



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Julie's Bayview Inc
Julie's Bayview Inc
3344 Aldergrove Rd
Ferndale, WA 98248

RE: Julie's Bayview Inc License # 754381

Dear Provider:

This letter addresses Compliance Determination(s) 37349 (Completion Date 03/13/2024) and 33137 (Completion Date 12/12/2023).

The Department completed a follow-up inspection of your Adult Family Home on 03/13/2024 and found that you have corrected the violations listed in the Complaint report dated 12/12/2023. Your home is back in compliance as of 01/31/2024 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 388-76-10475-1, WAC 388-76-10475-2-a, WAC 388-76-10475-2-b, WAC 388-76-10475-3-a, WAC 388-76-10475-3-c, WAC 388-76-10475-3-c-i, WAC 388-76-10475-3-c-ii, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-3-c-iv, WAC 388-76-10340, WAC 388-76-10340-1, WAC 388-76-10340-2, WAC 388-76-10340-3, WAC 388-76-10340-4, WAC 388-76-10340-5, WAC 388-76-10015-1, WAC 388-76-10181-1-a, WAC 388-76-10490-1, WAC 388-76-10490-2, WAC 388-76-10490, WAC 388-76-10463-3

The Department staff who did the on-site verification:

Megan Wylie, Licensors

If you have any questions, please contact me at (206)348-9350.

Sincerely,

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

Julie's Bayview Inc # 754381

03/13/2024

Page 2 of 2

Nichollette Flynn, Field Manager

Region 2, Unit B

Residential Care Services

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



Residential Care Services Investigation Summary Report

Provider/Facility: Julie's Bayview Inc

Provider Type: Adult Family Home

License/Cert.#: 754381

Compliance Determination #: 33137

Intake ID: 108043

Investigator: Megan Wylie

Region/Unit #: RCS Region 2 / Unit B

Investigation Date(s): 11/29/2023 through 12/12/2023

Complainant Contact Date(s):

Allegation(s):

1. The Adult Family Home (AFH) hired staff with disqualifying actions on the background check.
- 2 The AFH allowed non staff members to give medications.
3. The Entity Representative directed a caregiver to give non prescribed medications to a resident.
4. The Entity Representative directed staff to give unnecessary as needed medications.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Resident care equipment Resident rooms Staff to resident interactions Medication System
Interviews:	Identified resident Nursing staff Residents Family members Other individuals not affiliated with the facility
Record Reviews:	Medical records Hospital records State reporting log Facility policies Personnel files Staff training records Staff patterns

Investigation Summary:

1. Background checks were reviewed for all current staff. Required paperwork was not available for staff with non disqualifying findings.

2. Staff and residents reported that only current caregivers provided medications to them.
3. Review of medication logs showed that staff were not provided with accurate instructions and complete and correct medication logs to ensure residents were provided medication assistance per physicians instructions. Staff denied being asked to give medications that were not prescribed to a resident. Interviewable residents and resident representatives stated they did not believe that any non prescribed residents were given.
4. Review of medication logs showed that staff were not provided with accurate instructions and complete and correct medication logs to ensure residents were provided medication assistance per physicians instructions. Staff denied being asked to give medications to any resident for staff convenience. Resident representatives reported that they did not believe that their family member had been over sedated or given medications out of staff convenience.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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Statement of Deficiencies	License #: 754381	Compliance Determination #33137
Plan of Correction	Julie's Bayview Inc	Completion Date
Page 1 of 11	Licensee: Julie's Bayview Inc	12/12/2023

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 11/29/2023 and 11/29/2023 of:

Julie's Bayview Inc
8261 HARBORVIEW RD
BLAINE, WA 98230

This document references the following complaint number(s): 108043

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Megan Wylie, Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nichollette Flynn
Residential Care Services

1/24/2024
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.



