STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Angle's Senior Home LLC
Angle's Senior Home
2130 SHATTUCK AVE S
RENTON, WA 98055

RE: Angle's Senior Home License # 754556

Dear Provider:

This letter addresses Compliance Determination(s) 28533 (Completion Date 08/24/2023) and 25170 (Completion Date 06/20/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/24/2023 and found that you have corrected the violations listed in the Full report dated 06/20/2023. Your home is back in compliance as of 08/05/2023 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10750-1, WAC 388-76-10750-2, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-112A-0610-1-f, WAC 388-76-10485-1, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b

The Department staff who did the on-site verification:
Kirsten Biddle, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager

Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 754556	Compliance Determination # 25170
Plan of Correction	Angle's Senior Home	Completion Date
Page 1 of 11	Licensee: Angle's Senior Home LLC	06/20/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 06/07/2023, 06/07/2023 and 06/07/2023 of:

Angle's Senior Home
2130 SHATTUCK AVE S
RENTON, WA 98055

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kirsten Biddle, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 06/21/2023 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) 06/23/2023 Date

WAC 388-76-10430 Medication system.

(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.

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews, the Adult Family Home (AFH) staff did not provide the medication as prescribed for 2 of 3 residents (Resident 2 and Resident 3) who require medication assistance from a caregiver. This failure put the residents at risk of potential health consequences from medication errors and unmet medication needs.

Findings included...

<Resident 2>

Record review on 06/12/2023, of an online website www.ncbi.nlm.nih.gov/books/NBK470442/#:~:text=Lamotrigine%20is%20an%20anti%2Dseizure,%5D%5B2%5D%5B3%5D; showed the definition of Lamotrigine, "... Lamotrigine can be used to treat the following partial seizures, primary generalized tonic-clonic seizures, bipolar I disorder maintenance..."

An observation on 06/07/2023 at 11:50 AM showed Resident 2 lying in bed, with their eyes closed as Staff A, Provider, attempted to encourage them to get up and changed. At 12:04 PM, Staff C, Caregiver, who assisted Resident 2 to change and get up for the day.

Record review on 06/07/2023 at 1:35 PM, of the "Medication Log" dated "060123-063023", showed Resident 2's medication Lamotrigine 150 milligram (mg) one tablet by mouth twice daily, prescribed for bipolar disorder not initialed or not given at the time of 8 PM on 06/06/2023, as ordered. The Lamotrigine 150mg was shown to be initialed or given for the morning dosage at 8 AM on 06/06/2023 and 06/07/2023.

In an interview on 06/07/2023 at 1:42 PM, Staff A informed of their initials and the other of Staff C clarifying a horizontal line meant not given. No indications on the back of the

"Medication Log" were shown to indicate if the medication was attempted and refused, or an explanation of as to why the medication was not given.

<Resident 3>

Record review on 06/07/2023 at 2:06 PM, of the "Medication Log" dated "060123-063023", showed medication prescribed and a line through the dated box, or blank:
1. Aspirin 81 mg one tablet by mouth once daily for history of transient ischemic attack or mini stroke: at 8 AM line through dated box on 06/01/2023 and 06/05/2023.
2. Chlorthalidone 25 mg one tablet by mouth every morning for hypertension: at 8 AM line through dated box on 06/01/2023 and 06/05/2023.
3. Daily Fiber Powder 3.4 grams with 8-ounce beverage and drink once daily for constipation: at 8 AM line through dated box on 06/01/2023 through 06/07/2023.
4. Senna-Time 8.6 mg two tablets (17.2mg) by mouth nightly for constipation: at 8 PM line through dated box on 06/01/2023 through 06/07/2023.
5. Stiolto inhaler inhale two puffs by mouth in the lungs every day for chronic obstructive pulmonary disease: at 8 AM blank or no initials in dated box on 06/01/2023 through 06/07/2023.
6. Vitamin D3 50 micrograms take one tablet by mouth once daily for vitamin D deficiency: at 8 AM line through dated box on 06/01/2023 and 06/06/2023, marked as given at 8 AM on 06/08/2023.
7. Polyethylene Glycol 17 grams in fluid and drink by mouth twice daily for constipation: at 8 AM or 8 PM blank or no initials in dated box on 06/01/2023 through 06/07/2023.
8. Acetaminophen 650 mg by mouth twice daily for pain: at 8 AM line through dated box on 06/01/2023 through 06/07/2023, at 8 PM blank or no initials from 06/01/2023 through 06/07/2023.
9. Primidone 50 mg one tablet by mouth three times daily for unspecified tremor: at 8 AM line through dated box on 06/01/2023 and 06/05/2023.
10. Metformin 1,000 mg one tablet by mouth twice daily with breakfast and dinner for type II diabetes mellitus with hyperglycemia: at 8 AM line through dated box on 06/01/2023 and 06/05/2023, marked as provided on 06/07/2023 at 8 PM.
11. Nicotine 7 mg/ 24-hour patch, apply one patch topically every day for 14 days for nicotine dependence: at 8 AM blank or no initials from 06/01/2023 through 06/07/2023.

