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

Olympic View Senior Care LLC

Olympic View Senior Care LLC
17915 73rd Ave W
Edmonds, WA 98026

RE: Olympic View Senior Care LLC License # 754388

Dear Provider:

This letter addresses Compliance Determination(s) 55893 (Completion Date 03/06/2025) and 54424 (Completion Date 02/11/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/06/2025 and found that you have corrected the violations listed in the Follow up report dated 02/11/2025. Your home is back in compliance as of 02/22/2025 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

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 follow-up on 02/07/2025 of:

Olympic View Senior Care LLC
17915 73rd Ave W
Edmonds, WA 98026

This document references the following SOD dated: 02/11/2025

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

02/19/2025
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)

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 medications were locked and inaccessible to 5 of 5 residents (Residents 1, 2, 3, 4 and 5). Additionally, the AFH failed to ensure medications in 1 of 2 bathroom (located between bedroom D and E) were kept in locked storage. This failure placed 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 02/07/2025 at 11:10 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation showed Residents 1, 2 and 5 ambulated with assistive devices and Residents 3 and 4 ambulated with staff assistance. Observation further, showed Staff C, Caregiver, was working and providing care for residents. Observation showed Staff C was training a new hired staff, Staff F, Caregiver.

Observation, on 02/07/2025 11:15 AM, showed resident's food trays (5 trays) on the kitchen counter. Observation showed an unsecured and unattended medication cup that contained medications on one of the food trays. Observation further showed the medication cup contained three unknown pills (two medium round yellow tablets and one small round red tablet).

In an interview, on 02/07/2025 at 11:20 AM, Staff C stated that they put Resident's

medications in cup and placed it on the food tray for the resident to take with lunch. Staff C stated that residents were in the living room, and they did not have access to the medications.

Observation, on 02/07/2025 at 11:25 AM, showed a two-door bathroom cabinet, with a shelf underneath, on the wall in 1 of 2 bathrooms (located between bedroom D and E). The bathroom cabinet had a child safety strap lock. Observation showed the cabinet safety locks were open and the cabinet was unlocked. Observation of the bathroom cabinet showed unlocked Remedy Zinc protect paste (used to prevent diaper rash).

In an interview, on 02/07/2025 at 11:30 AM, Staff C stated that they used the bathroom for Residents 1 and 3. Staff C stated that they showered Resident 1 this morning and they used the cream for Resident 1. Staff C stated that they were training a new staff, they got distracted and they forgot to lock the cabinet. Staff C locked the cabinet.

This is an uncorrected deficiency previously cited on 12/20/2024.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Olympic View 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

Statement of Deficiencies	License #: 754388	Compliance Determination # 51725
Plan of Correction	Olympic View Senior Care LLC	Completion Date
Page 1 of 5	Licensee: Olympic View Senior Care LLC	12/20/2024

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 12/13/2024 and 12/13/2024 of:
Olympic View Senior Care LLC
17915 73rd Ave W
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' Bourque
Residential Care Services

12/26/2024
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) 1/2/25 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 the medications was locked and inaccessible to Residents 1, 2, 3, 4 and 5. Additionally, the AFH failed to ensure medications in 1 of 2 bathroom (located between bedroom D and E) were kept in locked storage. This failure placed 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 12/13/2024 at 9:25 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation showed Residents 1, 2 and 5 ambulated with assistive devices and Residents 3 and 4 ambulated with staff assistance.

Observation, on 12/13/2024 at 9:35 AM, showed resident's food trays (5 trays) on the kitchen counter. Observation showed an unsecured medication cup contained medications on two trays. Observation further showed one medication cup contained three unknown pills (two medium round yellow tablets and one small round orange tablet). Observation showed another medication cup contained four unknown pills and capsules (one red round tablet, one round orange tablet, one white caplet, one small green caplet and one blue capsule).

In an interview, on 12/13/2024 at 9:40 AM, Staff C, Caregiver, stated that they put Residents 3 and 4's medications to take with breakfast. Staff C stated that they were in the kitchen and residents did not have access to the medications.

Observation, on 12/13/2024 at 11:30 AM, showed a two-door bathroom cabinet, with a shelf underneath, on the wall in 1 of 2 bathrooms (located between bedroom D and E). The bathroom cabinet had a child safety strap lock. Observation showed the cabinet safety locks were open and the cabinet was unlocked. Observation of the bathroom cabinet showed unlocked Remedy Zinc protect paste (used to prevent diaper rash) and two unlabeled opened Hydrocortisone Cream (used for rashes and eczema).

In an interview, on 12/13/2024 at 11:40 AM, Staff B, Caregiver, stated that they used

the bathroom for Residents 1 and 3. Staff B stated that the cabinet had the lock, and they kept it locked all the time. Staff B stated that they used the creams for Resident 1, and they forgot to lock the cabinet. Staff C, Caregiver, locked the cabinet.

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, Olympic View Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) ~~1/31/25~~ CA 12/13/24

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

Provider (or Representative) _____ Date 1/2/25

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 1 of 2 sampled residents (Residents 1). These failures placed Residents 1 at risk of negative outcomes and worsening conditions if they took or used expired medications.

Findings included...

