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

Amazing St. George Adult Family Home LLC
Amazing St. George Adult Family Home
3243 S 186th St
Seatac, WA 98188

RE: Amazing St. George Adult Family Home License # 753905

Dear Provider:

This letter addresses Compliance Determination(s) 52768 (Completion Date 01/08/2025) and 49172 (Completion Date 11/13/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/08/2025 and found that you have corrected the violations listed in the Full report dated 11/13/2024. Your home is back in compliance as of 12/16/2024 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 388-76-10015-1, WAC 388-76-10163, WAC 388-76-10163-1, WAC 388-76-10163-2, WAC 388-76-10175-2, WAC 388-76-10201, WAC 388-76-10201-1, WAC 388-76-10201-2, WAC 388-76-10375-1, WAC 388-76-10380-2, WAC 388-76-10475-1, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10485-1, WAC 388-76-10700-2-b, WAC 388-76-10750-7, WAC 388-76-10750-8

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager

Region 2, Unit G
Residential Care Services

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

Statement of Deficiencies	License # 753905	Compliance Determination # 491172
Plan of Correction	Amazing St. George Adult Family Home	Completion Date
Page 1 of 16	Licensee: Amazing St. George Adult Family Home	11/13/2024

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 10/22/2024 and 10/22/2024 of:
Amazing St. George Adult Family Home
3243 S 186th St
Seatac, WA 98188

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:

Michele Grumke, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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 — 11/26/2024 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.

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

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 10/22/2024 and 10/22/2024 of:

Amazing St. George Adult Family Home
3243 S 186th St
Seatac, WA 98188

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:

Michele Grumke, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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

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) — 11/26/2024 Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.129 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW, and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they had a Medical Test Site Waiver (MTSW) to complete medical testing of the residents without being a licensed laboratory. This failure placed the AFH at risk of penalties due to testing Resident 1's blood glucose (checks blood sugar levels in the blood) and from potentially using COVID-19 rapid tests to determine if a resident was [redacted] for COVID-19.

Findings included...

A review of a Dear Provider letter dated 04/01/2022 from the department showed AFH's were required to follow state and federal regulations related to COVID-19 and other medical tests completed in AFH's. Further review showed an MTSW was required when staff administer a medical test such as a COVID-19 rapid test or testing of a resident's blood glucose, interprets the test results, or acts upon the test results. In addition, AFH's were also required to have an MTSW when the home reported test results to a medical provider who may adjust a resident's diet or medication in response to a test result. The 04/01/2022 Dear Provider letter instructs AFH providers on how to attain the MTSW from the Department of Health.

During a visit on 10/22/2024 at 8:35 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH.

In an initial interview on 10/22/2024 at 8:57 AM, Staff A, Entity Representative/Resident Manager, stated that staff tested Resident 1's blood glucose once a week.

In an interview on 10/22/2024 at 10:09 AM, Staff A stated that the AFH would use rapid tests to determine if a resident had COVID-19.

A review of AFH records showed no MTSW.

Provider (or Representative) Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they had a Medical Test Site Waiver (MTSW) to complete medical testing of the residents without being a licensed laboratory. This failure placed the AFH at risk of penalties due to testing Resident 1's blood glucose (checks blood sugar levels in the blood) and from potentially using COVID-19 rapid tests to determine if a resident was [redacted] for COVID-19.

Findings included…

A review of a Dear Provider letter dated 04/01/2022 from the department showed AFH's were required to follow state and federal regulations related to COVID-19 and other medical tests completed in AFH's. Further review showed an MTSW was required when staff administer a medical test such as a COVID-19 rapid test or testing of a resident's blood glucose, interprets the test results, or acts upon the test results. In addition, AFH's were also required to have an MTSW when the home reported test results to a medical provider who may adjust a resident's diet or medication in response to a test result. The 04/01/2022 Dear Provider letter instructs AFH providers on how to attain the MTSW from the Department of Health.

During a visit on 10/22/2024 at 8:35 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH.

In an initial interview on 10/22/2024 at 9:57 AM, Staff A, Entity Representative/Resident Manager, stated that staff tested Resident 1's blood glucose once a week.

In an interview on 10/22/2024 at 10:09 AM, Staff A stated that the AFH would use rapid tests to determine if a resident had COVID-19.

A review of AFH records showed no MTSW.

In an interview on 10/22/2024 at 10:20 AM, Staff A stated that they did not have an MTSW.

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, Amazing St. George Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/28/24 .

