STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Angelic Care LLC

Angelic Care LLC
717 Alvord Ave N
Kent, WA 98031

RE: Angelic Care LLC License # 754642

Dear Provider:

This letter addresses Compliance Determination(s) 27948 (Completion Date 08/10/2023) and 19757 (Completion Date 06/23/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/10/2023 and found that you have corrected the violations listed in the Complaint report dated 06/23/2023. Your home is back in compliance as of 07/06/2023 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-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Deborah Ashley, Nursing Consultant Institutional

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

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Angelic Care LLC
Provider Type: Adult Family Home
License/Cert.#: 754642
Compliance Determination #: 19757
Intake ID: 70458
Investigator: Deborah Ashley
Region/Unit #: RCS Region 2 / Unit E
Investigation Date(s): 02/13/2023 through 06/23/2023
Complainant Contact Date(s):

Allegation(s):

The Adult Family Home (AFH) staff did not ensure that Named Resident (NR) took their narcotic (a controlled substance for pain relief) medication before leaving NR's bedroom. NR added an unordered over the counter medication and took both medications while AFH staff were unaware of it.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 3 Closed records sample size:
Observations:	Identified resident Staff to resident interactions
Interviews:	Identified resident Sampled resident Staff Collateral Contact (CC)
Record Reviews:	Medication Administration Record (MAR) Negotiated Care Plan (NCP) Assessment Physician's orders

Investigation Summary:

During a visit to the AFH, NR was observed resting in bed with a medication cup containing two medications, one small white pill and one larger light pink tablet, sitting on the windowsill next to the bed and within reach of NR.

When asked, AFH staff were unaware of the second medication but had administered NR's routine narcotic pain medication (Oxycodone) 5 milligrams (mg) a few minutes prior to Department Staff entering the home. Staff stated that they did not wait to ensure that NR took the pill before leaving the bedroom as required for residents on medication administration assistance.

In an interview, NR stated that they wanted to wait and take the medication later. NR stated that the other medication was an antacid (medication to neutralize acid and

relieve indigestion and heartburn [Tums]). When asked, NR and sampled resident stated they had no care or safety concerns about the AFH.

Review of NR's MAR showed that they had an order for Oxycodone 5 mg but no order for the Tums. Review of NR's Assessment dated 03/14/2023 showed that NR required assistance with medication.

Failed practice identified. See Statement of Deficiencies dated, 06/23/2023, WAC 388-76-10430 Medication system.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License # 754642	Compliance Determination # 19757
Plan of Correction	Angelic Care LLC	Completion Date
Page 1 of 3	Licensee: Angelic Care LLC	06/23/2023

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

The department completed data collection for an unannounced on-site complaint investigation on 02/13/2023 and 02/13/2023 of:

Angelic Care LLC
717 Alvord Ave N
Kent, WA 98031

This document references the following complaint number(s): 66720, 70458

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Deborah Ashley, Nursing Consultant Institutional

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 — 06/29/2023 (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) — Date: 07/06/2023

WAC 388-76-10430 Medication system.

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

(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 observations, interviews and records reviews, the Adult Family Home (AFH) failed to ensure that one of four residents (Resident 1) received their medications as ordered and required. This placed Resident 1 at risk of taking medications that were not ordered and/or could have interactions with their other prescribed medications.

Findings included...

On 02/13/2023 at 12:20 PM while in the AFH, a medication cup with two medications identified to be a narcotic pain pill (a controlled substance for pain relief [Oxycodone]) 5 milligrams (mg) and an antacid (medication to neutralize acid and relieve indigestion and heartburn [Tums]) was observed on Resident 1's windowsill and within reach of the resident.

In an interview on 02/13/2023 at 12:26 PM, Staff B, Caregiver, stated that they had administered Oxycodone 5mg to Resident 1 but did not wait to ensure that the resident took the medication before leaving the bedroom. Staff B stated that they were not aware of the Tums medication.

Review of Resident 1's MAR on 02/13/2023 at 12:26 PM showed that the Oxycodone was scheduled to be given at 12 PM.

A follow-up observation on 02/13/2023 at 12:30PM while speaking with Staff A, Provider, showed that Resident 1 had already taken both medications. Staff A stated that there was no order for Tums and that the AFH did not administer the medication to Resident 1, the resident had purchased the medication on their own and did not make staff aware of it.

In an interview on 02/13/2023 at 12:37 PM, Resident 1 stated that they added the Tums to the Oxycodone 5 mg and took both medications. Resident 1 stated that they did not want to take the Oxycodone at the time it was given.

