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

Advanced Vision Association
Crystal Falls Adult Family Home
100 2nd Ave S
Edmonds, WA 98020

RE: Crystal Falls Adult Family Home License # 754494

Dear Provider:

This letter addresses Compliance Determination(s) 49895 (Completion Date 11/06/2024) and 47498 (Completion Date 10/03/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/06/2024 and found that you have corrected the violations listed in the Follow up report dated 10/03/2024. Your home is back in compliance as of 10/18/2024 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 388-76-10490-1, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

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

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

RECEIVED
OCT 22 2024
DSHS/ALTSA/RCS

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 #: 754494	Compliance Determination # 47496
Plan of Correction	Crystal Falls Adult Family Home	Completion Date
Page 1 of 6	Licensee: Advanced Vision Association	10/03/2024

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 an unannounced on-site follow-up on 09/23/2024 and 09/23/2024 of:
Crystal Falls Adult Family Home
9815 Cherry Street
Edmonds, WA 98020

This document references the following SOD dated: 10/03/2024

The following sample was selected for review during the unannounced on-site visit: 2 of 8 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.

Nicholette Flynn
Residential Care Services

10/14/2024
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.

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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Crystal Falls Adult Family Home
9815 Cherry Street
Edmonds, WA 98020

This document references the following SOD dated: 10/03/2024

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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.

Residential Care Services

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.

Provider (or Representative) 2024.10.10 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

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 6 current residents (Resident 3). These failures placed Resident 3 at risk of negative outcomes and worsening conditions if they took or used expired and discontinued medications.

Findings included...

Record review of the AFH attestation statement, signed and submitted by Staff B, Resident Manager, showed the AFH would have the deficiency cited on 07/25/2024 corrected by 07/16/2024

Record review showed that the AFH's Medication Disposal Policy stated that AFH would follow "procedure[s] to dispose unused and expired medications, left behind after a resident died, and when a resident declines medication" employing "the best methods are to send back to the pharmacy, police station or return to family."

Record review of Resident 3 negotiated care plan (NCP) indicated the AFH would provide medication management and some activities of daily living.

Observation, on 09/23/2024 at 3:30 PM, showed Resident 3's medication bin contained a box of Fluticasone Propionate nasal spray (a medication used to treat allergy symptoms). The pharmacy medications' label showed the expiration date was 12/31/2023.

In an interview, on 09/23/2024 at 3:35 PM, Staff A, Entity Representative, stated that they were unaware the medication had expired. Staff A moved the expired Nasal spray to the medication disposal bin.

Review an email received 09/25/2024 at 1:03 PM, Staff B, Resident Manager, stated that

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Provider (or Representative) Date

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(1) Current residents living in the adult family home; and

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Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 1 of 6 current residents (Resident 3). These failures placed Resident 3 at risk of negative outcomes and worsening conditions if they took or used expired and discontinued medications.

Findings included…

Record review of the AFH attestation statement, signed and submitted by Staff B, Resident Manager, showed the AFH would have the deficiency cited on 07/25/2024 corrected by 07/18/2024.

Record review showed that the AFH's Medication Disposal Policy stated that AFH would follow "procedure[s] to dispose unused and expired medications, left behind after a resident died, and when a resident declines medication" employing "the best methods are to send back to the pharmacy, police station or return to family."

Record review of Resident 3 negotiated care plan (NCP) indicated the AFH would provide medication management and some activities of daily living.

Observation, on 09/23/2024 at 3:30 PM, showed Resident 3's medication bin contained a box of Fluticasone Propionate nasal spray (a medication used to treat allergy symptoms). The pharmacy medications' label showed the expiration date was 12/31/2023.

In an interview, on 09/23/2024 at 3:35 PM, Staff A, Entity Representative, stated that they were unaware the medication had expired. Staff A moved the expired Nasal spray to the medication disposal bin.

Review an email received 09/25/2024 at 1:03 PM, Staff B, Resident Manager, stated that

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they would dispose of that as well in accordance with their medication disposal plan.

This is an uncorrected deficiency previously cited on 07/25/2024.

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, Crystal Falls Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2024.10.18.

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

Provider (or Representative) — Date: 2024.10.18

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident.

(c) Medication log is kept current as required in WAC 388-76-10475.

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure a medication system was in place for accurate medication administration as prescribed, medications were available on site, and Medication Log (ML) were accurate and up to date for 2 of 6 residents (Residents 2 and 3). This failure placed Residents 2 and 3 at risk of worsening condition and medications errors.

Findings included...

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they would dispose of that as well in accordance with their medication disposal plan.

This is an uncorrected deficiency previously cited on 07/25/2024.

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, Crystal Falls Adult Family Home 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

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(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure a medication system was in place for accurate medication administration as prescribed, medications were available on site, and Medication Log (ML) were accurate and up to date for 2 of 6 residents (Residents 2 and 3). This failure placed Residents 2 and 3 at risk of worsening condition and medications errors.

Findings included…

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

Record review of the AFH attestation statement, signed and submitted by Staff B, Resident Manager, showed the AFH would have the deficiency cited on 07/25/2024 corrected by 07/18/2024.

Resident 2

Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2023 with multiple diagnoses. Review of Resident 2's September 2024 Medication Log (ML), generated by the AFH, showed two medication entries that read, "Fumarate-Seroquel," and "Vitamin D supplement." Each medication had a grid with months listed on the vertical section, and days one to thirty-one on the horizontal section. Neither medication grid had information that indicated the doctors medication order start date, or the time that medications were to be given to Resident 2.