In an interview on 06/07/2023 at 4:40 PM with Staff A, they stated that they do not know what to say when asked about the medication discrepancies.

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, Angle's Senior Home is or will be in compliance with this law and / or regulation on (Date) 08/05/2023.

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

Provider (or Representative) 06/23/2023 Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(2) Ensure that there is existing outdoor space that is safe and usable for residents;

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) staff did not maintain the exterior front and back yards to allow safe access and be operational for 3 of 3 residents (Resident 1, 2, and 3). This failure compromised an emergency evacuation plan, putting the AFH at potential risk of not being able to safely provide care and services.

Findings included...

An observation walking up to the entrance of the AFH on 06/07/2023 at 11:30 AM, showed several cars in the driveway, a recycling and garbage bin to the right of the garage door, 2 car batteries next to a pile of materials (i.e., wooden posts and a yellow cart) covered by a cloth cover. Tires were holding the cloth cover down and a large broom was atop a metal lid to the left of the garage door.

On 06/07/2023 at 12:09 PM, Staff A, Provider, began the environmental tour with the Department Representative outside the front entry way, walking to the southwest corner of the home. The observations of the wooden railing and ramp way to the back yard included loose connections to other wooden railing extensions, chipped paint giving way to splintering of the wood with loose flooring of the ramp that connected to a faded stained wooden back deck patio. A barbecue, 2 tables, 6 chairs, foldable lounge chair, and commode with a blue bucket on top of it, along with 2 step ladders, a bath chair, furniture dolly and a yellow mop and bucket were also sitting up against the house on the back patio.

To the right of the back patio area, a storage shed which had stacked tires and 3 tire rims, a yard waste container, 3 car batteries, 2 lawn mowers, a red ladder, and a kitchen sink scattering right to the lawn area.

In an interview on 06/07/2021 at 12:10 PM, Staff A stated that Resident 3 liked to come outside and utilize the back deck area.

On 06/07/2023 at 12:12 PM, observations showed that there was a 4' x 2' oil spill on the pavement of the driveway to the left of the covered materials in front of the garage door. To the left of the material pile were three 5.1-quart oil silver, white and red containers. Around the northwest corner or side of the AFH were bundled piles of steel shelving resting against the home. On top of this were six wooden boards followed by more wooden planks, a snow shovel, and an air compressor with another car battery lining the 2.5' walking path to the back yard.

In an interview with Staff A on 06/07/2023 at 12:15 PM, discussion included the increase in warming temperatures, dry weather conditions, identified fire hazards to the unsafe walkways of the back yard in case of evacuation. Including the count of forty-four tires throughout the exterior front and back yard of the AFH. Staff A stated that their child's hobby included fixing cars.

In an interview on 06/07/2023 at 12:46 PM, with Staff C, Caregiver, the Department Representative inquired where the meeting place was in an emergency. Staff C stated it was the back patio.

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: 06/23/2023

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on interviews and record reviews, the entity failed at ensuring that 2 of 2 staff (Staff A, Provider and Staff C, Caregiver) had current or renewed CPR and first aid certification as required. This failure placed all residents at risk of their safety and well-being due to expired and possible untrained Adult Family Home (AFH) personnel.

Findings included...

Record review on 06/07/2023 at 3:45 PM, showed that Staff A, did not have the CPR and first aid credentials amongst the personnel documentation.

Record review on 06/07/2023 at 3:55 PM, showed Staff C had expired CPR and first aid credentials of 02/2023.

In an interview with Staff A at 4:00 PM, they stated that there is no other place where the documentation would be filed or located.

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, Angle's Senior Home is or will be in compliance with this law and / or regulation on (Date) 08/05/2023

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

Provider (or Representative) — Date: 06/23/2023

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

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

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

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

This requirement was not met as evidenced by:

Based on interviews and record reviews, the entity failed at ensuring 2 of 2 staff (Staff A, Provider and Staff C, Caregiver) and a Collateral Contact, Other with Unsupervised Access, had current background checks as required. This failure placed all the residents at potential risk of harm due to expired credentials of the Adult Family Home (AFH) personnel and an individual that has unsupervised access to the AFH.

Findings included...

On 06/07/2023 at 3:45 PM, record review of the Adult Family Home (AFH) staff records for Staff A did not show background check or a national fingerprint background check.

