



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

A Place in the Park Limited Liability Company
A Place In The Park
19121 2nd Ave SW
Normandy Park, WA 98166

RE: A Place In The Park License # 754042

Dear Provider:

This letter addresses Compliance Determination(s) 45565 (Completion Date 08/13/2024) and 38508 (Completion Date 06/11/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/13/2024 and found that you have corrected the violations listed in the Complaint report dated 06/11/2024. Your home is back in compliance as of 06/26/2024 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 388-76-10465-1

The Department staff who did the on-site verification:
Mavis Downing, NCI

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

06.14.2024 13:58:10

State of Washington

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

PLAN OF CORRECTION	A Place In The Park	Completion Date
Page 1 of 3	Licensee: A Place in the Park Limited Liability Company	06/11/2024

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 03/19/2024 and 05/09/2024 of:

A Place In The Park
19121 2nd Ave SW
Normandy Park, WA 98166

This document reflects the following complaint number(s): 127224

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Melissa Downing, RAC

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

06/14/2024

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.

This document was prepared by Residential Care Services for the Locator website.



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 #: 754042	Compliance Determination # 38508
Plan of Correction	A Place In The Park	Completion Date
Page 1 of 3	Licensee: A Place in the Park Limited Liability Company	06/11/2024

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 03/19/2024 and 05/09/2024 of:

A Place In The Park
19121 2nd Ave SW
Normandy Park, WA 98166

This document references the following complaint number(s): 123334

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Mavis Downing, NCI

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

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Statement of Deficiencies

License #: 754042

Compliance Determination # 38508

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A Place in the Park

Compliance Date

Page 2 of 3

Licensee: A Place in the Park Limited Liability Company

06/11/2024

Provider (or Representative)



Date

6-26-2024

WAC 388-76-10465 Medication Altering Requirements.

(i) For the purposes of this section "altering a medication" means the alteration of prescribed or over the counter medications and includes, but is not limited to crushing tablets, cutting tablets in half; opening capsules and mixing powdered medications with food or liquids.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) altered a physician's order when they used chia seeds instead of a prescribed "THICK-IT- POWDER" (a thickening powder used to thicken liquids to prevent aspiration for residents who have difficulty swallowing) in liquids for 1 of 3 sampled residents (Resident 3). This failure placed Resident 3 at risk of aspiration during swallowing and other adverse reactions from using chia seeds for thickening liquids.

Findings Included...

A review of AFH records showed Resident 3 was admitted to the AFH on [REDACTED]/2022 with multiple diagnosis including [REDACTED]. Resident 3 required assistance of staff for activities of daily living and medication assistance.

On 03/19/2024 at 11:00 AM, observation of the AFH medication storage cabinet, showed Resident 3's medications included a container of chia seeds.

On 03/19/2024 at 12:00 PM, in an interview, Staff A, Entity Representative, stated that they mixed chia seeds solution to thicken Resident 3's liquids instead of the prescribed THICK-IT-POWDER. Staff A was unable to provide a physician's order to use chia seeds solution, when asked. Staff A then stated that, they did not know that they required a physician's orders for chia seeds solution, as chia seeds was a food supplements, and not medication.

Review of Resident 3's Medication log for March 2024 did not show Resident 3 had an order for the use of chia seeds for thickening liquids. The Medication log showed an order for THICK-IT-POWDER, "SLOWLY MIX THE RECOMMENDED AMOUNT WITH LIQUIDS TO FORM NECTAR THICK CONSISTENCY AS NEEDED." For Dysphagia (difficulty in swallowing). Further review showed physician's order date as 10/31/2023.

Attestation Statement

Provider (or Representative)

Date

WAC 388-76-10465 Medication Altering Requirements.

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A review of AFH records showed Resident 3 was admitted to the AFH on [REDACTED]/2022 with multiple diagnosis including [REDACTED]. Resident 3 required assistance of staff for activities of daily living and medication assistance.

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Review of Resident 3's Medication log for March 2024 did not show Resident 3 had an order for the use of chia seeds for thickening liquids. The Medication log showed an order for THICK-IT-POWDER," SLOWLY MIX THE RECOMMENDED AMOUNT WITH LIQUIDS TO FORM NECTAR THICK CONSISTENCY AS NEEDED." For Dysphagia (difficulty in swallowing). Further review showed physician's order date as 10/31/2023.

This document was prepared by Residential Care Services for the Locator website.

Attestation Statement

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Statement of Deficiencies

License #: 754042

Compliance Determination # 38508

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A PLACE IN THE PARK

Compliance Date

Licensee: A Place in the Park Limited Liability Company

06/11/2024

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, A Place In The Park is or will be in compliance with this law and / or regulation on (Date) 6-26-2024.

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

Provider (or Representative)

Date 6-26-2024

This document was prepared by Residential Care Services for the Locator website.

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, A Place In The Park 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