Review of Resident 2's September 2024 ML showed a medication entry that read, "Vitamin D3 1000 unit (A vitamin helps body to absorb calcium and phosphorus): "Take one tablet by mouth daily, family recommends giving this in the morning." Review of the doctor's order, dated 05/09/2024, showed: Take two tablets by mouth daily. Review of Resident 2's September 2024 ML showed Vitamin D3's instruction did not match with the doctor's order dated 05/09/2024.

Review of Resident 2's September 2024 ML entry that read, "Seroquel 50 microgram (mcg) (used to treat certain mental and mood disorder): "Take one per day at bedtime to help with sleep." Review [redacted]ed the medication listed on Resident 2's September 2024 ML did not match with the doctor's order instruction.

Review of the doctor's order, dated 05/09/2024, showed: Quetiapine (Seroquel) 50 milligram (mg) "Take one tablet by mouth nightly. May also take one tablet daily as needed (PRN) for agitation, in the afternoon." Review showed Resident 2's Doctor wrote "Please avoid self-dose adjustment and notify PCP office at once with any concern; Any dose adjustment should be coordinated with the Primary Care Practitioner (PCP) office."

Observation of Resident 2's medication bin, on 09/23/2024 at 3:40 PM, showed a bottle of Seroquel 50 mg: Take one tablet by mouth in the evening also take half tablet PRN in afternoon for agitation. Observation showed the pharmacy medications' label did not

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match with the Resident 2's September 2024 ML entry and the doctor's order dated 05/09/2024.

Observation of Resident 2's medication bin, on 09/23/2024 at 3:40 PM, further showed two packaged tubes of Silver Sulfadiazine Cream 1% (used to treat or prevent wound sepsis) in Resident 2's medication bin. One package was observed to be open. Observation showed a doctor's order, dated 09/18/2024: Apply a thin layer to skin ulceration on the left dorsal forearm once daily under nonstick gauze, Affix with paper tape. Review showed there was no Silver Sulfadiazine Cream 1% medication entry or staff initials for "Silver Sulfadiazine Cream" on September 2024 ML.

[redacted]

In an interview, on 09/23/2024 at 3:45 PM, Staff A, Entity Representative, stated that they updated Resident 2's September 2024 ML. Staff A stated that Resident 2's doctor changed the order for Seroquel multiple times however they gave the medication properly to Resident 2. Staff A stated that the cream, (Silver Sulfadiazine Cream 1%), was a new order, and that it was sent two days ago. Staff A stated that they applied the cream for Resident 2, and that they forgot to update the ML. Staff A stated that they would update the September 2024 ML with the new order.

In an interview, on 09/23/2024 at 3:55 PM, Staff B, Resident Manager, stated that they had received multiple orders from Resident 2's doctor and we were unable to keep track of it. Staff B stated that they gave a correct dose to Resident 2.

Resident 3

Review of Resident 3's Negotiated Care Plan (NCP) showed the AFH admitted Resident 3 on [redacted]/2024 with several diagnoses. The NCP showed AFH Staff were directed to assist Resident 3 with taking medication.

Resident 3's physician orders, dated 04/09/2024, showed orders for Senna (a supplement used to treat constipation) and polyethylene glycol (used for constipation) to be given as needed.

Observation of Resident 3's medication bin, on 09/23/2024 at 4:05 PM, showed there were no supplies of the Senna in the AFH available to give to Resident 3. Observation further showed the AFH had a bottle of polyethylene glycol supply. Observation showed there were no label with Resident 3's information and instruction how the polyethylene glycol would be given to Resident 3.

In an interview, on 09/23/2024 at 4:15 PM, Staff A stated that they ordered a refill for

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Statement of Deficiencies	License # 754494	Compliance Determination # 47436
Plan of Correction	Crystal Falls Adult Family Home	Completion Date
Page 6 of 6	Licensee: Advanced Vision Association	10/03/2024

Senna and the pharmacy would deliver on 09/26/2024. Staff A stated that they forgot to put label for the polyethylene glycol

This is an uncorrected deficiency previously cited on 07/25/2024.

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, Crystal Falls Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2024.10.18.

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

Provider (or Representative) Date 2024.10.18

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Senna and the pharmacy would deliver on 09/26/2024. Staff A stated that they forgot to put label for the polyethylene glycol.

This is an uncorrected deficiency previously cited on 07/25/2024.

Attestation Statement

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

Provider (or Representative) Date

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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 #: 754494	Compliance Determination # 44234
Plan of Correction	Crystal Falls Adult Family Home	Completion Date
Page 1 of 16	Licensee: Advanced Vision Association	07/25/2024

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 07/17/2024 and 07/17/2024 of:
Crystal Falls Adult Family Home
9815 Cherry Street
Edmonds, WA 98020

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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
7/25/2024 — 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.

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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 07/17/2024 and 07/17/2024 of:

Crystal Falls Adult Family Home
9815 Cherry Street
Edmonds, WA 98020

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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.

Residential Care Services

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.

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Statement of Deficiencies	License #: 754494	Compliance Determination # 44234
Plan of Correction	Crystal Falls Adult Family Home	Completion Date
Page 2 of 16	Licensee: Advanced Vision Association	07/25/2024

Provider (or Representative)

2024.07.31
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 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Observation, on 07/17/2024 at 9:30 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Further observation showed Residents 1 and 2 ambulated with assistive devices independently and Residents 3, 4, 5 and 6 ambulated with assistance.

Observation, on 07/17/2024 at 12:20 PM, showed an unlocked cabinet underneath the kitchen sink. The cabinet contained a Lysol disinfectant spray, a Clorox bleach wipe and a bottle of Windex glass cleaner spray.