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

Provider (or Representative) — Date: 12/05/2024

WAC 388-76-10163 Background checks Process Background authorization form. Before the adult family home employs, directly or by contract, a resident manager, entity representative, caregiver, or noncaregiving staff, or accepts as a caregiver any volunteer or student, or allows a household member over the age of eleven unsupervised access to residents, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit form to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a current valid Washington state name and date of birth Background Inquiry (BGI) for 2 of 5 staff (Staff B, Caregiver, and Staff C, Caregiver). This failure placed all 5 resident's (Residents 1, 2, 3, 4, and 5) at risk of harm from staff with an unknown current criminal background.

Findings included...

During a visit on 10/22/2024 at 8:35 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Staff B worked in the AFH with residents.

Staff B
A review of Staff B's personnel records showed a hire date of 09/21/2024. Further review showed Staff B's BGI was dated 09/24/2024.

In an interview on 10/22/2024 at 10:20 AM, Staff A stated that they did not have an MTSW.

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, Amazing St. George Adult Family Home 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 388-76-10163 Background checks Process Background authorization form. Before the adult family home employs, directly or by contract, a resident manager, entity representative, caregiver, or noncaregiving staff, or accepts as a caregiver any volunteer or student, or allows a household member over the age of eleven unsupervised access to residents, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit form to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a current valid Washington state name and date of birth Background Inquiry (BGI) for 2 of 5 staff (Staff B, Caregiver, and Staff C, Caregiver). This failure placed all 5 resident's (Residents 1, 2, 3, 4, and 5) at risk of harm from staff with an unknown current criminal background.

Findings included…

During a visit on 10/22/2024 at 8:35 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Staff B worked in the AFH with residents.

Staff B
A review of Staff B's personnel records showed a hire date of 09/21/2024. Further review showed Staff B's BGI was dated 09/24/2024.

In an interview on 10/22/2024 at 2:50 PM, Staff A, Entity Representative/Resident Manager, stated that they had gotten confused about when staff BGI's were required

Staff C
Observation on 10/22/2024 at 8:52 AM showed Staff C, Caregiver, arrived at the AFH.

A review of Staff C's personnel records showed a hire date of 01/23/2019. Further review showed Staff C's BGI expired on 08/30/2024.

In an interview on 10/22/2024 at 3:16 PM, Staff C stated they would check if they had another BGI.

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, Amazing St. George Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/22/2024.

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

Provider (or Representative) — 12/05/2024 Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 current staff (Staff E, Caregiver) and 1 of 1 former staff (Staff K) had signed a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime pending the results of a Washington state name and date of birth Background Inquiry (BGI) prior to employment. This failure placed all residents (Residents 1, 2, 3, 4, and 5) at risk of harm

In an interview on 10/22/2024 at 2:50 PM, Staff A, Entity Representative/Resident Manager, stated that they had gotten confused about when staff BGI's were required.

Staff C
Observation on 10/22/2024 at 8:52 AM showed Staff C, Caregiver, arrived at the AFH.

A review of Staff C's personnel records showed a hire date of 01/23/2019. Further review showed Staff C's BGI expired on 08/30/2024.

In an interview on 10/22/2024 at 3:15 PM, Staff C stated they would check if they had another BGI.

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, Amazing St. George Adult Family Home 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 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 current staff (Staff E, Caregiver) and 1 of 1 former staff (Staff K) had signed a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime pending the results of a Washington state name and date of birth Background Inquiry (BGI) prior to employment. This failure placed all residents (Residents 1, 2, 3, 4, and 5) at risk of harm

from staff with an unknown current criminal background.

Findings included...

During a visit on 10/22/2024 at 8:35 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH.

Staff E
A review of Staff E's personnel records showed a hire date of 09/30/2024. Further review showed Staff E's BGI dated 09/30/2024 had not been completed and the department required additional information from the applicant.

In an interview on 10/22/2024 at 8:31 AM, Staff A, Entity Representative/Resident Manager, stated that the additional information requested for Staff E's background check had been sent and they were waiting for the results.

Observation on 10/22/2024 at 10:35 AM showed Staff E lived in a caregiver bedroom.

In an interview on 10/22/2024 at 2:30 PM, Staff A stated that Staff E had worked in the AFH supervised. Staff A further stated that last week they had told Staff E to find another job and was no longer working with residents. In addition, Staff A stated that Staff E lived in the AFH.

Staff K
A review of Staff K's personnel records showed a hire date of 08/07/2024. Further review showed their BGI dated 08/07/2024 had disqualifying information.

In an interview on 10/22/2024 at 2:52 PM, Staff A stated that they had received Staff K's BGI results 6 days after they had submitted the BGI request. Staff A further stated that Staff K had worked in the AFH during the 6 days prior to their BGI results being received by the AFH. In addition, Staff A stated that they had terminated Staff K when they reviewed their BGI due to the disqualifying information on Staff K's BGI.