Record review showed that the AFH's Medication Disposal Policy stated that AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to send back to the pharmacy, or dispose of drugs in drug booster."

Record review of Residents 1's dual assessment and negotiated care plan (NCP), dated 01/11/2024, indicated the AFH would provide medication management and some activities of daily living.

Observation, on 12/13/2024 at 1:45 PM, showed Resident 1's medication bin contained three expired blister packs of Acetaminophen tablet (used for pain). Observation of the

pharmacy generated label showed the expiration date was 12/07/2024.

In an interview, on 12/13/2024 at 1:50 PM, Staff B, Caregiver, stated that they checked the medication expiration date monthly. Staff B stated that the Acetaminophen expired this month. Staff B removed expired Acetaminophen from Resident 1's medication bin and disposed them. Staff B contacted the pharmacy and ordered the Acetaminophen during the visit.

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, Olympic View Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) ~~1/31/25~~ CM 12/13/24.

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

Provider (or Representative) _____ Date 1/2/25

WAC 388-76-10730 Grab bars and hand rails.

(3) Homes licensed after November 1, 2016, must install handrails on each side of the following:

(b) Ramps used by residents.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have a system in place to ensure there were full handrails on both sides of exterior ramp at the AFH entrance. This failure placed Residents 1, 2, 3, 4 and 5 at risk of injury from loss of balance when using the ramp with no support.

Findings included...

Observation, on 12/13/2024 at 9:25 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation showed Residents 1, 2 and 5 ambulated with assistive devices and Residents 3 and 4 ambulated with staff assistance.

Observation of the front of the AFH, from the outside, on 12/13/2024 at 9:20 AM, showed a ramp that led to the entrance of the AFH. Observation further showed there were no handrails on both sides of the ramp. Observation showed a half metal gate on

the ramp attached to the AFH wall. The ramp had two planters in front of the metal gate.

In an interview, on 12/13/2024 at 11:20 AM, Staff B, Caregiver, stated that they used the front door and the ramp as a main entrance to the AFH. Staff B stated that the AFH was licensed years ago and they acquired the AFH in 2020 with a change in ownership. Staff B stated that they never had any problems with the ramp, and no one told them to install the handrails.

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, Olympic View Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 1/31/25 .

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

Provider (or Representative) — Date: 1/2/25

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

12/26/2024

Olympic View Senior Care LLC
Olympic View Senior Care LLC
17915 73rd Ave W
Edmonds, WA 98026

RE: Olympic View Senior Care LLC # 754388

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/20/2024 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(2) Adult family home.

The Adult Family Home (AFH) Provider failed to sign/date resident's Negotiated Care Plan (NCP) after reviewed with residents and their representative. Additionally, the NCP was not signed by the AFH and their representative for Resident 5 after renewed in 2024. These deficiencies corrected on-site at the time of visit by Staff B, Caregiver. Resident 5's representative signed the NCP during the visit on 12/13/2024.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

The Adult Family Home (AFH) failed to have a system in place to review the Negotiated Care Plan (NCP) every twelve months after last reviewed date for Residents 1, 2 and 4. Additionally, the AFH failed to update Resident 1's NCP with information about the wheelchair use as needed (PRN). This deficiency was corrected on-site at the time of visit by Staff B, Caregiver.

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

The Adult Family Home, failed to ensure an emergency evacuation floor plan was posted on the lower level of the home. Staff B, Caregiver, stated that they were unaware an emergency floor plan must be posted in both level of the home. This deficiency corrected during the visit by Staff B.

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;

The Adult Family Home (AFH) kept cleaning supplies, hazardous materials, and laundry detergents in the laundry room (located in the hallway next to the bedrooms D and E). The AFH failed to ensure staffs kept the laundry room locked all the times to prevent Resident risk of harm from exposure to toxic and hazardous materials. Additionally, the AFH failed to keep the cabinet underneath the sink locked all the time. This deficiency was corrected during the visit by Staff C, Caregiver.

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

17915 73rd Avenue West
Edmonds, WA 98026
P: (425) 245-8430
F: (425) 967-5788
olympicviewseniorcare@gmail.com

Plan of Correction

Inspection on 12/13/24.

Received on 12/31/24.

Sent to Tina Beattie on 1/2/25 via email.

Sent originals to Renee Bourque 1/3/25 via mail.

Citation: Medication Storage.

Date corrected: 12/13/24

I corrected the medication storage deficiency by locking all lotions and medications, reviewing medication safety with staff and re-training staff to ensure medications are not on meal trays and under locked storage, and by activating the child-safety lock in the jack and jill bathroom to lock the zinc paste and hydrocortisone cream. Deficiency was corrected on 12/13/24, the day of inspection.

Citation: Medication disposal (expired medication).

Date corrected: 12/13/24

I corrected the medication disposal deficiency by calling the pharmacy right away and requested a new order be filled. The pharmacy delivered new medication (prn acetaminophen) later that evening the same day. The expired medication was disposed of per our AFH's medication disposal policy. Deficiency was corrected 12/13/24, on the day of inspection.

Citation: Grab bars and hand rails.

Date of correction: January 31, 2025.

Handrails on the front entrance ramp will be installed for safety no later than January 31, 2025.