In an interview, on 07/17/2024 at 12:25 PM, 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 a child proof lock.

Observation, on 07/17/2024 at 12:40 PM, showed an unlocked laundry room located in the hallway by the AFH entrance. Further observation showed the laundry room had a keyless lock pad on the doorknob. Observation showed unlocked cabinets on the wall in the laundry room and the cabinet contained multiple laundry detergents and cleaner supplies.

In an interview, Staff A stated that they just used a laundry room, they distracted, and they forgot to lock the door. Staff A promptly locked the laundry room.

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

Provider (or Representative) Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

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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 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm from exposure to toxic and hazardous materials.

Findings included…

Observation, on 07/17/2024 at 9:30 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Further observation showed Residents 1 and 2 ambulated with assistive devices independently and Residents 3, 4, 5 and 6 ambulated with assistance.

Observation, on 07/17/2024 at 12:20 PM, showed an unlocked cabinet underneath the kitchen sink. The cabinet contained a Lysol disinfectant spray, a Clorox bleach wipe and a bottle of Windex glass cleaner spray.

In an interview, on 07/17/2024 at 12:25 PM, 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 a child proof lock.

Observation, on 07/17/2024 at 12:40 PM, showed an unlocked laundry room located in the hallway by the AFH entrance. Further observation showed the laundry room had a keyless lock pad on the doorknob. Observation showed unlocked cabinets on the wall in the laundry room and the cabinet contained multiple laundry detergents and cleaner supplies.

In an interview, Staff A stated that they just used a laundry room, they distracted, and they forgot to lock the door. Staff A promptly locked the laundry room.

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Observation, on 07/17/2024 at 12:50 PM, showed an unlocked cabinet underneath the bathroom sink (Bathroom 1 located in the hallway across from bedroom A). The bathroom cabinet contained an open bottle of Lysol toilet bowl cleaner. Further observation showed an unlocked cabinet underneath the bathroom sink (Bathroom 2, located in the hallway). The bathroom cabinet contained an open Scrubbing Bubbles cleaner spray, a container of Clorox bleach wipe, and a Lysol disinfectant spray.

In an interview, on 07/17/2024 at 12:55 PM, Staff A stated that they were unaware to lock disinfectant and cleaner supplies. Staff A moved cleaner supplies from the bathrooms 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, Crystal Falls Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2024.07.18.

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

Provider (or Representative) — Date: 2024.07.31

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 2 of 6 current residents (Residents 3 and 5). These failures placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of negative outcomes and worsening conditions if they took or used expired and discontinued medications.

Findings included...

Record review showed that the AFH's Medication Disposal Policy stated that AFH would follow "procedure[s] to dispose unused medication, left behind after a resident died, and when a resident declines medication" employing "the best methods are to send

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Observation, on 07/17/2024 at 12:50 PM, showed an unlocked cabinet underneath the bathroom sink (Bathroom 1 located in the hallway across from bedroom A). The bathroom cabinet contained an open bottle of Lysol toilet bowl cleaner. Further observation showed an unlocked cabinet underneath the bathroom sink (Bathroom 2, located in the hallway). The bathroom cabinet contained an open Scrubbing Bubbles cleaner spray, a container of Clorox bleach wipe, and a Lysol disinfectant spray.

In an interview, on 07/17/2024 at 12:55 PM, Staff A stated that they were unaware to lock disinfectant and cleaner supplies. Staff A moved cleaner supplies from the bathrooms to the locked storage.

Attestation Statement

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Provider (or Representative) Date

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Record review showed that the AFH's Medication Disposal Policy stated that AFH would follow "procedure[s] to dispose unused medication, left behind after a resident died, and when a resident declines medication" employing "the best methods are to send

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back to the pharmacy, or police station."

Record review of Resident 3 and 5's negotiated care plan (NCP) indicated the AFH would provide medication management and some activities of daily living.

Observation, on 07/17/2024 at 4:10 PM, showed Resident 3's medication bin contained a box of Fluticasone Propionate nasal spray (a medication used to treat allergy symptoms). The pharmacy medications' label showed the expiration date was 03/31/2024.

In an interview, on 07/17/2024 at 4:15 PM, Staff A, Entity Representative, stated that they checked the expiration date on the medication box, and they were not aware to check the pharmacy label for the expiration date.

Resident 5
Observation, on 07/17/2024 at 3:45 PM, showed Resident 5's medication bin contained a bingo pack of Mirtazapine tablet (a medication used to treat depression). Review of pharmacy generated label showed the doctor ordered date as 04/30/2024.

Review of Resident 5's July 2024 medication log (ML) showed Mirtazapine was not listed in the ML.

In an interview, on 07/17/2024 at 3:50 PM, Staff A stated that Resident 5's Mirtazapine had been discontinued and they forgot to remove from the Mirtazapine from Resident 5's medication bin. Staff A moved the Mirtazapine to the medication disposal bin.

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, Crystal Falls Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2024, 07, 18.

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

Provider (or Representative) — Date: 2024, 07, 31

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back to the pharmacy, or police station."

Record review of Resident 3 and 5's negotiated care plan (NCP) indicated the AFH would provide medication management and some activities of daily living.

Observation, on 07/17/2024 at 4:10 PM, showed Resident 3's medication bin contained a box of Fluticasone Propionate nasal spray (a medication used to treat allergy symptoms). The pharmacy medications' label showed the expiration date was 03/31/2024.

In an interview, on 07/17/2024 at 4:15 PM, Staff A, Entity Representative, stated that they checked the expiration date on the medication box, and they were not aware to check the pharmacy label for the expiration date.