In a follow up phone interview on 10/29/2024 at 4:27 PM, Staff A stated that neither Staff E or Staff K had signed a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime while awaiting both staff's BGI results.

Attestation Statement

from staff with an unknown current criminal background.

Findings included…

During a visit on 10/22/2024 at 8:35 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH.

Staff E
A review of Staff E's personnel records showed a hire date of 09/30/2024. Further review showed Staff E's BGI dated 09/30/2024 had not been completed and the department required additional information from the applicant.

In an interview on 10/22/2024 at 9:31 AM, Staff A, Entity Representative/Resident Manager, stated that the additional information requested for Staff E's background check had been sent and they were waiting for the results.

Observation on 10/22/2024 at 10:35 AM showed Staff E lived in a caregiver bedroom.

In an interview on 10/22/2024 at 2:30 PM, Staff A stated that Staff E had worked in the AFH supervised. Staff A further stated that last week they had told Staff E to find another job and was no longer working with residents. In addition, Staff A stated that Staff E lived in the AFH.

Staff K
A review of Staff K's personnel records showed a hire date of 08/07/2024. Further review showed their BGI dated 08/07/2024 had disqualifying information.

In an interview on 10/22/2024 at 2:52 PM, Staff A stated that they had received Staff K's BGI results 6 days after they had submitted the BGI request. Staff A further stated that Staff K had worked in the AFH during the 6 days prior to their BGI results being received by the AFH. In addition, Staff A stated that they had terminated Staff K when they reviewed their BGI due to the disqualifying information on Staff K's BGI.

In a follow up phone interview on 10/29/2024 at 4:27 PM, Staff A stated that neither Staff E or Staff K had signed a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime while awaiting both staff's BGI results.

Statement of Deficiencies	License #: 7539905	Compliance Determination # 49172
Plan of Correction	Amazing St. George Adult Family Home	Completion Date
Page 6 of 16	Licensee: Amazing St. George Adult Family Home	11/13/2024

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, Amazing St. George Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/22/2024.

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

Provider (or Representative) — Date: 12/05/2024

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a written succession plan in place to ensure continuous care and services for the residents if Staff A, Entity Representative/Resident Manager, was unable to fulfill their day-to-day responsibilities in the AFH and in the event of an emergency. This failure placed all residents (Residents 1, 2, 3, 4, and 5) at risk of unmet care needs and a decreased quality of life.

Findings included...

During a visit on 10/22/2024 at 8:35 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Staff A worked in the AFH.

A review of AFH records showed the AFH did not have a succession plan as required.

In an interview on 10/22/2024 at 3:10 PM, Staff A stated that they did not have a succession plan.

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, Amazing St. George Adult Family Home 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a written succession plan in place to ensure continuous care and services for the residents if Staff A, Entity Representative/Resident Manager, was unable to fulfill their day-to-day responsibilities in the AFH and in the event of an emergency. This failure placed all residents (Residents 1, 2, 3, 4, and 5) at risk of unmet care needs and a decreased quality of life.

Findings included…

During a visit on 10/22/2024 at 8:35 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Staff A worked in the AFH.

A review of AFH records showed the AFH did not have a succession plan as required.

In an interview on 10/22/2024 at 3:10 PM, Staff A stated that they did not have a succession plan.

Statement of Deficiencies	License #: 753905	Compliance Determination # 49172
Plan of Correction	Amazing St. George Adult Family Home	Completion Date
Page 7 of 16	Licensee: Amazing St. George Adult Family Home	11/13/2024

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, Amazing St. George Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/22/2024.

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

Provider (or Representative) — Date: 12/05/2024

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) of 2 of 2 sampled residents (Resident 1 and Resident 4) was signed and dated by the residents Representative. This failure placed Resident 1 and Resident 4 at risk of unmet care needs and of receiving services the resident, their Representative, and the AFH did not negotiate.

Findings included...

During a visit on 10/22/2024 at 8:35 AM, observation showed Resident 1 and Resident 4 lived in and received care from the AFH.

Resident 4
A review of Resident 4's NCP dated 08/31/2024 showed Resident 4 was admitted to the AFH on [redacted]2024. Further review showed Resident 4's NCP was signed by the AFH on 08/31/2024.

In an interview on 10/22/2024 at 3:25 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 4's Representative had been on vacation.

Observation on 10/22/2024 at 10:39 AM showed Resident 4's Representative visited Resident 4 at the AFH.

Resident 1

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, Amazing St. George Adult Family Home 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) of 2 of 2 sampled residents (Resident 1 and Resident 4) was signed and dated by the residents Representative. This failure placed Resident 1 and Resident 4 at risk of unmet care needs and of receiving services the resident, their Representative, and the AFH did not negotiate.

