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

Raspberry Gardens AFH LLC
Palace Gardens AFH LLC
14213 45th Pl W
Lynnwood, WA 98087

RE: Palace Gardens AFH LLC License # 754683

Dear Provider:

This letter addresses Compliance Determination(s) 48593 (Completion Date 10/14/2024) and 47861 (Completion Date 10/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/14/2024 and found that you have corrected the violations listed in the Full report dated 10/04/2024. Your home is back in compliance as of 10/06/2024 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 388-76-10015-1, WAC 388-76-10255-1, WAC 388-76-10255-3, WAC 388-76-10485-1, WAC 388-76-10490-1

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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

The department completed data collection for the unannounced on-site full inspection on 09/27/2024 and 09/27/2024 of:

Palace Gardens AFH LLC
14213 45th Pl W
Lynnwood, WA 98087

The following sample was selected for review during the unannounced on-site visit: 2 of 4 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' Bourgue
Residential Care Services

10/04/2024
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.

Statement of Deficiencies	License #: 754683	Compliance Determination # 47861
Plan of Correction	Palace Gardens AFH LLC	Completion Date
Page 2 of 6	Licensee: Raspberry Gardens AFH LLC	10/04/2024

Rachel Bogale
Provider (or Representative)

10/6/24
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 staffs (Staff A, B and C) had record of respirator training, medical clearance, and respirator fit testing every year. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for illness and infection.

Findings included...

Review of the Dear Provider Letter, dated 11/05/2021, showed the requirements necessary in developing a Respiratory Protection Program (RPP) in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing of N95 respirators and the Washington State Department of Health website link to the RPP for Long-Term Care Facilities.

Review of the Washington State Department of Health's "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Review of the AFH's personnel record showed Staff A, Entity Representative, did not have record of medical clearance and respirator fit testing.

Review of the AFH's personnel record showed Staff B, Caregiver, did not have record of respirator training, medical clearance, and respirator fit testing.

Provider (or Representative) Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 staffs (Staff A, B and C) had record of respirator training, medical clearance, and respirator fit testing every year. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for illness and infection.

Findings included...

Review of the Dear Provider Letter, dated 11/05/2021, showed the requirements necessary in developing a Respiratory Protection Program (RPP) in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing of N95 respirators and the Washington State Department of Health website link to the RPP for Long-Term Care Facilities.

Review of the Washington State Department of Health's "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Review of the AFH's personnel record showed Staff A, Entity Representative, did not have record of medical clearance and respirator fit testing.

Review of the AFH's personnel record showed Staff B, Caregiver, did not have record of respirator training, medical clearance, and respirator fit testing.

Statement of Deficiencies	License #: 754683	Compliance Determination # 47861
Plan of Correction	Palace Gardens AFH LLC	Completion Date
Page 3 of 6	Licensee: Raspberry Gardens AFH LLC	10/04/2024

Review of the AFH's personnel record showed Staff C, Caregiver, did not have record of respirator training, medical clearance, and respirator fit testing.

Review of facility records showed the AFH did not have evidence of conducting respirator training for staffs, as required.

In an Interview, on 09/27/2024 at 10:30 AM, Staff B stated that they completed fit testing in 2022. Staff B stated that they would complete fit testing for all staffs.

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, Palace Gardens AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/6/24.

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

Rachel Bogale
Provider (or Representative)

10/6/24
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure medications in resident's bedrooms (Bedroom [redacted] and [redacted] were in locked storage. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 09/27/2024 at 9:25 AM, showed Residents 1, 2, 3 and 4 lived in and received care at the AFH. Further observation showed Residents 1 ambulated independently, Resident 2 ambulated with assistive devices and Residents 3 and 4 were [redacted] in the AFH.

Bedroom [redacted]

Review of the AFH's personnel record showed Staff C, Caregiver, did not have record of respirator training, medical clearance, and respirator fit testing.

Review of facility records showed the AFH did not have evidence of conducting respirator training for staffs, as required.

In an Interview, on 09/27/2024 at 10:30 AM, Staff B stated that they completed fit testing in 2022. Staff B stated that they would complete fit testing for all staffs.

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, Palace Gardens AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) _____ Date _____

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure medications in resident's bedrooms (Bedroom [redacted] and [redacted]) were in locked storage. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 09/27/2024 at 9:25 AM, showed Residents 1, 2, 3 and 4 lived in and received care at the AFH. Further observation showed Residents 1 ambulated independently, Resident 2 ambulated with assistive devices and Residents 3 and 4 were [redacted] in the AFH.

Bedroom [redacted]

Observation, on 09/27/2024 at 11:30 AM, showed the Ventolin HFA inhaler (used for asthma) unlocked in Resident 1's nightstand drawer.

In an interview, on 09/27/2024 at 11:35 AM, Staff B, Caregiver, stated that Resident 1 was allowed to keep their inhalers in their bedroom. Staff B stated that Resident 1's case manager and doctor knew. Staff B stated that Resident 1's doctor ordered Resident 1 to keep their inhalers in their bedroom.

Record review of Resident 1's assessment, dated 05/16/2024, indicated to "put medications in lockbox, placed medications in Resident 1's hand and Resident 1 was able to use their inhaler when needed."