Resident 5
Observation, on 07/17/2024 at 3:45 PM, showed Resident 5's medication bin contained a bingo pack of Mirtazapine tablet (a medication used to treat depression). Review of pharmacy generated label showed the doctor ordered date as 04/30/2024.

Review of Resident 5's July 2024 medication log (ML) showed Mirtazapine was not listed in the ML.

In an interview, on 07/17/2024 at 3:50 PM, Staff A stated that Resident 5's Mirtazapine had been discontinued and they forgot to remove from the Mirtazapine from Resident 5's medication bin. Staff A moved the Mirtazapine to the medication disposal bin.

Attestation Statement

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

Provider (or Representative) Date

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WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(1) Each resident's right to be free from physical and mechanical restraints used for discipline or convenience;

(2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

(3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and

(4) If physical or mechanical restraints are used to treat a resident's medical symptoms, the restraints are applied and immediately supervised on-site by a:

(a) Licensed registered nurse;

(b) Licensed practical nurse; or

(c) Licensed physician.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the Adult Family Home (AFH) failed to ensure that 1 of 6 residents (Resident 6) was assessed for safe use of restrictive devices. This failure violated Resident 6's rights and placed Resident 6 at risk of injury.

Findings included…

Review of Resident 6's Negotiated Care Plan (NCP), dated 06/19/2024, and Resident 6's assessment, dated 04/06/2024, showed the AFH admitted Resident 6 on [redacted]/2024 with diagnoses that included [redacted]
The NCP and assessment showed Resident 6 ambulated independently. They were no indication to show uses of a wheelchair, gait belt, belt and other medical devices for Resident 6.

Observation, on 07/17/2024 at 9:35 AM, showed Resident 6 was sleeping in their wheelchair in the dining room. Resident 6 had a wheelchair belt fastened around their waist.

During an interview, on 07/17/2024 at 9:45 AM, Staff A, Entity Representative, stated that Resident 6 usually walked independently. Staff A stated that Resident 6 was tired today because they did not sleep well last night. Staff A stated that Resident 6 had not been assessed to use the wheelchair and the belt. Staff A stated that the care plan was not updated to show the belted wheelchair use. Staff A stated they had used belt to prevent risk of fall. Staff A stated that Resident 6 was weak since Resident 6 discharged from the hospital [redacted]. Staff A stated that Resident 6's representative brought the wheelchair, and they (Resident 6's representative) wanted the AFH to use the wheelchair for Resident 6. Further observation showed Staff A wheeled Resident 6 to

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the living room and transferred Resident 6 from the [redacted] to a recliner chair.

During an interview, on 07/17/2024 at 5:20 PM, Resident 6's Representative, stated that they used the wheelchair for Resident 6 when they were lived at home. Resident 6's Representative stated that Resident 6 was weak, and they felt safer when the [redacted] used. Resident 6's Representative stated that Resident 6 went to the Emergency Room [redacted] and they had not been assessed to use the [redacted]. Resident 6's representative stated that they had an appointment with a neurologist in August. Resident 6's representative further stated that they had tried to contact Resident 6's doctor to get an order/letter to use the [redacted]

Review of an email received on 07/22/2024 at 6:56 PM, from Staff B, Resident Manager, included the doctor letter for Resident 6. Review the doctor order letter, dated 07/19/2024, noted "I think a [redacted] would be fine if staffs checking on her safety wise."

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, Crystal Falls Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2024.07.18.

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

Provider (or Representative) 2024.07.31 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 (Bathroom 2 and 3) were kept in locked storage. Additionally, the AFH left medications unlocked in the bedroom of 3 of 6 residents (Resident 1, 3 and 5). This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

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the living room and transferred Resident 6 from the [redacted] to a recliner chair.

During an interview, on 07/17/2024 at 5:20 PM, Resident 6's Representative, stated that they used the wheelchair for Resident 6 when they were lived at home. Resident 6's Representative stated that Resident 6 was weak, and they felt safer when the [redacted] was used. Resident 6's Representative stated that Resident 6 went to the Emergency Room [redacted] and they had not been assessed to use the [redacted]. Resident 6's representative stated that they had an appointment with a neurologist in August. Resident 6's representative further stated that they had tried to contact Resident 6's doctor to get an order/letter to use the [redacted].

Review of an email received on 07/22/2024 at 6:56 PM, from Staff B, Resident Manager, included the doctor letter for Resident 6. Review the doctor order letter, dated 07/19/2024, noted "I think a [redacted] would be fine if staffs checking on her safety wise."

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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 388-76-10485 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 (Bathroom 2 and 3) were kept in locked storage. Additionally, the AFH left medications unlocked in the bedroom of 3 of 6 residents (Resident 1, 3 and 5). This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

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Observation, on 07/17/2024 at 9:30 AM, showed Resident 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Further observation showed Residents 1 and 2 ambulated with assistive devices independently and Residents 3, 4, 5 and 6 ambulated with assistance.

On 07/17/2024 at 12:20 PM observation of Bathroom 1 (located in the hallway) found the following medications underneath of the bathroom sink: Hydrogen Peroxide (antiseptic to kill germs), Sensi with Zinc (for dry skin), and Remedy Protect cream (for dry skin). Observation of Bathroom 3 (located in the hallway next to bathroom 2) found the following medication in the drawer and in the basket: multiple Remedy intensive skin therapy cream (for dry skin), and Balmex cream (for rash).