Findings included…

During a visit on 10/22/2024 at 8:35 AM, observation showed Resident 1 and Resident 4 lived in and received care from the AFH.

Resident 4
A review of Resident 4's NCP dated 08/31/2024 showed Resident 4 was admitted to the AFH on [redacted]2024. Further review showed Resident 4's NCP was signed by the AFH on 08/31/2024.

In an interview on 10/22/2024 at 3:25 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 4's Representative had been on vacation.

Observation on 10/22/2024 at 10 :39 AM showed Resident 4's Representative visited Resident 4 at the AFH.

Resident 1

A review of Resident 1's NCP dated 07/24/2024 showed Resident 1 was admitted to the AFH on [redacted]2024. Further review showed Resident 1's NCP was signed by the AFH on 07/24/2024 and had a post it on the signature page "waiting for [Representative] to sign."

In an interview on 10/22/2024 at 4:31 PM, Staff A stated that they were waiting for Resident 1's Representative to visit the AFH so they could sign Resident 1's NCP. Staff A further stated they had not emailed or faxed Resident 1 or Resident 4's NCP to their Representative for signatures.

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, Amazing St. George Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/26/2024

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

[redacted] — Provider (or Representative)

12/05/2024 — Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents' (Resident 1 and Resident 4) Negotiated Care Plan (NCP) addressed both residents' current care needs. This failure placed Resident 1 and Resident 4 at risk of not receiving the required care and services.

Findings included...

During a visit on 10/22/2024 at 8:35 AM, observation showed Resident 1 and Resident 4 lived in and received care from the AFH.

Resident 4
A review of Resident 4's NCP dated 08/31/2024 showed Resident 4 was admitted to the

A review of Resident 1's NCP dated 07/24/2024 showed Resident 1 was admitted to the AFH on [redacted]2024. Further review showed Resident 1's NCP was signed by the AFH on 07/24/2024 and had a post it on the signature page "waiting for [Representative] to sign."

In an interview on 10/22/2024 at 4:31 PM, Staff A stated that they were waiting for Resident 1's Representative to visit the AFH so they could sign Resident 1's NCP. Staff A further stated they had not emailed or faxed Resident 1 or Resident 4's NCP to their Representative for signatures.

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, Amazing St. George Adult Family Home 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 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents' (Resident 1 and Resident 4) Negotiated Care Plan (NCP) addressed both residents' current care needs. This failure placed Resident 1 and Resident 4 at risk of not receiving the required care and services.

Findings included…

During a visit on 10/22/2024 at 8:35 AM, observation showed Resident 1 and Resident 4 lived in and received care from the AFH.

Resident 4
A review of Resident 4's NCP dated 08/31/2024 showed Resident 4 was admitted to the

AFH on [redacted]2024. Further review showed staff were to use a gait belt (used to prevent falls or injuries when moving residents), to transfer Resident 4. Resident 4 NCP also showed they required a [redacted] In addition, Resident 4's NCP showed staff were to place 2-3 tablets in the palm of the resident's hand and remain with the resident while they took their medication. Further review of Resident 4's NCP showed Resident 4 required nurse delegation (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed medicines, normally performed only by licensed nurses) for staff to crush the resident's medication or provide medication in liquid form.

In an interview on 10/22/2024 at 9:48 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 4 was bed bound and required 2-person assistance with a [redacted] for transfers. Staff A further stated that Resident 4 was nurse delegated, required their medication to be crushed, put in apple sauce, and fed to the resident.

In a follow up phone interview on 10/28/2024 at 3:36 PM, Staff A stated that they did not know to remove the resident's old care needs when they updated the NCP to include the residents new care needs.

Resident 1

In an interview on 10/22/2024 at 9:48 AM, Staff A stated that Resident 1 was bedbound.

A review of Resident 1's NCP dated 07/24/2024 showed Resident 1 was admitted to the AFH on [redacted]2024. Further review showed Resident 1 used ½ inch [redacted] for repositioning. In addition, Resident 1's NCP showed staff were to transfer Resident 1 with the use of a gait belt.

Observation on 10/22/2024 at 11:00 AM showed Resident 1's [redacted] had no [redacted].

In a follow up phone interview on 10/28/2024 at 3:36 PM, Staff A stated that Resident 1 never had [redacted] and the AFH had recently requested an assessment for Resident 1 to use [redacted]. Staff A further stated that staff were not using a gait belt for Resident 1. In addition, Staff A stated that when a resident's care needs changed, they updated the residents NCP by adding the new care needs. Staff A further stated that they had not removed the care needs that were no longer applicable from the residents NCP when they were updated.