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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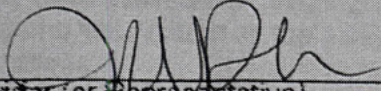
Residential Care Services

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Statement of Deficiencies	License #: 754381	Compliance Determination # 33137
Plan of Correction	Julie's Bayview Inc	Completion Date
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 Provider (or Representative)

01/04/2024
 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;
- (3) Ensure the medication log includes:
 - (a) Initials of the staff who assisted or gave each resident medication(s);
 - (c) Documentation of any changes or new prescribed medications including:
 - (i) The change;
 - (ii) The date of the change;
 - (iii) A logged call requesting written verification of the change; and
 - (iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure the medication logs (ML) were current, correct and contained all necessary information for 4 of 4 sampled residents (Resident 1, 2, 3, and 4). This failure placed Residents 1, 2, 3, and 4 at risk for medication errors and an ineffective medication regimen.

Findings included...

Resident 1:

Record review showed the AFH admitted Resident 1 on [REDACTED] 2023 with multiple diagnoses. Record review of Resident 1's assessment, dated 09/20/2023, showed Resident 1 was bed bound and required caregiver assistance with medication management, all forms of mobility, and activities of daily living.

Provider (or Representative)

Date

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Resident 1's ML was requested on 11/29/2023 at 11:30 AM. Staff A, Entity Representative, provided a list of medications handwritten on the back side of a ML. Resident 1's medication list showed the following medications:

- 8 AM Rosuvastatin 10mg (cholesterol) take one tablet x1 daily.
- 8 AM rivastigmine 9.5 patch (pain) change patch every 24 hours (no indication of what the 9.5 is)
- 8 AM Levothyroxine 100mg (thyroid) take one tablet before breakfast (levothyroxine is not dispensed in milligrams)
- 8:30 PM Tamsulosin 0.4mg (urinary incontinence) take one capsule after breakfast
- 8 PM senna 8.6mg (stool softener) take one tablet nightly.
- 8 PM quetiapine 100mg (sleep) take one tablet nightly.
- 8 PM Trazodone 50mg (sleep) take one tablet nightly.
- PRN (as needed) antacid (indigestion) chew 2 tablets every 4 hours as needed. (missing name of medication and dosage)
- PRN quetiapine 25mg take one tablet twice daily for agitation (directions show routine medication but listed as a PRN).

In an interview on 11/29/2023 at 11:50 AM, Staff A stated that the home health agency had mistakenly taken Resident 1's ML that contained staff signatures.

Record review of Resident 1's pharmacy medication list, dated 11/21/2023, showed the following medications were ordered to be continued but not listed or listed incorrectly on the medication list at the AFH:

- Rivastigmine 9.5mg/24 hour - place 1 patch onto the skin daily. Keep applied for 24 hours.
- Levothyroxine 100mcg - take one tablet daily before breakfast.
- Quetiapine 25mg - take one tablet by mouth twice daily.
- Sodium-potassium-phosphate powder - take one packet by mouth twice daily.
- Vitamin D3 1,000 unit - take one tablet by mouth daily.
- Vitamin C 500mg - take one tablet by mouth daily.

Resident 1 did not have a ML that included signatures of who assisted the resident or an accurate and complete medication list with all prescribed medications.

Resident 2:

Record review showed the AFH admitted Resident 2 on [REDACTED] 2021. Record review of Resident 2's assessment, dated 11/17/2023, showed Resident 2 required caregiver assistance with medications due to a complex medication regimen and forgetfulness.

Record review of Resident 2's November 2023 ML showed Lisinopril (a medication for blood pressure) and Finasteride (a medication for the prostate) had a line through the signature section with handwritten letters "DC". The ML did not include the date the Lisinopril and Finasteride was discontinued.

Resident 1's ML was requested on 11/29/2023 at 11:30 AM. Staff A, Entity Representative, provided a list of medications handwritten on the back side of a ML. Resident 1's medication list showed the following medications:

- 8 AM Rosuvastatin 10mg (cholesterol) take one tablet x1 daily.
- 8 AM rivastigmine 9.5 patch (pain) change patch every 24 hours (no indication of what the 9.5 is)
- 8 AM Levothyroxine 100mg (thyroid) take one tablet before breakfast (levothyroxine is not dispensed in milligrams)
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- 8 PM Trazodone 50mg (sleep) take one tablet nightly.
- PRN (as needed) antacid (indigestion) chew 2 tablets every 4 hours as needed. (missing name of medication and dosage)
- PRN quetiapine 25mg take one tablet twice daily for agitation (directions show routine medication but listed as a PRN).

In an interview on 11/29/2023 at 11:50 AM, Staff A stated that the home health agency had mistakenly taken Resident 1's ML that contained staff signatures.