In an interview, on 07/17/2024 at 12:25 PM, Staff A, Entity Representative, stated that they were unaware an over the counter (OTC) medications needed to be kept in locked storage. Staff A moved OTC medications from the bathrooms to the locked storage.

Resident 1
On 07/17/2024 at 1:20 PM, observation of Resident 1's bedroom found a medication cup with three capsules on the desk. Further observation showed an empty box of Estradiol cream (for certain symptoms of menopause), Desenex foot powder (for antifungal), and a medication vial with the Walgreen non safety cap, handwritten with a black marker on the medication vial Tylenol (for pain) contained unknown white oval shape caplets.

In an interview on 07/17/2024 at 1:25 PM, Staff A stated that Resident 1 wanted to keep an empty box of Estradiol cream in their bedroom till we got a new order. Staff A stated that Resident 1 applied Estradiol cream themselves and they would not allow staffs to administer the cream. Staff A state that Resident 1 wanted to keep the foot powder and Tylenol in their bedroom. Staff A stated that this was resident's right to keep their own OTC medication which provided by their family in their bedroom. Additionally, Staff A stated that Resident 1 refused to allow staff to remove OTC medications from their room. When asked what the Washington Administrative Code (WAC) was regarding prescribed and OTC medications, Staff A stated, "should kept locked."

Resident 3
On 07/17/2024 at 9:40 AM, observation of Resident 3's bedroom found a medication cup, unsecured with four different tablets, on the wheeled tray in Bedroom [redacted] Further observation showed a tube of Remedy cream on the nightstand.

In an interview, on 07/17/2024 at 9:50 AM, Resident 3 stated that they took their medications earlier, and they were unaware of a medication cup left in their bedroom.

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In an interview, on 07/17/2024 at 9:55 AM, Staff A stated that a medication cup was left for Resident 3 to take after breakfast. Staff A stated that they never left a medication cup in resident's bedrooms. Staff A stated that they we were busy today and they got distracted.

Resident 5
On 07/17/2024 at 1:30 PM, observation of Resident's 5 bedroom (Bedroom [redacted]) found the following medications: a bottle of Tums (for antacid), a box of powder Tylenol (for pain), a tube of Orajel (for mouth soreness), a tube of Voltaren cream (for pain), and a tube of used Diclofenac gel (for arthritis pain).

In an interview, on 07/17/2024 at 1:40 PM, Staff A stated that Resident 5's family had provided the Resident 5 with OTC medications. Staff A further stated that they were not aware OTC medications should be kept in locked storage.

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Provider (or Representative) — Date 2024.07.31

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(a) When there is a significant change in the resident's physical or mental condition;

(b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have the assessment of 1 of 2 sampled residents (Resident 5) updated at least every twelve

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In an interview, on 07/17/2024 at 9:55 AM, Staff A stated that a medication cup was left for Resident 3 to take after breakfast. Staff A stated that they never left a medication cup in resident's bedrooms. Staff A stated that they we were busy today and they got distracted.

Resident 5
On 07/17/2024 at 1:30 PM, observation of Resident's 5 bedroom (Bedroom [redacted]) found the following medications: a bottle of Tums (for antacid), a box of powder Tylenol (for pain), a tube of Orajel (for mouth soreness), a tube of Voltaren cream (for pain), and a tube of used Diclofenac gel (for arthritis pain).

In an interview, on 07/17/2024 at 1:40 PM, Staff A stated that Resident 5's family had provided the Resident 5 with OTC medications. Staff A further stated that they were not aware OTC medications should be kept in locked storage.

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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 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(a) When there is a significant change in the resident's physical or mental condition;

(b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have the assessment of 1 of 2 sampled residents (Resident 5) updated at least every twelve

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months. Additionally, the AFH failed to have assessments for 1 of 2 sampled resident (Resident 6) after significant changes in their physical or mental conditions. This failure placed Residents 5 and 6 at risk of unmet needs.

Findings included…

Observation, on 07/17/2024 at 9:30 AM, showed Residents 5 and 6 lived in and received care from the AFH.

Review of Resident 5's records showed the AFH admitted the resident who was a private pay on [redacted]/2023 and had assessment dated 02/28/2023. There was no assessment found for Resident 5 in 2024.

In an interview, on 07/17/2024 at 1:30 PM, Staff B, Resident Manager, stated that the AFH had a dual assessment and Negotiated Care Plan (NCP). Further Staff B stated that they had updated Resident 5's assessment annually. Department staff (DS) asked Staff B if a qualified assessor assessed Residents 5 annually. Staff B stated that they were assessed all residents themselves.

On 07/17/2024 at 1:35 PM, DS reviewed with Staff B, the Washington Administration Code (WAC) and explained that the AFH must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences at least every 12 months by qualified assessors.

In an interview, on 07/17/2024 at 1:40 PM, Staff B stated that they were unaware a qualified assessor should be done the assessment for residents every twelve months and they would have their nurse to complete an assessment for all Residents.

Resident 6
Review of Resident 6's records showed the AFH admitted the resident who was a private pay on [redacted]/2024 and had assessment before admission to the AFH dated 04/06/2024. There was no assessment or updated information found for Resident 6 after changes in their conditions.