Attestation Statement

AFH on [redacted]2024. Further review showed staff were to use a gait belt (used to prevent falls or injuries when moving residents), to transfer Resident 4. Resident 4 NCP also showed they required a [redacted]. In addition, Resident 4's NCP showed staff were to place 2-3 tablets in the palm of the resident's hand and remain with the resident while they took their medication. Further review of Resident 4's NCP showed Resident 4 required nurse delegation (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed medicines, normally performed only by licensed nurses) for staff to crush the resident's medication or provide medication in liquid form.

In an interview on 10/22/2024 at 9:48 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 4 was bed bound and required 2-person assistance with a [redacted] for transfers. Staff A further stated that Resident 4 was nurse delegated, required their medication to be crushed, put in apple sauce, and fed to the resident.

In a follow up phone interview on 10/28/2024 at 3:36 PM, Staff A stated that they did not know to remove the resident's old care needs when they updated the NCP to include the residents new care needs.

Resident 1

In an interview on 10/22/2024 at 9:49 AM, Staff A stated that Resident 1 was bedbound.

A review of Resident 1's NCP dated 07/24/2024 showed Resident 1 was admitted to the AFH on [redacted]/2024. Further review showed Resident 1 used ½ inch [redacted] for repositioning. In addition, Resident 1's NCP showed staff were to transfer Resident 1 with the use of a gait belt.

Observation on 10/22/2024 at 11:00 AM showed Resident 1's [redacted] had no [redacted].

In a follow up phone interview on 10/28/2024 at 3:36 PM, Staff A stated that Resident 1 never had [redacted] and the AFH had recently requested an assessment for Resident 1 to use [redacted]. Staff A further stated that staff were not using a gait belt for Resident 1. In addition, Staff A stated that when a resident's care needs changed, they updated the residents NCP by adding the new care needs. Staff A further stated that they had not removed the care needs that were no longer applicable from the residents NCP when they were updated.

Statement of Deficiencies	License #: 753905	Compliance Determination # 49172
Plan of Correction	Amazing St. George Adult Family Home	Completion Date
Page of 16	Licensee: Amazing St. George Adult Family Home	11/13/2024

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, Amazing St. George Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 12/16/2024.

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

Provider (or Representative) — Date: 12/05/2024

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:

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the medication log for 2 of 2 sampled residents (Resident 1 and Resident 4) included the name of all prescribed medication, dosage, frequency, and time. This failure placed Resident 1 and Resident 4 at risk of medication errors and of not receiving prescribed medication.

Findings included...

During a visit on 10/22/2024 at 8:35 AM, observation showed Resident 1 and Resident 4 received medication assistance from the AFH.

Resident 1
A review of Resident 1's October 2024 pharmacy generated medication log showed Resident 1 was prescribed, Trazodone 100 milligrams (mg), take 1 & ½ tablets (150 mg) by mouth at bedtime for insomnia and Trazodone 50 mg, take 50 mg tablet additional to previous dose at bedtime (total 200 mg).

A review of the medication label for Resident 1 showed they were prescribed,

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, Amazing St. George Adult Family Home 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 388-76-10475 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:

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the medication log for 2 of 2 sampled residents (Resident 1 and Resident 4) included the name of all prescribed medication, dosage, frequency, and time. This failure placed Resident 1 and Resident 4 at risk of medication errors and of not receiving prescribed medication.

Findings included…

During a visit on 10/22/2024 at 8:35 AM, observation showed Resident 1 and Resident 4 received medication assistance from the AFH.

Resident 1
A review of Resident 1's October 2024 pharmacy generated medication log showed Resident 1 was prescribed, Trazodone 100 milligrams (mg), take 1 & ½ tablets (150 mg) by mouth at bedtime for insomnia and Trazodone 50 mg, take 50 mg tablet additional to previous dose at bedtime (total 200 mg).

A review of the medication label for Resident 1 showed they were prescribed,

Trazodone 300 mg, take 1 tablet by mouth at bedtime.

In an interview on 10/22/2024 at 5:00 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 had a change in their dosage of Trazadone, and they had forgotten to update the resident's medication log.

Resident 4
In an initial interview on 10/22/2024 at 10:00 AM, Staff A stated that Resident 4 took Pro-Stat as a nutritional supplement.

Observation on 10/22/2024 at 4:10 PM showed, 1 and a quarter bottle of Pro-Stat on the top of the medication storage cart for Resident 4.

A review of records received by the department by email on 10/28/2024 at 10:11 AM from Staff A showed, Resident 4's October 2024 pharmacy generated medication log. Further review showed no entry for Pro-Stat.

