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

Stone Meadow Adult Family Home LLC

Stone Meadow Adult Family Home LLC
717 147th St SW
Lynnwood, WA 98087

RE: Stone Meadow Adult Family Home LLC License # 754376

Dear Provider:

This letter addresses Compliance Determination(s) 31049 (Completion Date 10/13/2023) and 27832 (Completion Date 08/25/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/13/2023 and found that you have corrected the violations listed in the Full report dated 08/25/2023. Your home is back in compliance as of 08/31/2023 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10161-3, WAC 388-76-10530, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-2, WAC 388-76-10475-1, WAC 388-76-10475-2, WAC 388-76-10475-2-a, 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10415-1

The Department staff who did the on-site verification:
Twyla Robinson, AFH Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourgue

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***



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 08/08/2023 and 08/10/2023 of:

Stone Meadow Adult Family Home LLC
717 147th St SW
Lynnwood, WA 98087

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 inspected the Adult Family Home:

Twyla Robinson, AFH Licensor

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

08/28/2023
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.

Adriana Coman
Provider (or Representative)

8/3/23
Date

**WAC 388-76-10161 Background checks Who is required to have.**

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

**This requirement was not met as evidenced by:**

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have 1 of 6 household members complete the Washington State Name and Date of Birth Background Check (BGC). This failure placed 3 of 3 residents (Resident 1, 2, and 3) at risk of exposure to a household member with an unknown background.

Findings included...

Observation, on 08/08/2023 between 12:09 p.m. to 4:53 p.m., showed three residents resided in the AFH.

Record review of AFH records showed there was no BGC completed for Household Member 3.

In interview, on 08/10/2023 at 1:59 p.m., when asked if there was a BGC completed for Household Member 3, Staff A (Provider) stated "someone told me 13... [they] just turned 11" years old.

**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, Stone Meadow Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/10/23 .

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

Adriana Coman
Provider (or Representative)

8/10/23
Date

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

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(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.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a written Notice of Services was provided to 1 of 3 sampled residents (Resident 2) every 24 months. This failure placed Resident 2 at risk of being unaware of house rules, services, and costs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2020. Resident 2's Notices of Services was last signed and dated on [redacted]/2020.

In interview, on 08/17/2023 at 2:43 p.m., when asked the about the timeframe to renew the Notice of Services, Staff A (Provider) stated they were not sure.

**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, Stone Meadow Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/31/23 .

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

/Adriana Coman — Provider (or Representative)

8/31/23 — 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:

(a) Name of the resident;

(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 Medication Logs (ML) were current for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of harm from medication errors.

Findings included...

Resident record review showed the AFH admitted Resident 2 on [redacted]/2020. Resident 2's Negotiated Care Plan (NCP), signed and dated on 10/19/2022, documented that the AFH would provide care, including medication management.

Observation, on 08/08/2023 at 3:56 p.m., showed Resident 2's medication supply contained Phytoplex Moist Skin Repair (a medication is used as a moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations such as diaper rash, and skin burns from radiation therapy), apply topically three times daily as needed with diaper changes.

Record review, on 08/08/2023 at 3:56 p.m., showed Resident 2's August 2023 ML listed

Phytoplex. The ML showed no caregiver initials indicating administration.

Record review, on 08/08/2023 at 3:56 p.m., showed Resident 2's August 2023 ML listed Calmoseptine (a medication is used to treat and prevent minor skin irritations such as from diarrhea, burns, cuts, and scrapes) apply to affected area or thighs twice daily until resolved. The ML showed caregiver initials indicating administration between 08/01/2023 – 08/08/2023.

Observation, on 08/08/2023 at 3:56 p.m., showed Resident 2's medication supply did not contain Calmoseptine.

Record review of an email, on 08/10/2023 at 6:26 p.m., showed Resident 2's doctor discontinued the Calmoseptine on 08/10/2023.

Record review, on 08/08/2023 at 3:56 p.m., showed Resident 2's August 2023 ML listed Senna (a medication used to treat constipation). The ML did not include the dosage, frequency, and route of administration.

In interview, on 08/08/2023 at 3:56 p.m., when asked about accurately documenting medication administration, Staff A (Provider) stated that she was told that Calmoseptine and Phytoplex were the same. Staff A acknowledged that the Senna medication was not detailed in the ML.

**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, Stone Meadow Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/10/23 .

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

Adriana Coman — Provider (or Representative)

8/10/23 — Date

**WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

**This requirement was not met as evidenced by:**

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have 1 of 3 staff (Staff C, Caregiver) complete the Washington State Name and Date of Birth Background Check (BGC) every two years. This failure placed 3 of 3 residents at risk of exposure to a caregiver with an unknown background.

Findings included...

Observation, on 08/08/2023 between 12:09 p.m. to 4:53 p.m., showed three residents resided in the AFH.

Record review of Staff C's file showed Staff C's BGC showed expired on 06/15/2023.

In interview, on 08/25/2023 at 9:33 a.m., when questioned how often BGCs should be completed, Staff A (Provider) stated every two years. When asked why the BGC was not completed on schedule, Staff A stated that they were checking deadlines and needed to have a system to remind them about pending due dates.

**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, Stone Meadow Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/10/23 .

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

Adriana Carmona — Provider (or Representative)

8/10/23 — Date

**WAC 388-76-10415 Food services. The adult family home must:**

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

**This requirement was not met as evidenced by:**

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B, Caregiver and Staff C, Caregiver) met training requirements for safe food handling. This failure placed 3 of 3 residents (Resident 1, 2, and 3) at risk of

harm from foodborne illnesses.

Findings included...
Observation, on 08/08/2023 between 12:09 p.m. to 4:53 p.m., showed three residents resided in the AFH.

Record review of an email, on 08/21/2023 at 10:02 p.m., stated that AFH was unable to locate the food handler's training for Staff B.

Record review showed Staff C's Washington State Food Worker Cards expired on 12/02/2022.

Record review of an email, on 08/11/2023 at 7:45 p.m., showed Staff B and Staff C completed food handler's training for the period of 08/11/2023 to 08/11/2025.

In interview, on 08/25/2023 at 9:32 a.m., when asked about the training, Staff A (Provider) reported that it should be completed upon hire and that Staff A was the caregiver serving residents.

**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, Stone Meadow Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/23 .

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

Adriana Coman — Provider (or Representative)

8/11/23 — 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***

08/29/2023

**CERTIFIED MAIL**

94890090002760730030 29

Stone Meadow Adult Family Home LLC
Stone Meadow Adult Family Home LLC
717 147th St SW
Lynnwood, WA 98087

RE: Stone Meadow Adult Family Home LLC # 754376

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/25/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

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

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

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

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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:**

(1) Uses nationally recognized infection control standards;

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

The Adult Family Home failed to develop a written Respiratory Protection Program. This failure placed residents and staff at risk of exposure to a communicable disease.

**WAC 388-76-10532 Resident rights Department standardized disclosure forms.**

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home failed to ensure the Department of Social and Health Services' Adult Family Home Disclosure of Charges forms were signed and dated by two residents. This failure placed residents at risk of violating their right to know what the facility charged for care and services.

**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

---

**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