In an interview, on 07/17/2024 at 9:45 AM, Staff A, Entity Representative, stated that Resident 6 was able to ambulate independently around the AFH. Staff A stated that Resident 6 went to an emergency room and was hospitalized on [redacted]/ 2024. Further, Staff A stated that Resident 6 returned to the AFH on [redacted]/2024 and there were changes day to day in Resident 6's condition, including weakness and disturbed sleep. Staff A stated that they used the [redacted] to prevent falls for Resident 6 today because Resident 6 was tired and weak. Staff A stated that they had not assessed Resident 6 after they (Staff A) noticed changes in Resident 6's mental and physical conditions. Staff A stated that Resident 6 was new to the AFH, and it took time for residents to adjust with the new environment. Staff A further stated that they reported

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the mental and physical changes to Resident 6's representative, and they followed Resident 6 's representative directions to help Resident 6. When Staff A was asked about Washington Administrative Code (WAC) regarding significant changes in residents' condition and using restraining devices, Staff A stated that "they are not sure." DS reviewed the WAC with Staff A. Staff A stated that "they were unaware to do assessment after changes in resident's conditions."

Attestation Statement

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

Provider (or Representative) 2024.07.31 Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure a medication system was in place for accurate medication administration as prescribed, had all doctor's orders, prescribed medications available on site, and an accurate and up to date Medication Log (ML) for 4 of 6 residents (Residents 2, 3, 5 and 6). This failure placed Residents 2, 3, 5 and 6 at risk of worsening condition and medications errors.

Findings included...

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the mental and physical changes to Resident 6's representative, and they followed Resident 6 's representative directions to help Resident 6. When Staff A was asked about Washington Administrative Code (WAC) regarding significant changes in residents' condition and using restraining devices, Staff A stated that "they are not sure." DS reviewed the WAC with Staff A. Staff A stated that "they were unaware to do assessment after changes in resident's conditions."

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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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure a medication system was in place for accurate medication administration as prescribed, had all doctor's orders, prescribed medications available on site, and an accurate and up to date Medication Log (ML) for 4 of 6 residents (Residents 2, 3, 5 and 6). This failure placed Residents 2, 3, 5 and 6 at risk of worsening condition and medications errors.

Findings included…

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Resident 2
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2023 with multiple diagnoses. Review of Resident 2's July 2024 Medication Log (ML), generated by the AFH, showed two medication entries that read, "Vit D: AM" and "Seroquel: PM."

Observation, on 07/17/2024 at 4:20 PM, showed the AFH generated a 32 x 12 ML table (rows showed 31 days and columns showed 12 months) for the morning and afternoon medications. There were no indication of doctor order date, direction, dosage, frequency and time that medications were given to Resident 2.

In an interview, on 07/17/2024 at 4:25 PM, Staff A, Entity Representative, stated that Resident 2 only took two medications. Staff A stated that they created the ML because Resident 2's medication was not supplied by Redi Med pharmacy. Further, Staff A stated that they were given the correct dose to Resident 2, and they initialed the ML in the morning and evening. Staff A stated that they were not aware to add the medication dosage, doctors order direction, and prescription date in ML. Staff A stated that they would update the ML for Resident 2.

Resident 3
Review of Resident 3's Negotiated Care Plan (NCP) showed the AFH admitted Resident 3 on [redacted]/2024 with several diagnoses. The NCP showed AFH Staff were directed to assist Resident 3 with taking medication. Resident 3's physician orders, dated 04/09/2024, showed orders for Cal-gets (a medication used to treat upset stomach and heart burn) to be given as needed. Review of Resident 3's physician orders, dated 04/09/2024, showed orders for Senna (a supplement used to treat constipation) to be given as needed.

Observation of Resident 3's medication bin, on 07/17/2024 at 4:30 PM, showed there were no supplies of the Cal-gest and Senna in the AFH available to give to Resident 3.

In an interview, on 07/17/2024 at 4:35 PM, Staff A stated that they would call the pharmacy to fill both Senna and Cal-gest.

Resident 5
Review of Resident 5's NCP showed the AFH admitted Resident 5 on [redacted]/2023 with several medical diagnoses. The NCP showed AFH Staff were directed to assist Resident 5 with medication.

Review of Resident 5's July 2024 ML showed the medication entry read, "Chlorohexidine Rinse (used to treat gingivitis): Rinse mouth for 30 seconds and spit out twice a day after breakfast and bedtime." Review of the doctor's order dated 11/21/2023. The medication entry read, "Ondansetron ODT 4 mg (used to treat nausea and vomiting): Dissolve one tablet on top of tongue and swallow every 12 hours as needed (PRN)."

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Review of the doctor's order dated 03/17/2023.
The medication entry read, "Listerine antiseptic: Place one tablespoon in the mouth or throat twice a day PRN for mouth sores." Review of the doctor's order dated 03/17/2023.

Observation of Resident 5's medication bin, on 07/17/2024 at 4:10 PM, showed there were no supplies of the Ondansetron and Chlorohexidine in the AFH available to give to Resident 5. Observation further showed the AFH used Crest Multi Protection mouth wash instead of Listerine antiseptic mouth wash.

In an interview, on 07/17/2024 at 4:15 PM, Staff B, Resident Manager, stated that they requested a refill for Ondansetron and the pharmacy had not delivered yet. Staff B stated that they would follow up with the pharmacy. Staff A stated that Resident 5 no longer used Chlorohexidine and Resident 5 used Crest mouth wash. Staff A stated that doctor discontinued (DC) Chlorohexidine and the pharmacy did not update the ML.

Resident 6
Review of Resident 6's record showed the AFH admitted Resident 6 on [redacted]/2024 with multiple medical diagnoses. Record review showed Resident 6 was on multiple prescribed medications.

Review of Resident 6's July 2024 ML showed the medication entry read, "Rexulti 1 mg (used to treat agitation associate with dementia and balancing brain chemical to improve mood) Tablet: Take one tablet by mouth every morning." Review of the doctor's order dated 03/01/2024.