In a follow up phone interview on 10/28/2024 at 3:38 PM, Staff A stated that Resident 4 had been receiving Pro-Stat twice daily. Staff A further stated that they had forgotten to write it on Resident 4's medication log.

A review of records received by the department by email on 10/28/2024 at 4:58 PM from Staff A showed, a physician order dated 09/20/2024 for Resident 4's Pro-Stat. Further review showed Resident 4's was prescribed Pro-Stat, 30 milliliters (ml), twice per day by mouth, may drink plain or mix into foods or drink.

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, Amazing St. George Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/22/2024.

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

Provider (or Representative) — Date: 12/05/2024

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;

Trazodone 300 mg, take 1 tablet by mouth at bedtime.

In an interview on 10/22/2024 at 5:00 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 had a change in their dosage of Trazadone, and they had forgotten to update the resident's medication log.

Resident 4
In an initial interview on 10/22/2024 at 10:00 AM, Staff A stated that Resident 4 took Pro-Stat as a nutritional supplement.

Observation on 10/22/2024 at 4:10 PM showed, 1 and a quarter bottle of Pro-Stat on the top of the medication storage cart for Resident 4.

A review of records received by the department by email on 10/28/2024 at 10:11 AM from Staff A showed, Resident 4's October 2024 pharmacy generated medication log. Further review showed no entry for Pro-Stat.

In a follow up phone interview on 10/28/2024 at 3:38 PM, Staff A stated that Resident 4 had been receiving Pro-Stat twice daily. Staff A further stated that they had forgotten to write it on Resident 4's medication log.

A review of records received by the department by email on 10/28/2024 at 4:58 PM from Staff A showed, a physician order dated 09/20/2024 for Resident 4's Pro-Stat. Further review showed Resident 4's was prescribed Pro-Stat, 30 milliliters (ml), twice per day by mouth, may drink plain or mix into foods or drink.

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, Amazing St. George Adult Family Home 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 and interview, the Adult Family Home (AFH) failed to ensure 3 of 5 residents' (Residents 2, 3, and 5) medications were kept in locked storage. This failure placed Resident 5 at risk of inappropriately taking medication and placed all ambulatory residents (Resident 3 and Resident 5) at risk of accessing and taking medication not prescribed for their use.

Findings included...

During a visit on 10/22/2024 at 8:35 AM, observation showed Residents 2, 3, and 5 lived in and received care from the AFH.

Observation on 10/22/2024 at 8:37 AM showed Resident 3 ambulated independently from the kitchen to the dining table with no assistive devices.

Caregiver Bedroom
In an interview on 10/22/2024 at 8:49 AM, Staff A stated that the bedroom next to Bedroom C was a caregiver bedroom.

Observation on 10/22/2024 at 4:10 PM showed the AFH medication storage cart was in the caregiver bedroom. Further observation showed a bottle of Lactulose 10 grams/15 milliliters (ml), take 10 ml by mouth daily as needed for constipation, on top of the medication cart was a labeled for Resident 2. In addition, there was 1 and a quarter bottles of Pro-Stat, a nutritional supplement, and Geri-Tussin 100 mg/5 ml, take 10 ml (200 mg) by mouth every 4 hours as needed for cough, labeled for Resident 4 on the medication cart.

In an interview on 10/22/2024 at 4:13 PM, Department Staff informed Staff A that the door to the caregiver bedroom with the medication cart had been observed open during the visit. Staff A stated that they normally kept the door to the caregiver bedroom locked.

Resident 5
Observation on 10/22/2024 at 12:07 PM in Bedroom [redacted] (used by Resident 5) showed, a bottle of rubbing alcohol, 2 bottles of allergy flow nasal spray used to treat allergies, Vicks Vapor Rub a cough suppressant, and a quarter bottle of clear eyes eye drops readily accessible to Resident 5.

In an interview on 10/22/2024 at 12:09 PM, Staff A stated that Resident 5's family had brought the medication for Resident 5 without their knowledge.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 3 of 5 residents' (Residents 2, 3, and 5) medications were kept in locked storage. This failure placed Resident 5 at risk of inappropriately taking medication and placed all ambulatory residents (Resident 3 and Resident 5) at risk of accessing and taking medication not prescribed for their use.

Findings included…

During a visit on 10/22/2024 at 8:35 AM, observation showed Residents 2, 3, and 5 lived in and received care from the AFH.

Observation on 10/22/2024 at 8:37 AM showed Resident 3 ambulated independently from the kitchen to the dining table with no assistive devices.

Caregiver Bedroom
In an interview on 10/22/2024 at 8:49 AM, Staff A stated that the bedroom next to Bedroom C was a caregiver bedroom.