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, Angelic Care LLC is or will be in compliance with this law and / or regulation on (Date) 07/06/2023 .

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

Provider (or Representative) — Date: 07/06/2023

07/06/2023
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Ave S #400
Kent, WA 98032

To whom it may concern,

We have received your letter on 07/01/2023. We understood the deficiencies stated on the letter and we have corrected this deficiency as soon as possible as follows:

In an interview on 2/13/2023 at 12:26pm Staff B Caregiver stated that they had administered Oxycodone 5mg to Resident #1 but did not ensure that the Resident #1 took the medication before leaving the bedroom. Staff B Caregiver stated that they were not aware of the Tums medication.

As of 07/02/2023 we have taken active measures to correct this deficiency.

Caregivers will ensure that the residents will take the medication when handed to them (and that residents will not put down or place medications elsewhere to take later.) If they refuse or not ready to take it yet then the caregivers need to take it back to the client when he is ready to take it and make sure that he/she take the medications in front of the caregiver who is administering it.

For over-the-counter medications, caregivers will make sure that we have a provider or doctor's order for it to make sure that the over-the-counter medication does not have interactional side effects to the clients other medications. On 2/13/2023 we notified the Resident #1's PCP to give us an order of Tums and the PCP gave the prescription on 2/14/2023. Enclosed is the copy of the prescription for tums for Resident #1.

In addition we have ensured that all caregivers old and new will review the medication system plan monthly. A copy will be placed at the front page of the MAR folder so that all caregivers have access to it. Enclosed is a copy of the "Medication System Plan". Thank you for your kind consideration to lift the citation.

Sincerely yours,
Jennylynn Caldona – AFH Owner/Provider
07/06/23

NewRx

Electronically Transmitted Prescription

Patient: [redacted]
Primary Telephone: [redacted]

Address: C/O ANGELICA ADULT FAMILY HOME
717 ALVORD AVE N
KENT WA 980313121

DOB: [redacted] Sex: M
Patient ID:
Account #:
Location:

Facility:
Address:

Primary Telephone:

Fax:

COPY

Message Vendor: Surescripts
Clinic: UW Medicine Primary Care Internal Medicine at K
Prescriber: Rim Sem
Electronically Signed By
Supervisor:
Primary Telephone: (206) 870-8880

Fax: (206) 520-1499
Address: 23213 Pacific Hwy S

Kent WA 980322721
DEA:
NCPDP ID:
NPI: 1669035937
MutuallyDefined:
Order Number: 234238925:0304338725
Agent:

Drug: Calcium Carbonate Antacid 500 MG Oral Tablet Chewable (Tums)

Strength: 500
Drug Form: Milligram

Directions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.

Notes:

Rx Number: Not Supplied
Quantity: 150 (Original Quantity)
Unit: Tablet
Days Supply:
Refills: 0
DAW: NO
Substitution Code: 0
Fill Status: All Fill Statuses Except Transferred
Date Written: 02/14/2023
Effective Date:
Expiration Date:
Period End:
Diag. Qualifier: ABF
Diag. Value: K219 [redacted]
Fill:

Pharmacy: READY MEDS PHARMACY
1413 SW 43RD STREET, STE 120
RENTON WA 98057

From: 4339412594001
Message ID: 5455130547
Relates To Message I
Message Sent Time: 2/14/2023 8:47:02 AM PST

Medication System Plan

Angelic Care LLC will complete an in-service for all caregivers in the home about the importance of signing the medication administration records (MAR) and understanding the AFH's medication system. The Provider will ensure that all caregivers monitor residents with medication to ensure that:

1) The caregiver is aware of the medication assistance needed by the resident.
2) Caregivers will review the residents negotiated care plan and medication assistance provided to the resident.
3) Caregivers will understand what medication has been ordered.
4) Ensure the resident takes the medication when handed to them (and resident does not put down or place medication elsewhere to take later).
5) Ensure the resident does not use over-the-counter medication without a physician order.
6) Caregivers will explain and discuss with the resident why an over-the-counter medication such as Tums, or Tylenol need an order. The Provider and caregivers can discuss the resident's preference to use an over-the-counter medication with the resident's physician-and decide if an order for the medication is safe and appropriate for the resident.
7) The Provider and caregivers will ensure the medication log is kept current.
8) The Provider will ensure that caregivers understand the importance of signing/initialing for medication at the time the medication is given to the resident.
9) Ensure the caregiver does not initial the medication administration record until the resident has been observed to taking the medication.
10) The caregivers will document any refusal of medication and report to the physician.

The AFH will review medications monthly and ensure that all new caregivers are aware of the appropriate medication system in place at our AFH.