STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Blooming Meadows LLC

Blooming Meadows LLC
7503 NE Meadows Dr
Vancouver, WA 98662

RE: Blooming Meadows LLC License # 753901

Dear Provider:

This letter addresses Compliance Determination(s) 28538 (Completion Date 08/22/2023) and 26774 (Completion Date 07/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/22/2023 and found that you have corrected the violations listed in the Full report dated 07/13/2023. Your home is back in compliance as of 08/07/2023 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 388-76-10463-3, WAC 388-76-101632-1, WAC 388-76-10430-1

The Department staff who did the on-site verification:
Shawn Swanstrom, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 07/11/2023 and 07/11/2023 of:

Blooming Meadows LLC
7503 NE Meadows Dr
Vancouver, WA 98662

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:

Shawn Swanstrom, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interviews, and record review the Adult Family Home failed to develop strategies to address documented behaviors for one of two sampled residents (Resident 5 [R5]). This deficient practiced placed R5 at risk for behaviors not being addressed consistently by staff.

Findings included…

On 07/11/2023 at 09:44 AM, an unannounced inspection was initiated at the home. R5 answered the doorbell and was able to locate the Provider when requested. At 10:14 AM R5 was interviewed privately and was able to answer questions related to care and services provided at the home. R5 appeared calm and articulate.

Resident 5 record review showed an admission date of [redacted]/2020 with [redacted] diagnoses. The “Care Assessment”, last updated 03/14/2022, identified known behaviors as hallucinations (seeing things not there), tearful, and unrealistic fears. Past behaviors included delusions (thinking things that are not happening). R5’s assessment identified they were receiving a class of medications (psychoactive) to address known and past behaviors. The Negotiated Care Plan (NCP), dated 10/1/2022, did not identify behaviors or develop strategies for staff on how to consistently address behaviors. The NCP did not identify that R5 was receiving services from a mental health agency or when to call the agency for assistance with their behaviors. The NCP did not identify that R5 was receiving psychoactive meditation to address behaviors.

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, Blooming Meadows 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 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure a national fingerprint background inquiry was completed for one of three sampled caregivers (Caregiver A [CGA]). This deficient practice resulted in five of five Residents (Resident 1 [R1], [R2], [R3], [R4], and [R5]) at risk of care delivered by a person with a potentially disqualifying criminal history.

Findings included…

An unannounced inspection was initiated on 07/11/2023 at 09:44 AM. The Provider stated they had three staff working at the home, CGA, CGB, and CGC. Staff records were reviewed with the Provider at 12:48 PM. CGA was hired on 12/17/2018 and was required to complete a fingerprint check within 12 days of employment. No evidence of a national fingerprint was found for CGA.

During staff record review the Provider accessed their online criminal background account. A national fingerprint was not available for CGA.

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, Blooming Meadows 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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to develop a safe medications system to ensure one of two sampled residents (Resident 5 [R5]) received a medication as required, keep an accurate medication administration record, and a supply of as needed medications. This deficient practice place R5 at risk of medication error and not having medications as ordered.

Findings included…

Resident 5's medications and July 2023 Medication Administration Record (MAR) were reviewed with the Provider on 07/11/2023 at 12:15 PM during the full inspection. The following issues were identified:

1) Physician's orders from the medication list and the MAR stated Metoprolol (used to lower blood pressure) 25 milligrams (mg) give one half tablet = 125 mg every morning by mouth. Hold if systolic blood pressure (top of the blood pressure reading) less the 90 or systolic blood pressure (the lower number of the blood pressure reading) is less than 60. Metoprolol was initialed as given each morning. A blood pressure was not documented. The Provider stated staff did monitor R5's blood pressure, though did not record for the month of July 2023.

2) R5's MAR listed Trazadone 50 mg (used for sleep) each evening. The MAR was signed as the medications was given each evening. A supply of the medication was not initially found for R5. The Provider stated Trazadone had been changed from a routine medication to an as needed medication. The Provider did locate a supply of the Trazadone 50 mg for R5. The Provider stated the staff had marked the medication as given – though the staff had not actually given the medication. A new order was found dated 06/14/2023, changing

Trazadone from routine to as needed.

3) Physician's orders listed multiple as needed medications. The Provider did not have a currently supply of the as needed medication including: Tylenol 500 mg for mild pain relief, Abilify 10 mg as needed for psychosis, Banophen 25 mg used for allergies, Flexeril 10 mg used for muscle spasms, Lorazepam 0.5 mg – give ½ to two tabs as needed for anxiety, Debrox ear solution 65 % for ear wax removal as needed, Mobic 15 mg as needed each day for arthritic pain, and Zofran 4 mg as needed for nausea.

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, Blooming Meadows 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

07/20/2023

CERTIFIED MAIL

70180680000011572198

Blooming Meadows LLC
Blooming Meadows LLC
7503 NE Meadows Dr
Vancouver, WA 98662

RE: Blooming Meadows LLC # 753901

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/13/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

The Adult Family Home did not ensure one of three sampled caregivers (Caregiver – C) had tuberculosis testing within three days of hire. Caregiver C had a past negative two step tuberculosis blood test. Caregiver C did not start a one step tuberculosis screening within three days of employment.

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

The Adult Family Home failed to develop a negotiated care plan for one of two sampled residents (Resident 2) within 30 days. Resident 2 was admitted to the home on [redacted]/2023 – a negotiated care plan was not completed until 07/11/2023.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600