Observation on 10/22/2024 at 4:10 PM showed the AFH medication storage cart was in the caregiver bedroom. Further observation showed a bottle of Lactulose 10 grams/15 milliliters (ml), take 10 ml by mouth daily as needed for constipation, on top of the medication cart was a labeled for Resident 2. In addition, there was 1 and a quarter bottles of Pro-Stat, a nutritional supplement, and Geri-Tussin 100 mg/5 ml, take 10 ml (200 mg) by mouth every 4 hours as needed for cough, labeled for Resident 4 on the medication cart.

In an interview on 10/22/2024 at 4:13 PM, Department Staff informed Staff A that the door to the caregiver bedroom with the medication cart had been observed open during the visit. Staff A stated that they normally kept the door to the caregiver bedroom locked.

Resident 5
Observation on 10/22/2024 at 12:07 PM in Bedroom [redacted] (used by Resident 5) showed, a bottle of rubbing alcohol, 2 bottles of allergy flow nasal spray used to treat allergies, Vicks Vapor Rub a cough suppressant, and a quarter bottle of clear eyes eye drops readily accessible to Resident 5.

In an interview on 10/22/2024 at 12:09 PM, Staff A stated that Resident 5's family had brought the medication for Resident 5 without their knowledge.

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, Amazing St. George Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/22/2024

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

Provider (or Representative) — Date: 12/05/2024

WAC 388-76-10700 Building official inspection and approval. The adult family home must have the building inspected and approved for use as an adult family home by the local building official:

(2) After any construction changes that:

(b) Change, add or modify a resident's bedroom.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 6 resident bedrooms (Bedroom [redacted] used by Resident 1) was inspected after construction that modified the resident's bedroom. This failure placed Resident 1 at risk of potential harm from using an uninspected and unlicensed bedroom.

Findings included...

During a visit on 10/22/2024 at 8:35 AM, observation showed Resident 1 lived in and received care from the AFH. Further review showed Resident 1 used Bedroom [redacted].

Review of the AFH's current floor plan (FP1) and floor plan key showed Bedroom [redacted] licensed capacity was for 1 resident.

Observation on 10/22/2024 at 9:20 AM showed Staff A, Entity Representative/Resident Manager, signed FP1 that the department had on file acknowledging that it was correct.

In an interview on 10/22/2024 at 9:23 AM, Staff A stated that they had been renting the home used as an AFH and the owner completed construction approximately 1 year ago.

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, Amazing St. George Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Provider (or Representative) Date

WAC 388-76-10700 Building official Inspection and approval. The adult family home must have the building inspected and approved for use as an adult family home by the local building official:

(2) After any construction changes that:

(b) Change, add or modify a resident's bedroom.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 6 resident bedrooms (Bedroom [redacted], used by Resident 1) was inspected after construction that modified the resident's bedroom. This failure placed Resident 1 at risk of potential harm from using an uninspected and unlicensed bedroom.

Findings included…

During a visit on 10/22/2024 at 8:35 AM, observation showed Resident 1 lived in and received care from the AFH. Further review showed Resident 1 used Bedroom [redacted].

Review of the AFH's current floor plan (FP1) and floor plan key showed Bedroom [redacted] licensed capacity was for 1 resident.

Observation on 10/22/2024 at 9:20 AM showed Staff A, Entity Representative/Resident Manager, signed FP1 that the department had on file acknowledging that it was correct.

In an interview on 10/22/2024 at 9:23 AM, Staff A stated that they had been renting the home used as an AFH and the owner completed construction approximately 1 year ago.

Staff A further stated that they purchased the home after construction had been completed. In addition, Staff A stated that a wall had been removed in Bedroom [redacted] that increased the size of the room. Staff A further stated that the previous owner had completed other construction of the home and pointed to a hallway. Staff A further stated that they had not notified the department that construction was to take place on the home used as an AFH. Additionally, Staff A stated that no one had been to the AFH to inspect Bedroom [redacted] since construction was completed. Staff A provided department staff with an updated floor plan (FP2) of the AFH.

Review of the AFH's FP2 showed 3 additional rooms, a bathroom, and Bedroom [redacted] was larger than on FP1.

Observation on 10/22/2024 at 9:25 AM of Bedroom [redacted] showed 2 single beds in the bedroom. Further observation showed Resident 1 occupied the bed closest to the door. Additionally, Bedroom [redacted] had marks on each side of the opposing walls that Staff A pointed to and stated that the wall that had been removed had been located there.

In an interview on 10/22/2024 at 9:26 AM, Staff A stated that they had placed 2 beds in Bedroom [redacted] to provide Resident 1 with a choice of beds when the resident was admitted to the AFH.