Observation, on 09/27/2024 at 11:40 AM, showed Staff B placed Resident 1's inhaler in a locked box and stored in the box Resident 1's bedroom.

Bedroom [redacted]

Observation, on 09/27/2024 at 11:45 AM, showed two tubes of Remedy Silicone cream (used for skin irritation) and two tubes of Medline Remedy Calazime paste skin protectant (used for diaper rash) in Resident 4's nightstand drawer.

In an interview, on 09/27/2024 at 11:50 AM, Staff B stated that they used the cream for residents to prevent rashes. Staff B stated that they were not aware the barrier creams needed to be kept in locked storage. Staff B moved the barrier creams to the locked storage cabinet.

Bedroom [redacted]

Observation, on 09/27/2024 at 11:55 AM, showed two tubes of Sensi Care skin protectant barrier creams (used for diaper rash and skin irritation) in Resident 3's nightstand drawer.

In an interview, on 09/27/2024 at 12:00 PM, Staff B stated that they used barrier cream for resident, and they were not aware the barrier creams needed to be kept in locked storage. Staff B moved the barrier creams to the locked storage cabinet.

Attestation Statement

Statement of Deficiencies	License #: 754683	Compliance Determination # 47861
Plan of Correction	Palace Gardens AFH LLC	Completion Date
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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, Palace Gardens AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/6/24 .

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

Rachel Bogale — Provider (or Representative)

10/6/24 — 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 dispose of expired medications for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of negative outcomes and worsening conditions due to expired medication.

Findings included...

Record review showed that the AFH's Medication Disposal Policy stated that AFH would follow "procedure[s] to dispose unused/expired medication by using RX destroyer" employing "the best methods are to send back to the pharmacy, or police station."

Resident record review showed the AFH admitted Resident 2 on [redacted]/2023. Record review of Resident 2's negotiated care plan (NCP) indicated that the AFH would provide medication management and some activities of daily living. Resident 2's NCP was last signed and dated on 01/10/2024.

Observation, on 09/27/2024 at 1:50 PM, showed Resident 2's locked medication supply contained the following expired medications, a tube of Diclofenac gel (used for joint pain). The medication expired on 09/09/2024. An opened pack of Bion Tears eye drops (used for dry eyes). The medication expired on 05/16/2024. A bottle of Polyethylene Glycol powder (used for constipation). The medication expired on 06/04/2024. A bottle of Geri-Tussin syrup (used for cough). The medication expired on 08/25/2024. Observation showed the Albuterol inhaler (used for cough). The medication expired on 09/14/2024.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Palace Gardens AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date

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 dispose of expired medications for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of negative outcomes and worsening conditions due to expired medication.

Findings included...

Record review showed that the AFH's Medication Disposal Policy stated that AFH would follow "procedure[s] to dispose unused/expired medication by using RX destroyer" employing "the best methods are to send back to the pharmacy, or police station."

Resident record review showed the AFH admitted Resident 2 on [redacted]/2023. Record review of Resident 2's negotiated care plan (NCP) indicated that the AFH would provide medication management and some activities of daily living. Resident 2's NCP was last signed and dated on 01/10/2024.

Observation, on 09/27/2024 at 1:50 PM, showed Resident 2's locked medication supply contained the following expired medications, a tube of Diclofenac gel (used for joint pain). The medication expired on 09/09/2024. An opened pack of Bion Tears eye drops (used for dry eyes). The medication expired on 05/16/2024. A bottle of Polyethylene Glycol powder (used for constipation). The medication expired on 06/04/2024. A bottle of Geri-Tussin syrup (used for cough). The medication expired on 08/25/2024. Observation showed the Albuterol inhaler (used for cough). The medication expired on 09/14/2024.

Statement of Deficiencies	License #: 754683	Compliance Determination # 47861
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In an interview, on 09/27/2024 at 1:55 PM, Staff B, caregiver, stated that they checked the expiration date multiple times in a month. Staff B stated that expired medications were as needed (PRN) and Resident 2 was no longer took them. Staff B stated they ordered PRN medications, and the pharmacy would deliver today or tomorrow. Staff B removed expired medications from Resident 2's medications storage bin to dispose them.

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, Palace Gardens AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/6/24.

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

Rachel Bogale
Provider (or Representative)

10/6/24
Date

In an interview, on 09/27/2024 at 1:55 PM, Staff B, caregiver, stated that they checked the expiration date multiple times in a month. Staff B stated that expired medications were as needed (PRN) and Resident 2 was no longer took them. Staff B stated they ordered PRN medications, and the pharmacy would deliver today or tomorrow. Staff B removed expired medications from Resident 2's medications storage bin to dispose them.

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, Palace Gardens AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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

10/04/2024

Raspberry Gardens AFH LLC
Palace Gardens AFH LLC
14213 45th Pl W
Lynnwood, WA 98087

RE: Palace Gardens AFH LLC # 754683

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/04/2024 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 388-76-10650 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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

The Adult Family Home (AFH) failed to update the negotiated care plan (NCP) with [redacted] use and had the risks and benefits explained to 1 of 4 residents (Resident 3) before the use of a [redacted].
Staff B updated Resident 3's NCP with [redacted] information and sent to the department a copy of signed consent form dated 09/29/2024 for [redacted] uses on 09/30/2024.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program

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