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

Nyaki Adult Family Home LLC

Nyaki Adult Family Home LLC
2635 Forest Ridge Dr SE
Auburn, WA 98002

RE: Nyaki Adult Family Home LLC License # 754703

Dear Provider:

This letter addresses Compliance Determination(s) 31998 (Completion Date 11/06/2023) and 29112 (Completion Date 09/21/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/06/2023 and found that you have corrected the violations listed in the Full report dated 09/21/2023. Your home is back in compliance as of 10/30/2023 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 388-76-10290-1, WAC 388-76-10355-7-b, WAC 388-76-10375-2, WAC 388-76-10490-1, WAC 388-76-10430-1, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor
Vadim Panitkov, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
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 #: 754703	Compliance Determination # 29112
Plan of Correction	Nyaki Adult Family Home LLC	Completion Date
Page 1 of 8	Licensee: Nyaki Adult Family Home LLC	09/21/2023

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 09/01/2023 and 09/01/2023 of:
Nyaki Adult Family Home LLC
2635 Forest Ridge Dr SE
Auburn, WA 98002

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:

Michele Grumke, AFH Licensor
Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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.

Dahl Kim
Residential Care Services

09/26/2023
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.

John Kirera
Provider (or Representative)

09/30/2023
Date

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(1) Ensure that the person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 sampled staff (Staff B, Caregiver) had a chest x-ray within seven days after a positive tuberculosis (TB) skin test result. This failure placed all residents and staff in the AFH at risk of illness in the event Staff B had TB, a communicable disease affecting the lungs.

Findings included...

During a visit on 09/01/2023 at 8:55 AM, observation showed Staff B worked alone in the AFH. Observation also showed Resident 1, 2, and 3 lived in and received care from the AFH.

Review of Staff B's personnel records showed a hire date of 08/26/2022. Further review of Staff B's records found a positive TB skin test result dated 08/25/2022. Additionally, review of Staff B's negative x-ray result for TB was dated 09/16/2022, 21 days after Staff B's positive TB skin test result.

In an interview on 09/01/2023 at 2:15 PM, Staff A, Entity Representative/Resident Manager, stated that they were unaware that staff were required to have a chest x-ray within 7 days of a positive TB skin test.

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, Nyaki Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/30/2023

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

John Kirera — Provider (or Representative)

09/30/2023 — Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to include in the development of 1 of 2 sampled resident's (Resident 1) Negotiated Care Plan (NCP) to include the resident's problem behavior. This failure placed Resident 1 at risk of unmet care needs and prevented the other two residents (Resident 2 and Resident 3) in the AFH from making choices about daily life.

Findings included...

During a visit on 09/01/2023 at 8:55 AM, observation showed Resident 1, Resident 2, and Resident 3, lived in and received care from the AFH.

On 09/01/2023 at 11:11 AM, observation showed a refrigerator in the kitchen of the AFH with a white childproof lock around one of the handles.

In an interview on 09/01/2023 at 11:12 AM, Staff A, Entity Representative/Resident Manager, stated that the refrigerator was locked at night due to Resident 1's behavior. Staff A further stated that Resident 1 had taken food out of the refrigerator and thrown it on the floor. Staff A stated that due to Resident 1's behavior the refrigerator was locked at night.

On 09/01/2023 at 11:13 AM observation showed Staff A demonstrated how the childproof lock worked on the refrigerator. Observation showed Staff A removed the clasp from the u-shaped slide. Staff A placed the slide around both door handles and attached the clasp to the end of the slide. Staff A pulled on the refrigerator door handles but the doors were unable to open due to the childproof lock.

In an additional interview on 09/01/2023 at 11:16 AM, Staff A stated that Resident 1's NCP may contain information that the refrigerator was locked due to Resident 1's behavior. Staff A stated that Resident 1, Resident 2, and Resident 3's Representatives had not signed an agreement or acknowledgement that the refrigerator would be locked and how the residents could access food.

Review of Resident 1's NCP dated 11/23/2021 and reviewed 09/01/2023 showed Resident 1 was admitted to the AFH on 11/05/2021. Further review of Resident 1's NCP showed no documentation that Resident 1 had taken food from the refrigerator and thrown it on the floor. Resident 1's NCP also did not include interventions that staff would utilize to prevent the behavior from occurring. Additionally, Resident 1's NCP did not indicate the refrigerator in the AFH would be locked.

In a follow up phone interview on 09/18/2023 at 4:16 PM, Staff A stated that Resident 1 had begun taking food from the refrigerator and throwing it on the floor when the resident was admitted to the AFH [11/05/2021].