Record review of Resident 1's pharmacy medication list, dated 11/21/2023, showed the following medications were ordered to be continued but not listed or listed incorrectly on the medication list at the AFH:

- Rivastigmine 9.5mg/24 hour - place 1 patch onto the skin daily. Keep applied for 24 hours.
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- Sodium-potassium-phosphate powder - take one packet by mouth twice daily.
- Vitamin D3 1,000 unit - take one tablet by mouth daily.
- Vitamin C 500mg - take one tablet by mouth daily.

Resident 1 did not have a ML that included signatures of who assisted the resident or an accurate and complete medication list with all prescribed medications.

Resident 2:

Record review showed the AFH admitted Resident 2 on [REDACTED]/2021. Record review of Resident 2's assessment, dated 11/17/2023, showed Resident 2 required caregiver assistance with medications due to a complex medication regimen and forgetfulness.

Record review of Resident 2's November 2023 ML showed Lisinopril (a medication for blood pressure) and Finasteride (a medication for the prostate) had a line through the signature section with handwritten letters "DC". The ML did not include the date the Lisinopril and Finasteride was discontinued.

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Record review of Resident 2's physicians instruction sheet, dated 10/09/2023, showed that Resident 2 was directed to stop taking the Lisinopril and Finasteride.

Resident 3:

Record review showed the AFH admitted Resident 3 on [REDACTED] 2020. Record review of Resident 3's assessment, dated 01/11/2023, showed Resident 3 required caregiver assistance with medications due to a lack of awareness of frequency and dosages.

Record review of Resident 3's November 2023 ML showed Alprazolam (a medication for anxiety) and Docusate Sodium (a medication for softening stools) had a line through the signature section with the letters "DC" and had not been given recently. The ML did not include the date the Alprazolam and Docusate Sodium was discontinued.

In an interview on 12/07/2023 at 12:28 PM, Collateral Contact (CC1) (Resident 3's Physician) stated that the Alprazolam prescription had expired, and the medication had been discontinued on 09/21/2023 due to the medication not being used.

Record review of Resident 3's hospice medication orders, dated 11/06/2023, showed Resident 3 was prescribed morphine 0.5mg every two hours (pain relief).

Record review of Resident 3's November 2023 ML showed caregivers were instructed to give morphine 0.25-0.5 ml by mouth every 2 hours as needed for pain or breathing difficulty. Resident 3's November 2023 ML did not show documentation that caregivers had administered a dose of morphine to Resident 3. Resident 3's October 2023 ML showed documentation that the morphine was administered to Resident 3 on 10/21/2023 at 3:00pm. There was no documentation that showed how much morphine the caregivers gave Resident 3.

Record review of Resident 3's hospice medication orders, dated 11/06/2023 showed Resident 3 was prescribed Lorazepam (an anxiety medication) 1mg every four hours as needed for anxiety and restlessness.

Record review of Resident 3's November 2023 ML showed caregivers were instructed to give 0.5ml every 4 hours as needed and did not include a dosage of medication to be given.

Resident 4:

Record review showed the AFH admitted Resident 4 to the AFH on [REDACTED] 2008. Record

Record review of Resident 2's physicians instruction sheet, dated 10/09/2023, showed that Resident 2 was directed to stop taking the Lisinopril and Finasteride.

Resident 3:

Record review showed the AFH admitted Resident 3 on [REDACTED]/2020. Record review of Resident 3's assessment, dated 01/11/2023, showed Resident 3 required caregiver assistance with medications due to a lack of awareness of frequency and dosages.

Record review of Resident 3's November 2023 ML showed Alprazolam (a medication for anxiety) and Docusate Sodium (a medication for softening stools) had a line through the signature section with the letters "DC" and had not been given recently. The ML did not include the date the Alprazolam and Docusate Sodium was discontinued.

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Resident 4:

Record review showed the AFH admitted Resident 4 to the AFH on [REDACTED]/2008. Record

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review of Resident 4's assessment, dated 11/21/2023, showed they required caregiver assistance with medications due to a complex medication regimen, lack of awareness of frequency and dosages, and forgetfulness.

