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

* Legends Living Senior Care LLC

* Legends Living Senior Care LLC
8327 186th St SW
Edmonds, WA 98026

RE: * Legends Living Senior Care LLC License # 754305

Dear Provider:

This letter addresses Compliance Determination(s) 47278 (Completion Date 09/18/2024) and 44613 (Completion Date 07/30/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/18/2024 and found that you have corrected the violations listed in the Full report dated 07/30/2024. Your home is back in compliance as of 07/24/2024 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 388-76-10750-7, 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 #: 754305	Compliance Determination # 44613
Plan of Correction	* Legends Living Senior Care LLC	Completion Date
Page 1 of 4	Licensee: * Legends Living Senior Care LLC	07/30/2024

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 07/24/2024 and 07/24/2024 of:
* Legends Living Senior Care LLC
8327 186th St SW
Edmonds, WA 98026

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 Bourgue
Residential Care Services

7/30/2024
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.

* Fortuna Shiferaw
Provider (or Representative)

08/03/2024
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;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in a locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Observation, on 07/24/2024 at 9:30 AM, showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Residents 1 and 2 ambulated with assistive devices, Residents 3 and 4 ambulated with assistance and Resident 5 was [redacted].

Observation, on 07/24/2024 at 11:20 AM, showed an unlocked cabinet underneath the kitchen sink. The cabinet contained an open bottle of Lysol toilet bowl cleaner gel, a container of Comet bleach powder, a Sprayway glass cleaner spray, a Sprayway stainless steel cleaner spray, a bottle of La's Totally Awesome cleaner with bleach, a Pledge furniture spray, and an Easy-Off over cleaner spray.

In an interview, on 07/24/2024 at 11:25 AM, Staff A, Entity Representative, stated that they kept the cabinet underneath the sink locked all the time and they forgot to lock the cabinet after using the cleaners this morning. Staff A promptly locked the storage cabinet underneath the kitchen sink with magnet locks.

Observation, on 07/24/2024 at 11:30 AM, showed an unlocked cabinet underneath the bathroom sink (Located in the hallway). The bathroom cabinet contained an open container of Comet bleach powder, and a bottle of La's Totally Awesome cleaner.

Observation, on 07/24/2024 at 11:40 AM, showed an unlocked closet in the hallway across from the bathroom. The closet contained two Lysol disinfectant spray, an open bottle of Instant Power commercial drain maintainer, a container of Instant Power crystal lye drains opener, and a bottle of Zep grout cleaner and brighter.

Provider (or Representative) _____ Date _____

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This requirement was not met as evidenced by:

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In an interview, on 07/24/2024 at 11:25 AM, Staff A, Entity Representative, stated that they kept the cabinet underneath the sink locked all the time and they forgot to lock the cabinet after using the cleaners this morning. Staff A promptly locked the storage cabinet underneath the kitchen sink with magnet locks.

Observation, on 07/24/2024 at 11:30 AM, showed an unlocked cabinet underneath the bathroom sink (Located in the hallway). The bathroom cabinet contained an open container of Comet bleach powder, and a bottle of La's Totally Awesome cleaner.

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In an interview, on 07/24/2024 at 11:45 AM, Staff A stated that today was the AFH cleaning day, and they had used cleaners to clean the areas. Staff A moved cleaner supplies from the bathrooms to the locked storage. Staff A promptly locked the closet with a child proof lock.

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, * Legends Living Senior Care LLC is or will be in compliance with this law and / or regulation on
(Date) July 24, 2024

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

Fortuna Shiferaw
Provider (or Representative)

Aug 3, 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, interview, and record review, the Adult Family Home (AFH) failed to ensure medications in bathrooms were kept in locked storage. Additionally, the AFH left medications unlocked in the bedroom (Bedroom [redacted]. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 07/24/2024 at 9:30 AM, showed Resident 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Residents 1 and 2 ambulated with assistive devices, Residents 3 and 4 ambulated with assistance and Resident 5 was [redacted].