Observation of Resident 6 medication bin, on 07/17/2024 at 4:40 PM, showed a bottle of Rexulti 0.5 mg available in the AFH.

Review of the doctor order dated 06/28/2024, showed updated dose "Rexulti 0.5 mg: Take one tablet daily."

In an interview, on 07/17/2024 at 4:45 PM, Staff A stated that "Rexulti" is sedative, and they were cut Rexulti 0.5 mg in half and they were given 0.25 mg to Resident 6. Staff A stated that they changed the medication dose per Resident 6's representative request. When asked if they had an order from the doctor to change the medication dose, Staff A stated they had an order from the doctor. Staff A further stated that Resident 6's representative had an order, and they would send it to the department staff next day (07/18/2024). Further, Staff A stated that their process was to write the new dose over the old dose whenever there was an order change and they forgot. Staff A acknowledged that they should have documented the new order change by starting a new entry on the ML and transcribed as written by the doctor.

Observation, on 07/17/2024 at 4:50 PM, showed a bingo pack of "Divaloproex SOD ER

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(used to treat multiple medical conditions including dementia) 500 mg: Take one tablet by mouth nightly." Review showed the doctor's order dated 07/16/2024. Observation further showed there was no medication entry and staff initial for "Divaloproex" in July 2024 ML.

In an interview, on 07/17/2024 at 4:55 PM, Staff A stated that "Divaloproex" was a new order, and they gave the first dose last night to Resident 6. Staff A stated that they were busy, and they forgot to update the July 2024 ML with the new order. Staff A stated. "You came on a day we were busy." "I would fix it."

Review of an email from Staff B, Resident Manager, on 07/22/2024 at 6:56 PM, re included the doctor order for Resident 6. Review of the doctor order, dated 07/18/2024, showed to discontinue Rexulti 0.5 mg and Divaloproex.

Attestation Statement

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

Provider (or Representative) — Date 2024.07.31

WAC 388-76-10465 Medication Altering Requirements.

(1) For the purposes of this section "altering a medication" means the alteration of prescribed or over the counter medications and includes, but is not limited to crushing tablets, cutting tablets in half; opening capsules and mixing powdered medications with food or liquids.

(2) The adult family home must consult with the practitioner or pharmacist before altering a medication and if the practitioner or pharmacist agrees with altering a medication, record the:

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(used to treat multiple medical conditions including dementia) 500 mg: Take one tablet by mouth nightly." Review showed the doctor's order dated 07/16/2024. Observation further showed there was no medication entry and staff initial for "Divaloproex" in July 2024 ML.

In an interview, on 07/17/2024 at 4:55 PM, Staff A stated that "Divaloproex" was a new order, and they gave the first dose last night to Resident 6. Staff A stated that they were busy, and they forgot to update the July 2024 ML with the new order. Staff A stated, "You came on a day we were busy." "I would fix it."

Review of an email from Staff B, Resident Manager, on 07/22/2024 at 6:56 PM, re included the doctor order for Resident 6. Review of the doctor order, dated 07/18/2024, showed to discontinue Rexulti 0.5 mg and Divaloproex.

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WAC 388-76-10465 Medication Altering Requirements.

(1) For the purposes of this section "altering a medication" means the alteration of prescribed or over the counter medications and includes, but is not limited to crushing tablets, cutting tablets in half; opening capsules and mixing powdered medications with food or liquids.

(2) The adult family home must consult with the practitioner or pharmacist before altering a medication and if the practitioner or pharmacist agrees with altering a medication, record the:

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(a) Time;

(b) Date; and

(c) Name of the person who provided the consultation.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure medication was administered following pharmacy instruction and failed to consult with a physician or a pharmacist before cutting medications for 1 of 2 sampled residents (Resident 6). This failure placed Resident 6 at risk of not getting the full effect of their medications in the event the medications were not supposed to be cut.

Finding included…

Resident record review showed the AFH admitted Resident 6 on [redacted]/2024. Resident 6's Assessment and Negotiated Care Plan (NCP), signed and dated on 04/06/2024, showed the AFH would provide medication management which follows the doctor's "order regarding use of prescribed medications." Resident's 6's NCP marked "Swallows pill in whole with liquid." Further review showed that Resident 6's NCP did not indicate "needs pill cut." There was no indication of altering medication in nurse delegation instruction, dated 07/15/2024.

Record review of Resident 6's July 2024 Medication Log (ML) showed there were not stated to crush or cut the "Rexulti" (used to treat agitation associate with dementia and balancing brain chemical to improve mood). There was no order matched to reduce the dose or alter the medication. Further review of Resident 6's July ML showed the ML was not updated entry and direction with the new prescription "Divaloproex" (used to treat multiple medical conditions including dementia). Review of the medication pharmacy generated label showed there were no indication "to cut the tablet before administration for listed medications.

Observation of Resident 6 medication bin, on 07/17/2024 at 3:55 PM, showed a bottle of "Rexulti 0.5 mg tablet." Further observation showed multiple tablets were cut in half in the bottle along with whole tablets.

In an interview, on 07/17/2024 at 4:30 PM, Staff A, Entity Representative, stated that they cut "Rexulti" in half to give 0.25 mg to Resident 6. Staff A stated that "Rexulti" is a sedative and made Resident 6 tired. Staff A stated they verified with Resident 6's representative before given a half dose to Resident 6. Staff A stated that they were cut "Divaloproex" tablet before given to Resident 6. Further Staff A stated that the Divaloproex was a large tablet and they needed to cut in half for Resident 6 to swallow easy. When asked if they consulted with the doctor or the pharmacist, Staff A stated

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"No." When Staff A was asked about Washington Administrative Code (WAC) regarding altering the medications, Staff A stated that "I don't know, what do I need to do?" Further, Staff A stated that they would call the pharmacy to consult, and they would update the ML with cut in half order.