Resident 4's November 2023 ML was reviewed and showed Resident 4 was prescribed a controlled substance (Hydrocodone/acetaminophen), on 03/21/2023, to be taken for pain after a medical procedure. Resident 4's ML showed Resident 4 took one tablet on 03/21/2023 and three tablets on 03/22/2023. On the reverse side of the ML, additional documentation showed that the medication was given a fifth time on 03/23/2023.

In an interview on 12/04/2020 at 12:10 PM, Collateral Contact (CC2) (Pharmacist) stated that five tablets had been dispensed to the home and it had not been renewed by the resident's physician.

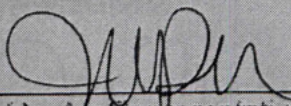
Resident 4's November 2023 ML showed a cream, clobetasol (prescribed for a rash), had also been discontinued. The AFH did not document when the medication was discontinued and was unable to show documentation of the discontinue order.

In an interview on 11/29/2023 at 12:01 PM, Staff A stated that the pharmacy did not discontinue medications on the ML unless they are notified by the home or the resident's physician that a medication was discontinued.

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, Julie's Bayview Inc is or will be in compliance with this law and / or regulation on (Date) 01/10/2024.

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


Provider (or Representative)

01/04/2024
Date

WAC 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

- (1) The resident's specific problems and needs identified in the assessment;
- (2) The needs for which the resident chooses not to accept or refuses care or services;
- (3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;
- (4) Resident defined goals and preferences; and
- (5) How the home will meet the resident's needs.

review of Resident 4's assessment, dated 11/21/2023, showed they required caregiver assistance with medications due to a complex medication regimen, lack of awareness of frequency and dosages, and forgetfulness.

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 newly admitted resident's (Resident 1) Preliminary Service Plan (PSP) was developed and completed. This failure placed Resident 1 at risk of unrecognized and unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [REDACTED] 2023 with multiple diagnoses. Record review of Resident 1's assessment, dated 09/20/2023, showed Resident 1 was bed bound and required caregiver assistance with medication management, all forms of mobility, and activities of daily living.

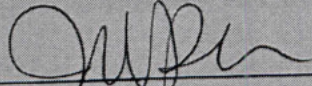
Record review, on 11/29/2023 at 11:18 AM, showed there was no PSP in Resident 1's record. Resident 1's PSP was not developed or completed.

In an interview, on 11/29/2023 at 11:18 AM, Staff A, Entity Representative, stated that they were not aware of the need for a PSP. Staff A stated that caregivers used Resident 1's assessment to identify care needs.

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



Provider (or Representative)

01/04/2024
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 70.128, 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 record review and interview, the Adult Family Home (AFH) failed to have a medical test site waiver license (MTSW) as required prior to administering a medical test for 1 of 1

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Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 newly admitted resident's (Resident 1) Preliminary Service Plan (PSP) was developed and completed. This failure placed Resident 1 at risk of unrecognized and unmet care needs.

Findings included...

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Record review, on 11/29/2023 at 11:18 AM, showed there was no PSP in Resident 1's record. Resident 1's PSP was not developed or completed.

In an interview, on 11/29/2023 at 11:18 AM, Staff A, Entity Representative, stated that they were not aware of the need for a PSP. Staff A stated that caregivers used Resident 1's assessment to identify care needs.

Attestation Statement

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a medical test site waiver license (MTSW) as required prior to administering a medical test for 1 of 1

Statement of Deficiencies

Plan of Correction

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License #: 754381

Julie's Bayview Inc

Licensee: Julie's Bayview Inc

Compliance Determination #33137

Completion Date

12/12/2023

resident (Resident 4). This failure placed Resident 4 at risk for unmet care needs by unqualified caregivers.

Findings included...

Review of Dear Provider Letter, dated 04/01/2022, reviewed the requirements necessary for obtaining a medical test site waiver (MTSW) license. The Dear Provider Letter listed when a medical test site license is required to include; when the Adult Family Home provider administers a medical test (such as a COVID-19 (a virus that can cause difficulty breathing) test or blood glucose test (sugar in the blood), or interprets the test result, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application.

Record review showed the AFH admitted Resident 4 on [REDACTED] 2008 with diabetes (long-lasting condition, the body cannot regulate the amount of sugar in the bloodstream). Record review of Resident 4's November 2023 medication log (ML) showed that Resident 4 required caregivers to test their blood sugar twice a day with instructions to contact the primary care physician if the blood sugar result were over 400.

