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

Golden Age Care LLC
Caring Cabin
3511 236th St SE
Bothell, WA 98021

RE: Caring Cabin License # 754082

Dear Provider:

This letter addresses Compliance Determination(s) 47419 (Completion Date 09/19/2024) and 45749 (Completion Date 08/21/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/19/2024 and found that you have corrected the violations listed in the Full report dated 08/21/2024. Your home is back in compliance as of 08/21/2024 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 388-76-10485-1

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 754082	Compliance Determination # 45749
Plan of Correction	Caring Cabin	Completion Date
Page 1 of 3	Licensee: Golden Age Care LLC	08/21/2024

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 08/16/2024 and 08/16/2024 of:

Caring Cabin
3511 236th St SE
Bothell, WA 98021

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:

Farrah Sirous, Long Term Care Surveyor

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' Bourque
Residential Care Services

08/21/2024
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)

8/21/2024
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;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all medications were kept in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 08/16/2024 at 9:10 AM, showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Observation further showed Residents 1, 2, 3, and 4 ambulated with assistive devices and Resident 5 ambulated with assistance in the AFH.

Observation, on 08/16/2024 at 11:30 AM, showed a bottle of Remedy antifungal powder, a spray of MicroKlenz (used for minor cut and wounds), a tube of equaline triple antibiotic plus ointment (used to prevent infection), a tube of Hydrocortisone cream (used for itching), a tube of up&up hemorrhoidal cream and a package of Preparation H wipe (both used for hemorrhoids) in Resident 5's bathroom (located in Bedroom [redacted]). In addition, observation showed a tube of expired Fluocinonide cream (used to treat skin itching), and a tube of Triamcinolone Acetonide cream (used to treat rashes) in Resident 1's bedroom (Bedroom [redacted]). Observation further showed a tube of Benadryl gel (used to prevent itching), a container of Mentholatum ointment (used for cold symptoms and congestion), and a bottle of Ivizia eye drop (used for dry eyes) in Resident 4's bathroom (located in Bedroom [redacted]). Observation of Resident 3's bathroom (Bedroom [redacted]) showed a tube of Neosporin ointment (used to prevent infection).

In an interview, on 08/14/2024 at 11:40 AM, Staff A, Entity Representative, stated that Residents' family supplied over the counter (OTC) medications, and they were unaware the OTC medications were kept in resident's bathrooms.

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, Caring Cabin is or will be in compliance with this law and / or regulation on (Date) 8/21/2024

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

J. Yuyon — Provider (or Representative)

8/21/2024 — Date

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

08/21/2024

Golden Age Care LLC
Caring Cabin
3511 236th St SE
Bothell, WA 98021

RE: Caring Cabin # 754082

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/21/2024 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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.

RCW 70.128.250 Required training and continuing education -- Food safety training and testing. The department shall implement, as part of the required training and continuing education, food safety training and testing integrated into the curriculum that meets the standards established by the state board of health pursuant to chapter 69.06 RCW. Individual food handler permits are not required for persons who begin working in an adult family home after June 30, 2005, and successfully complete the basic and modified-basic caregiver training, provided they receive information or training regarding safe food handling practices from the employer prior to providing food handling or service for the clients. Documentation that the information or training has been provided to the individual must be kept on file by the employer. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will be required to maintain continuing education of .5 hours per year in order to maintain food handling and safety training. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will not be required to renew the permit provided the continuing education requirement as stated above is met.

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

Review of personnel record showed Washington State Food Worker Card for Staff A, Entity Representative, had expired on 06/02/2024. The Adult Family Home renewed Staff A's Food Worker Card during the inspection.

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

The Adult Family Home (AFH) failed to follow their medication disposal policy to dispose of expired and discontinued (DC) medications. The expired and discontinued medications were kept with current medication for 2 of 2 sampled residents (Resident 1 and 3). Staff A, Entity Representative, moved the expired and DCs medication to the locked disposal bin.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

The adult family home (AFH) failed to update the negotiated care plan (NCP) for Resident 1 with how their medications would be managed. Additionally, the AFH failed to update the NCP for Resident 3 with their medical devices purposes and uses.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 IDRs** 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

8/26/2024

Plan of Correction

Agency Name: Caring Cabin

Citation Date: 8/16/2024

Citation: WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over the counter (OTC) medication are stored:

1) In locked storage

Corrections & Prevention:

1) OTC drugs were immediately removed from resident's bathroom cabinets and placed in locked storage.
2) Families and DPOA's of the residents were notified and instructed not to bring OTC creams, lotions and other OTC drugs without providers/caregiver knowledge.
3) Caregivers reinforced to monitor resident's rooms/bathrooms daily for OTC meds and store them in medication cabinet (locked storage).
4) Caregiver training materials were updated to emphasize the importance of OTC medication safety.

Ina Lungu, Provider/RN

I. Lungu 8/26/2024