Review of an email received from Staff B, Resident Manager, on 07/22/2024 at 6:56 PM, included the doctor order for Resident 6. Reviewof the doctor order, dated 07/18/2024, showed to discontinue Rexulti 0.5 mg and Divaloproex 500 mg.

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Provider (or Representative) 2024.07.31 Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have personnel records for 1 of 7 staff (Staff C, Caregiver) readily available for review. This failure delayed the Department from determining if Staff C were fully qualified to care for 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) in the AFH.

Findings included...

Observation, on 07/17/2024 at 3:50 PM, showed Staff C was working and providing care

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"No." When Staff A was asked about Washington Administrative Code (WAC) regarding altering the medications, Staff A stated that "I don't know, what do I need to do?" Further, Staff A stated that they would call the pharmacy to consult, and they would update the ML with cut in half order.

Review of an email received from Staff B, Resident Manager, on 07/22/2024 at 6:56 PM, included the doctor order for Resident 6. Reviewof the doctor order, dated 07/18/2024, showed to discontinue Rexulti 0.5 mg and Divaloproex 500 mg.

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, Crystal Falls Adult Family Home 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

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have personnel records for 1 of 7 staff (Staff C, Caregiver) readily available for review. This failure delayed the Department from determining if Staff C were fully qualified to care for 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) in the AFH.

Findings included…

Observation, on 07/17/2024 at 3:50 PM, showed Staff C was working and providing care

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Statement of Deficiencies	License #: 754494	Compliance Determination # 44234
Plan of Correction	Crystal Falls Adult Family Home	Completion Date
Page of 16	Licensee: Advanced Vision Association	07/25/2024

for Residents 1, 2, 3, 4, 5 and 6.

Review of the AFH's personnel records showed the AFH hired Staff C on 07/20/2020. Further review of Staff C's records showed the AFH did not have copies of the Orientation and safety training, nurse delegation (ND), ND diabetes, Dementia and Mental Health Specialty Training certificate on file for review.

In an interview, on 07/17/2024 at 5:40 PM, Staff B, Resident Manager, stated that they would look for Staff C's missing documents and send to the Department by the next business day.

In two follow up emails sent to Staff B on 07/18/2024 and 07/23/2024, requested to send a copy of missing records to the department by the next business day.

Review of an emailed document, received by the Department on 07/24/2024, Staff B stated "Staff C had looked through all her documents and can't find the orientation and safety training. She is going to reach out to the individual whom she took the class from to see if they have a record. and if no she will retake the class (she will need the document going forward anyway)." Further review of received records showed Staff C had a copy of "ND for nursing assistants" certificate instead of ND training.

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, Crystal Falls Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2024.07.30 .

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

Provider (or Representative) 2024.07.31 Date

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

for Residents 1, 2, 3, 4, 5 and 6.

Review of the AFH's personnel records showed the AFH hired Staff C on 07/20/2020. Further review of Staff C's records showed the AFH did not have copies of the Orientation and safety training, nurse delegation (ND), ND diabetes, Dementia and Mental Health Specialty Training certificate on file for review.

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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, Crystal Falls Adult Family Home 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

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

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

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

Advanced Vision Association
Crystal Falls Adult Family Home
100 2nd Ave S
Edmonds, WA 98020

RE: Crystal Falls Adult Family Home # 754494

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/25/2024 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The adult family home (AFH) failed to ensure to have a Personal Belonging Inventory (PBI) signed and completed for 2 of 2 sampled Residents (Resident 5 and 6) on file. The Adult Family Home completed and signed Residents 5 and 6's PBI during the inspection.

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:

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

The adult Family Home (AFH) failed to ensure to have a character, competence and suitability (CCS) determination form on file for Staff A, Entity Representative. The AFH completed CCS form and sent a copy to the department staff a day after inspection.

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

The adult family home (AFH) failed to ensure to have a consent form to show Resident 5 and their representative were informed of the safety risks associated with the [redacted]

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AUG 05 2024
DSHS/ALTSA/RCS

and [redacted] use. Department staff received a copy of signed consent form on 07/24/2024.

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 7 of 7 staffs (Staffs A, B, C, D, E, F and G). The department staff received an email on 07/23/2024 from the AFH that showed fit testing was scheduled on 07/26/2024. Completed

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

Ensure - No more

The Adult Family Home (AFH) failed to obtain a written approval from the doctor when serving a nutritional supplement (Orgain 30 g protein milk shake) to 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6). Staff A, Entity Representative, stated that they used Orgain to make smoothies for themselves and all residents. Further, Staff A stated that they were not aware a protein shake needed an approval from the doctor. Staff A stated that they would not use Orgain and nutritional supplements for residents without the doctor's order.

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

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

and [redacted] use. Department staff received a copy of signed consent form on 07/24/2024.

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The Adult Family Home (AFH) failed to obtain a written approval from the doctor when serving a nutritional supplement (Orgain 30 g protein milk shake) to 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6). Staff A, Entity Representative, stated that they used Orgain to make smoothies for themselves and all residents. Further, Staff A stated that they were not aware a protein shake needed an approval from the doctor. Staff A stated that they would not use Orgain and nutritional supplements for residents without the doctor’s order.

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• 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, Field Manager
Region 2, Unit I
Residential Care Services

[redacted]

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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

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

Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

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