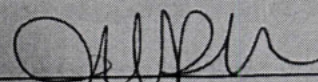
Record review of the AFH's undated facility records on 11/29/2023, showed no record of a MTSW license.

In an interview on 11/29/2023 at 12:01 PM, Staff A, Entity Representative, stated they did not know about the MTSW license requirement. Staff A acknowledged there was a resident in the AFH that required daily blood glucose testing and monitoring.

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, Julie's Bayview Inc is or will be in compliance with this law and / or regulation on (Date) 01/31/2024.

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


Provider (or Representative)

01/04/2024
Date

WAC 388-76-10181 Background checks Employment Nondisqualifying Information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

resident (Resident 4). This failure placed Resident 4 at risk for unmet care needs by unqualified caregivers.

Findings included...

Review of Dear Provider Letter, dated 04/01/2022, reviewed the requirements necessary for obtaining a medical test site waiver (MTSW) license. The Dear Provider Letter listed when a medical test site license is required to include; when the Adult Family Home provider administers a medical test (such as a COVID-19 (a virus that can cause difficulty breathing) test or blood glucose test (sugar in the blood), or interprets the test result, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application.

Record review showed the AFH admitted Resident 4 on [REDACTED]/2008 with diabetes (long-lasting condition, the body cannot regulate the amount of sugar in the bloodstream). Record review of Resident 4's November 2023 medication log (ML) showed that Resident 4 required caregivers to test their blood sugar twice a day with instructions to contact the primary care physician if the blood sugar result were over 400.

Record review of the AFH's undated facility records on 11/29/2023, showed no record of a MTSW license.

In an interview on 11/29/2023 at 12:01 PM, Staff A, Entity Representative, stated they did not know about the MTSW license requirement. Staff A acknowledged there was a resident in the AFH that required daily blood glucose testing and monitoring.

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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 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

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

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(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home failed to ensure 1 of 1 current staff (Staff C, Caregiver) with non-disqualifying findings had an updated character, competency and suitability review (CCSR). This failure placed residents in the home at risk of being cared for by a unverified and unqualified caregiver.

Findings included...

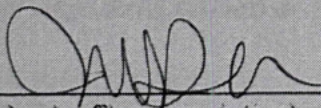
Record review of Staff C's most recent background check, dated 03/05/2023, showed non-disqualifying findings. The most recent CCSR was dated 09/06/2019.

In an interview on 11/28/2023 at 12:40 PM, Staff A, Entity Representative, stated she was not aware the CCSR was not updated.

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, Julie's Bayview Inc is or will be in compliance with this law and / or regulation on (Date) 12/29/2023.

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



Provider (or Representative)

01/04/2024

Date

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
- (2) Residents who have left the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure discontinued medications were disposed of according to their facility policy for 2 of 4 sampled residents (Residents 2 and 3). This failure placed all residents in the home at risk for being given discontinued or expired medications and medications being used

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home failed to ensure 1 of 1 current staff (Staff C, Caregiver) with non-disqualifying findings had an updated character, competency and suitability review (CCSR). This failure placed residents in the home at risk of being cared for by a unverified and unqualified caregiver.

Findings included...

Record review of Staff C's most recent background check, dated 03/05/2023, showed non-disqualifying findings. The most recent CCSR was dated 09/06/2019.

In an interview on 11/29/2023 at 12:40 PM, Staff A , Entity Representative, stated she was not aware the CCSR was not updated.

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_____ Provider (or Representative)	_____ Date

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
- (2) Residents who have left the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure discontinued medications were disposed of according to their facility policy for 2 of 4 sampled residents (Residents 2 and 3). This failure placed all residents in the home at risk for being given discontinued or expired medications and medications being used

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improperly.

Findings included...

Record review of the AFH's undated "Medication Disposal Policy", on 12/04/2023 at 3:31 PM, showed it directed staff to dispose of all unused and/or expired medications monthly by putting them in coffee grounds with dish soap and saturating them or placing them in kitty litter and mashing them up. Staff were then directed to dispose of the medications in the trash. The staff person responsible for disposing of medications was directed to fill out and follow the instructions on the medication disposal form. All medication disposals were to be completed with a witness.