Observation on 10/22/2024 at 9:27 AM showed a hallway that led from the kitchen had 2 bedrooms, another room used for storage, and a bathroom that were not found on FP1.

In an interview on 10/22/2024 at 9:26 AM, Staff A stated that both bedrooms were for staff and the bathroom was not in use because it was not licensed.

Attestation Statement

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

[redacted] 12/05/2024

Provider (or Representative) Date

Staff A further stated that they purchased the home after construction had been completed. In addition, Staff A stated that a wall had been removed in Bedroom [redacted] that increased the size of the room. Staff A further stated that the previous owner had completed other construction of the home and pointed to a hallway. Staff A further stated that they had not notified the department that construction was to take place on the home used as an AFH. Additionally, Staff A stated that no one had been to the AFH to inspect Bedroom [redacted] since construction was completed. Staff A provided department staff with an updated floor plan (FP2) of the AFH.

Review of the AFH's FP2 showed 3 additional rooms, a bathroom, and Bedroom [redacted] was larger than on FP1.

Observation on 10/22/2024 at 9:25 AM of Bedroom [redacted] showed 2 single beds in the bedroom. Further observation showed Resident 1 occupied the bed closest to the door. Additionally, Bedroom [redacted] had marks on each side of the opposing walls that Staff A pointed to and stated that the wall that had been removed had been located there.

In an interview on 10/22/2024 at 9:26 AM, Staff A stated that they had placed 2 beds in Bedroom [redacted] to provide Resident 1 with a choice of beds when the resident was admitted to the AFH.

Observation on 10/22/2024 at 9:27 AM showed a hallway that led from the kitchen had 2 bedrooms, another room used for storage, and a bathroom that were not found on FP1.

In an interview on 10/22/2024 at 9:28 AM, Staff A stated that both bedrooms were for staff and the bathroom was not in use because it was not licensed.

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 388-76-10750 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, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 residents (Resident 5) Negotiated Care Plan (NCP) included their use of toxic substances. This failure place Resident 5 at risk of accessing and unsafe use of cleaning supplies.

Findings included...

During a visit on 10/22/2024 at 8:35 AM, observation showed Resident 5 lived in and received care from the AFH.

Observation on 10/22/2024 at 12:10 PM showed half a bottle of Simple Green, all-purpose cleaner, hanging from Resident 5's walker. Further observation showed the label on Simple Green read, "Keep out of reach of children."

In an interview on 10/22/2024 at 12:11 PM, Resident 5 stated that they used to use Simple Green to clean their home prior to being admitted to the AFH.

In an interview on 10/22/2024 at 12:12 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 5's family had brought the cleaner for the resident's use.

A review of Resident 5's NCP dated 03/29/2024 showed Resident 5 was admitted to the AFH on [redacted]2023. Further review of Resident 5's NCP showed Psych/Social/Cognitive Status showed Resident 5 had memory impairment, cognitive changes, and decision making. In addition, there was no documentation in Resident 5's NCP that they were safe to use toxic substances with or without supervision.

Attestation Statement

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, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 residents (Resident 5) Negotiated Care Plan (NCP) included their use of toxic substances. This failure place Resident 5 at risk of accessing and unsafe use of cleaning supplies.

Findings included…

During a visit on 10/22/2024 at 8:35 AM, observation showed Resident 5 lived in and received care from the AFH.

Observation on 10/22/2024 at 12:10 PM showed half a bottle of Simple Green, all-purpose cleaner, hanging from Resident 5's walker. Further observation showed the label on Simple Green read, "Keep out of reach of children."

In an interview on 10/22/2024 at 12:11 PM, Resident 5 stated that they used to use Simple Green to clean their home prior to being admitted to the AFH.

In an interview on 10/22/2024 at 12:12 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 5's family had brought the cleaner for the resident's use.

A review of Resident 5's NCP dated 03/29/2024 showed Resident 5 was admitted to the AFH on [redacted]/2023. Further review of Resident 5's NCP showed Psych/Social/Cognitive Status showed Resident 5 had memory impairment, cognitive changes, and decision making. In addition, there was no documentation in Resident 5's NCP that they were safe to use toxic substances with or without supervision.

Attestation Statement

Statement of Deficiencies	License #: 753905	Compliance Determination # 49172
Plan of Correction	Amazing St. George Adult Family Home	Completion Date
Page of 16	Licensee: Amazing St. George Adult Family Home	11/13/2024

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, Amazing St. George Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/22/2024.

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

[signature] 12/05/2024

Provider (or Representative) Date

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, Amazing St. George Adult Family Home 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