Attestation Statement

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

John Kirera — Provider (or Representative)

09/30/2023 — Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(2) Adult family home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to sign and date 1 of 2 sampled resident's (Resident 1) Negotiated Care Plan (NCP). This failure placed Resident 1 at risk of unmet care needs and of receiving services the AFH did not negotiate.

Findings included...

During a visit on 09/01/2023 at 8:55 AM, observation showed Resident 1 lived in and received care from the AFH.

Review of Resident 1's NCP dated 11/23/2021 and 09/01/2023 showed Resident 1 was admitted to the AFH on 11/05/2021. Further review showed multiple NCP's and signature pages for Resident 1.

Review of Resident 1's NCP signature page received by the department via email on 09/02/2023 at 11:53 AM showed no signature by the AFH for the review completed on 04/19/2022 and 04/20/2023.

In a follow up telephone interview on 09/18/2023 at 4:16 PM, Staff A, Entity Representative/Resident Manager, stated that they were not aware they had not signed Resident 1's NCP.

Attestation Statement

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

John Kireru — Provider (or Representative)

09/30/2023 — 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 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for side effects when given an expired medication.

Findings included...

During a visit on 09/01/2023 at 8:55 AM, observation showed Resident 1 lived in and received medication assistance from the AFH.

A review of Resident 1's August and September 2023 pharmacy-generated Medication Administration Record (MAR) showed they were prescribed the following medication:

-Orajel PM Maximum Strength, apply 1/5-inch ribbon to painful area in mouth twice daily. Further review showed all entries for August 2023 and the 8:00 AM dose for September 1, 2023, had been initialed as given.

Observation on 09/01/2023 at 1:22 PM showed Orajel PM expired in 01/2021.

In an interview on 09/01/2023 at 1:25 PM, Staff A, Entity Representative/Resident Manager, stated that they were not aware Resident 1's Orajel PM had expired.

A review of the AFH's undated "Medication Disposal" policy showed any discontinued, unused, or expired medications would be disposed of in the Rx Destroyer, a chemical destruction container that converts solid and liquid medications into a non-retrievable form, and then discarded into the garbage.

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John Kinery — Provider (or Representative)

09/30/2023 — 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:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have medication available for 1 of 2 sampled residents (Resident 1) and provided Resident 1 with expired medication. This failure placed Resident 1 at risk of worsening condition from not having prescribed medication available and for receiving medication that was expired.

Findings included...

During a visit on 09/01/2023 at 8:55 AM, observation showed Resident 1 lived in and received medication assistance from the AFH.

A review of Resident 1's September 2023 pharmacy-generated Medication Administration Record (MAR) showed they were prescribed the following medication (not all inclusive):

-Lorazepam 1 mg, take ½ tablet (0.5 mg) by mouth twice daily as needed for anxiety.

Review of Resident 1's Lorazepam 1 mg medication label showed:

-Lorazepam 1 mg, take 1 tablet by mouth twice daily as needed.

In an interview on 09/01/2023 at 1:35 PM, Staff A, Entity Representative/Resident Manager, stated that they thought the doctor had changed the order for Resident 1's Lorazepam 1mg, but was unsure when the change had taken place.

Review of Resident 1's doctor's order dated 08/21/2023 showed Lorazepam 1 mg, take one half (0.5 mg) tablet by mouth twice a day, as needed.

Review of Resident 1's August and September 2023 pharmacy-generated MAR showed they were prescribed the following medication:

-Senna 8.6 milligram (mg), take 2 tablets (17.2 mg) by mouth twice daily as needed for constipation.

Observation on 09/01/2023 at 1:38 PM showed Resident 1's Senna 8.6 mg was not in Resident 1's medication storage container.

In an interview on 09/01/2023 at 1:40 PM, Staff A stated that they thought Resident 1 had finished the Senna 8.6 mg. Staff A further stated that they would contact the pharmacy for

a refill.

Further review of Resident 1's August and September 2023 pharmacy-generated Medication Administration Record (MAR) showed they were prescribed the following medication:

-Orajel PM Maximum Strength, apply 1/5-inch ribbon to painful area in mouth twice daily. Further review showed all entries for August 2023 and the 8:00 AM dose for September 1, 2023, had been initialed as given.

Observation on 09/01/2023 at 1:22 PM showed Orajel PM expired in 01/2021.

In an interview on 09/01/2023 at 1:26 PM, Staff A, Entity Representative/Resident Manager, stated that they were not aware Resident 1's Orajel PM had expired.

Attestation Statement

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

John Kirem — Provider (or Representative)

09/30/2023 — Date