they should write the date/time, reasons, and effectiveness on the medication log.

In an interview on 11/15/2024 at 3:13 PM, Staff A, Provider, stated that staff should follow the medication order. Staff A stated that staff administering medications as needed should document the date/time, reason, and effectiveness. Staff A stated that medication orders written in the medication log should be complete and include the frequency/how often the medication was given.

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, Haset Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12-09-24.

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

Provider (or Representative) 12-09-24 Date

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Provider (or Representative) Date