Resident 2:

Record review showed the AFH admitted Resident 2 to the AFH on [REDACTED] 2021. Record review of Resident 2's assessment, dated 11/17/2023, showed they required caregiver assistance with medications due to a complex medication regimen and forgetfulness.

Record review of Resident 2's November 2023 medication log (ML) showed two discontinued medications, Finasteride (a medication that keeps the prostate from becoming enlarged) and Lisinopril (a blood pressure medication). Resident 2's ML showed the medication had not been administered to the resident recently and was documented as discontinued on the November 2023 ML.

Record review of physician's orders, dated 10/09/2023, showed Resident 2's Finasteride and Lisinopril were discontinued on 10/09/2023.

Resident 3:

Record review showed the AFH admitted Resident 3 on [REDACTED] 2020. Record review of Resident 3's assessment, dated 01/11/2023, showed they required caregiver assistance with medications due to a lack of awareness of frequency and dosages.

Record review of Resident 3's November 2023 ML showed Resident 3 was prescribed a controlled substance Alprazolam (used for anxiety). Resident 3's ML showed the medication had not been administered to the resident recently and was documented as discontinued on the ML.

In an interview on 12/07/2023 at 12:28 PM, Collateral Contact CC1 (Resident 3's Physician) stated that the prescription had expired, and the medication had been discontinued on 09/21/2023 due to the medication not being used.

improperly.

Findings included...

Record review of the AFH's undated "Medication Disposal Policy", on 12/04/2023 at 3:31 PM, showed it directed staff to dispose of all unused and/or expired medications monthly by putting them in coffee grounds with dish soap and saturating them or placing them in kitty litter and mashing them up. Staff were then directed to dispose of the medications in the trash. The staff person responsible for disposing of medications was directed to fill out and follow the instructions on the medication disposal form. All medication disposals were to be completed with a witness.

Resident 2:

Record review showed the AFH admitted Resident 2 to the AFH on [REDACTED]/2021. Record review of Resident 2's assessment, dated 11/17/2023, showed they required caregiver assistance with medications due to a complex medication regimen and forgetfulness.

Record review of Resident 2's November 2023 medication log (ML) showed two discontinued medications, Finasteride (a medication that keeps the prostate from becoming enlarged) and Lisinopril (a blood pressure medication). Resident 2's ML showed the medication had not been administered to the resident recently and was documented as discontinued on the November 2023 ML.

Record review of physician's orders, dated 10/09/2023, showed Resident 2's Finasteride and Lisinopril were discontinued on 10/09/2023.

Resident 3:

Record review showed the AFH admitted Resident 3 on [REDACTED]/2020. Record review of Resident 3's assessment, dated 01/11/2023, showed they required caregiver assistance with medications due to a lack of awareness of frequency and dosages.

Record review of Resident 3's November 2023 ML showed Resident 3 was prescribed a controlled substance Alprazolam (used for anxiety). Resident 3's ML showed the medication had not been administered to the resident recently and was documented as discontinued on the ML.

In an interview on 12/07/2023 at 12:28 PM, Collateral Contact CC1 (Resident 3's Physician) stated that the prescription had expired, and the medication had been discontinued on 09/21/2023 due to the medication not being used.

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Observation, on 11/29/2023 at 11:40 AM, showed the medication closet, in the dining room area, was secured and stored all medications for all residents.

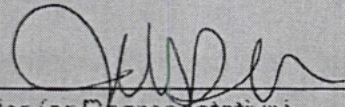
In an interview on 11/29/2023 at 12:01 PM, Staff A, Entity Representative, stated the pills had probably been disposed of and was unable to locate them in the closet.

In an interview on 11/29/2023 at 12:01 PM, Staff C (Caregiver) stated that the process for disposing of discontinued or expired medications was to place them in coffee grounds and make them unusable and fill out a form with 2 staff that documents the quantity and destruction of the pills. Staff A and Staff C were unable to locate any documentation of disposal of any medications.

Attestation Statement

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Provider (or Representative)

01/04/2024
Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) did not include interventions for prescribed psychopharmacologic medications (A class of prescription medications, which includes but is not limited to antipsychotics, antianxiety medications, and antidepressants, capable of affecting the mind, emotions, and behavior) for 2 of 4 sampled residents (Residents 2 and 3). This failure placed Residents 2 and 3 at risk for unmet needs and a risk of inappropriate medication administration.