On 07/24/2024 at 11:30 AM observation of Bathroom 1 (located in the hallway) found the following medications in the bathroom mirror cabinet on the wall: a tube of Remedy Silicon cream (use for dry and skin irritation), and a container of Perfect Purity Medicated body powder (used to ease pain from skin irritations).

In an interview, on 07/24/2024 at 11:45 AM, Staff A stated that today was the AFH cleaning day, and they had used cleaners to clean the areas. Staff A moved cleaner supplies from the bathrooms to the locked storage. Staff A promptly locked the closet with a child proof lock.

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_____ _____

Provider (or Representative) Date

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On 07/24/2024 at 11:30 AM observation of Bathroom 1 (located in the hallway) found the following medications in the bathroom mirror cabinet on the wall: a tube of Remedy Silicon cream (use for dry and skin irritation), and a container of Perfect Purity Medicated body powder (used to ease pain from skin irritations).

Statement of Deficiencies	License #: 754305	Compliance Determination # 44613
Plan of Correction	* Legends Living Senior Care LLC	Completion Date
Page 4 of 4	Licensee: * Legends Living Senior Care LLC	07/30/2024

In an interview, on 07/24/2024 at 11:35 AM, Staff A, Entity Representative, stated that they used over the counter (OTC) medication for residents to prevent diaper rashes. Staff A moved the OTC medications from the bathroom to the locked storage.

Bedroom [redacted]
Observation, on 07/24/2024 at 12:10 PM, showed Residents 1 and 3 resided in the bedroom [redacted]. Further observation showed bedroom [redacted] had a private bathroom. Observation of the bathroom in bedroom [redacted] found a tube of Remedy zinc oxide skin protectant paste (for diaper rash), and a tube of used Remedy Silicon cream (for skin irritation) inside the bathroom mirror cabinet.

In an interview, on 07/24/2024 at 12:15 PM, Staff A stated that they used Remedy cream to prevent dry skin for residents and they were not aware OTC medications should be kept in locked storage. Staff A moved the OTC medications from Bedroom [redacted] to the locked storage.

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, * Legends Living Senior Care LLC is or will be in compliance with this law and / or regulation on
(Date) July 24, 2024

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Fortuna Mafeveu
Provider (or Representative)

Aug 3, 2024
Date

In an interview, on 07/24/2024 at 11:35 AM, Staff A, Entity Representative, stated that they used over the counter (OTC) medication for residents to prevent diaper rashes. Staff A moved the OTC medications from the bathroom to the locked storage.

Bedroom [redacted]
Observation, on 07/24/2024 at 12:10 PM, showed Residents 1 and 3 resided in the bedroom [redacted]. Further observation showed bedroom [redacted] had a private bathroom. Observation of the bathroom in bedroom [redacted] found a tube of Remedy zinc oxide skin protectant paste (for diaper rash), and a tube of used Remedy Silicon cream (for skin irritation) inside the bathroom mirror cabinet.

In an interview, on 07/24/2024 at 12:15 PM, Staff A stated that they used Remedy cream to prevent dry skin for residents and they were not aware OTC medications should be kept in locked storage. Staff A moved the OTC medications from Bedroom [redacted] to the locked storage.

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, * Legends Living Senior Care 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
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

* Legends Living Senior Care LLC
* Legends Living Senior Care LLC
8327 186th St SW
Edmonds, WA 98026

RE: * Legends Living Senior Care LLC # 754305

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/30/2024 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.

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 AFH failed to follow their medication disposal policy to dispose of expired medications. An expired medication was kept with current medication for 1 of 2 sampled residents (Resident 4). Staff A, Entity Representative, moved the expired medication to the locked disposal bin.

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

The Adult Family Home (AFH) failed to have a current records of respirator training, medical clearance, and respirator fit testing every year for 5 of 5 staffs (Staffs A, B, C, D, and E). The department staff received an email on 07/25/2024 from Staff A stated that fit testing was scheduled on 07/26/2024.

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The Adult Family Home (AFH) failed to have a current records of respirator training, medical clearance, and respirator fit testing every year for 5 of 5 staffs (Staffs A, B, C, D, and E). The department staff received an email on 07/25/2024 from Staff A stated that fit testing was scheduled on 07/29/2024.

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 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