Staff A did not locate or provide verification to show background checks were current in an interview on 06/07/2023, at 4:00 PM.

Record review on 06/07/2023 at 4:11 PM, showed Staff C having an expired background check. The Department's titled, "Background Check Central Unit" dated 12/05/2019, expires two years later. Staff C's background check expired 12/05/2021.

Further record review on 06/07/2023 at 4:15 PM, showed an expired background check for Collateral Contact 1 (CC 1), Other with Unsupervised Access. The Department's document titled, "Background Check Central Unit" for CC 1 expired 04/13/2022.

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, Angle's Senior Home is or will be in compliance with this law and / or regulation on (Date) 08/05/2023.

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

Provider (or Representative) — Date: 06/23/2023

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;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) Continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 for a long-term worker who does not maintain a food handler's permit, and completed basic or modified basic caregiver training before June 30, 2005. A long-term* care worker who completed basic or modified basic training after June 30, 2005 is not required to have a food handler's permit.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the entity failed to have personnel records up to date and available for 2 of 2 staff members (Staff A, Provider and Staff C, Caregiver) while on site for the full inspection. This failure placed all the residents at risk of harm due to expired and possible untrained Adult Family Home (AFH) personnel by receiving care and services from noncredentialled staff.

Findings included...

On 06/07/2023 at 3:45 PM, record review of the Adult Family Home (AFH) staff records for Staff A did not show or were missing credentials such as: background check, national fingerprint background check, Tuberculosis tests, cardiopulmonary resuscitation (CPR)/first aid, food handler's card, for Staff A.

In an interview with Staff A on 06/07/2023 at 4:00 PM, the Department Representative inquired if there was another location within the AFH that the credentials could be found. Staff A replied that they "can't think of any".

Further observation at 06/07/2023 at 4:06 PM showed that Staff A was unable to provide the missing credentials when they returned from their living quarters with an updated document that was previously requested.

Additional record review of the entity's personnel records did not show a food handler's card or continuing education for safe food handling for Staff A or Staff C.

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, Angle's Senior Home is or will be in compliance with this law and / or regulation on (Date) 08/05/2023

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

Provider (or Representative) — Date: 06/23/2023

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) staff did not lock and secure the medication cabinet located in the kitchen. This failure put 3 of 3 residents (Resident 1, 2, and 3) at risk of medication mishandling and potential unforeseen health consequences.

Findings included...

In an interview on 06/07/2023 at 12:35 PM, with Staff A, Provider, Resident 2 and Resident 3 were stated to be ambulatory with the use of a device.

On 06/07/2023 at 12:35 PM, Staff C, Caregiver, was observed in the kitchen preparing a meal for Resident 2. Staff C was utilizing the countertop to the right of the kitchen, situated to the left of the refrigerator.

On 06/07/2023 at 1:45 PM, the Department Representative inquired where the medication cabinet was in the AFH. Staff A, walked over to a cabinet located to the right of the kitchen, left of the refrigerator. A door to Resident 1's room was to the left of this area. The medication cabinet was shown as unlocked.
Staff A stated that Staff B, Caregiver, had "just been over here" and pulled out a chain lock used to lock the cabinet doors from a drawer below 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, Angle's Senior Home is or will be in compliance with this law and / or regulation on (Date) 08/05/23 .

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

Provider (or Representative) 06/23/2023 Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) staff did not perform the required partial or full emergency evacuation drills. This failure to practice and promote safety and disaster response poses a serious risk to 3 of 3 residents at the home (Resident 1, 2, and 3) in receiving care and services, jeopardizing their placement and shelter.

Findings included...

In an interview on 06/07/2023 at 1:09 PM, Staff A, Provider, reviewed the AFH residents' ambulatory status and the level of assistance needed in an evacuation was discussed. Resident 1 uses a [redacted] wheelchair and would require assistance by AFH staff to evacuate. Resident 2 and Resident 3 were stated to be ambulatory with the use of a device. In addition, Resident 2 would need assistance in an emergency to evacuate. Staff A stated that the last emergency drill took place "last year", asking Staff C, Caregiver when the last evacuation drill took place. Staff C could not recall.

Record review on 06/07/2023 at 3:15 PM, of the undated "Adult Family Home Emergency Evacuation Drill" showed no name of the "Licensee", "Resident Names", or any information to show that the drills were completed. The forms were blank.

In an interview with Staff A on 06/07/2023 at 3:20 PM, they stated that there is no other location in the AFH that has documentation of the emergency evacuation drills.

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, Angle's Senior Home is or will be in compliance with this law and / or regulation on (Date) 08/05/2023 .

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

Theodore L. Angle III — Provider (or Representative)

06/23/2023 — Date