Findings included...

Resident 2:

Observation, on 11/29/2023 at 11:40 AM, showed the medication closet, in the dining room area, was secured and stored all medications for all residents.

In an interview on 11/29/2023 at 12:01 PM, Staff A, Entity Representative, stated the pills had probably been disposed of and was unable to locate them in the closet.

In an interview on 11/29/2023 at 12:01 PM, Staff C (Caregiver) stated that the process for disposing of discontinued or expired medications was to place them in coffee grounds and make them unusable and fill out a form with 2 staff that documents the quantity and destruction of the pills. Staff A and Staff C were unable to locate any documentation of disposal of any medications.

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Provider (or Representative)	Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) did not include interventions for prescribed psychopharmacologic medications (A class of prescription medications, which includes but is not limited to antipsychotics, antianxiety medications, and antidepressants, capable of affecting the mind, emotions, and behavior) for 2 of 4 sampled residents (Residents 2 and 3). This failure placed Residents 2 and 3 at risk for unmet needs and a risk of inappropriate medication administration.

Findings included...

Resident 2:

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

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Record review showed the AFH admitted Resident 2 on [REDACTED] 2021. Record review of Resident 2's assessment, dated 11/17/2023, showed a [REDACTED] diagnosis that required caregivers to apply strategies and modifications throughout the resident's daily life to manage their behaviors and wellbeing.

Record review of Resident 2's November ML showed Resident 2 was prescribed a psychotropic medication, Haldol, to be given every night to treat mood.

Record review of Resident 2's Negotiated Care Plan (NCP), undated, did not show any strategies or modifications to the environment to support Resident 2's mood.

Resident 3:

Record review showed the AFH admitted Resident 3 on [REDACTED] 2020. Record review of Resident 3's assessment, dated 01/11/2023, showed they required caregiver assistance with medications due to a lack of awareness of frequency and dosages. Resident 3's assessment also showed that Resident 3 required caregivers to apply strategies and modifications throughout the resident's daily life to manage their behaviors and wellbeing.

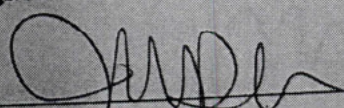
Record review of Resident 3's November ML showed Resident 3 was prescribed Olanzapine (a psychotropic medication prescribed for mood disorders) 3.25mg three times a day and Lorazepam (a psychotropic medication prescribed for anxiety) 0.5mg every 4 hours as needed.

In an interview, on 12/12/2023 at 12:53 PM, Staff A, Entity Representative, stated that they were not aware of the psychopharmacologic medication requirements and were unsure how to integrate that into their care plan style.

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01/04/2024
Date

Record review showed the AFH admitted Resident 2 on [REDACTED]/2021. Record review of Resident 2's assessment, dated 11/17/2023, showed a [REDACTED] diagnosis that required caregivers to apply strategies and modifications throughout the resident's daily life to manage their behaviors and wellbeing.

Record review of Resident 2's November ML showed Resident 2 was prescribed a psychotropic medication, Haldol, to be given every night to treat mood.

Record review of Resident 2's Negotiated Care Plan (NCP), undated, did not show any strategies or modifications to the environment to support Resident 2's mood.

Resident 3:

Record review showed the AFH admitted Resident 3 on [REDACTED]/2020. Record review of Resident 3's assessment, dated 01/11/2023, showed they required caregiver assistance with medications due to a lack of awareness of frequency and dosages. Resident 3's assessment also showed that Resident 3 required caregivers to apply strategies and modifications throughout the resident's daily life to manage their behaviors and wellbeing.

Record review of Resident 3's November ML showed Resident 3 was prescribed Olanzapine (a psychotropic medication prescribed for mood disorders) 3.25mg three times a day and Lorazepam (a psychotropic medication prescribed for anxiety) 0.5mg every 4 hours as needed.

In an interview, on 12/12/2023 at 12:53 PM, Staff A, Entity Representative, stated that they were not aware of the psychopharmacologic medication requirements and were unsure how to integrate that into their care plan style.

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