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

#1 Care AFH LLC

#1 Care AFH LLC
5428 158th Pl SW
Edmonds, WA 98026

RE: #1 Care AFH LLC License # 754708

Dear Provider:

This letter addresses Compliance Determination(s) 29989 (Completion Date 09/22/2023) and 28076 (Completion Date 08/28/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/22/2023 and found that you have corrected the violations listed in the Full report dated 08/28/2023. Your home is back in compliance as of 08/24/2023 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 388-76-10490-1, WAC 388-76-10255, WAC 388-76-10255-1, WAC 388-76-10255-2, WAC 388-76-10255-3, WAC 388-76-10255-4, WAC 388-76-10255-4-a, WAC 388-76-10255-4-b, WAC 388-76-10750-1, WAC 388-76-10750-5-I, WAC 388-76-10750-7, WAC 388-76-10750-8

The Department staff who did the on-site verification:
Twyla Robinson, AFH Licensor

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

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 #: 754708	Compliance Determination # 28076
Plan of Correction	#1 Care AFH LLC	Completion Date
Page 1 of 6	Licensee: #1 Care AFH LLC	08/28/2023

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 08/14/2023 and 08/28/2023 of:

#1 Care AFH LLC
5428 158th Pl SW
Edmonds, WA 98026

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Twyla Robinson, AFH Licensor

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

08/29/2023
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) 09/06/2023 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) did not dispose of expired medications for 2 of 4 sampled residents (Resident 1 and 2). This failure placed Resident 1 and 2 at risk of health complications from expired medication.

Findings included...

Record review showed that the AFH's Medication Disposal Policy stated that the AFH would dispose of mediations that are "no longer needed by a resident, [or] have been discontinued." The medication disposal policy was signed by Resident 1 on [redacted]/2022 and Resident 2 on 07/19/2023.

Record review showed that the AFH admitted Resident 1 on [redacted]/2022. Resident 1's Negotiate Care Plan (NCP), signed and dated on 09/02/2022, documented that the AFH would provide care including medication management.

Observation, on 08/14/2023 at 2:22 p.m., showed Resident 1's locked medication supply contained Triamcinolone Acetonide External Cream (a medication used to relieve redness, itching, swelling, or other discomfort caused by skin conditions) 0.1%, apply pea size amount on lesions on affected areas once daily for 14 days. The medication was filled on 07/20/2023.

Medication removed / disposed.

In interview, on 08/14/2023 at 2:22 p.m., when asked about the Triamcinolone, Staff A (Provider) stated that the physician was supposed to reassess Resident 1.

Client reassessed.

Observation, on 08/14/2023 at 2:24 p.m., showed Resident 1's locked medication supply contained Nicotine Transdermal System Patches (a medication delivered via a patch to help stop smoking), 14 milligrams (mg).

In interview, on 08/14/2023 at 2:24 p.m., when asked about the nicotine patches, Staff A

stated intent to talk to doctor since Resident 1 continued to smoke.
Pharmacy requested medication obtain discontinue order.
Observation, on 08/14/2023 at 2:25 p.m., showed Resident 1's locked medication supply contained Bismuth Subsalicylate (a medication used to treat diarrhea, heartburn, nausea, and upset stomach).

In interview, on 08/14/2023 at 2:25 p.m., when asked about the Bismuth, Staff A stated that Resident 1 did not take the medication and intended to have it discontinued.
Corrected disconnected obtained.

In interview, on 08/28/2023 at 12:52 p.m., the Pharmacist reported that the Bismuth was filled on 06/16/2023 for 14 days of use and discontinued on 07/20/2023.

Record review showed that the AFH admitted Resident 2 on [redacted]/2023. Resident 2's NCP, signed and dated on [redacted]/2022, documented that the AFH would provide care including medication management. My records shows Resident 2 admitted [redacted]/23 NCP showed [redacted]/23. PIS see email sent on 8/24/23.
Observation, on 08/14/2023 at 2:54 p.m., showed Resident 2's medication supply contained Nicotine Transdermal System Patches (a medication delivered via a patch to help stop smoking), 7 mg.

In interview, on 08/14/2023 at 2:26 p.m., when asked about the nicotine patches, Staff A stated that Resident 2 continued to smoke and would obtain a discontinuation order.
DC obtained.

In interview, on 08/28/2023 at 10:47 a.m., when asked how often the medication reconciliation was done, Staff A (stated every month when medications arrive.

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, #1 Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 8/14/23

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

Merhawi Yihdego — Provider (or Representative)

9/6/23 — Date

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;

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection; Prioritized by posting reminders in appropriate places.
(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

(4) Directs all staff to:

(a) Dispose of razor blades, syringes, and other sharp items in a manner that will not risk the health and safety of residents, staff, other persons residing in the home or the public; and
Sharp container obtained.

(b) Use all disposable and single-service supplies and equipment only one time as specified by the manufacturer. Action taken.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to follow and implement infection control systems that included universal precautions. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of exposure to a contagious virus.

Findings included...

Observation, on 08/14/2023 between 10:08 a.m. - 5:25 p.m., showed five residents resided in the AFH.

In interview, on 08/14/2023 at 10:30 a.m., when asked to show the AFH's written Respiratory Protection Program, medical respirator evaluations, N-95 respirator fit-testing, and staff trainings, Staff A (Provider) was unable to find a respiratory plan and stated that no medical clearances and fit-testing were completed. Fit test obtained/certified.

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, #1 Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 8/24/23

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

Merhawi Yihdego — 9/6/23
Provider (or Representative) — 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;

(5) Provide safe and functioning systems for:

(l) Any other feature of the home;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers; Toxic substances are locked.

(8) Grant a resident access to and use of toxic substances and hazardous materials only with direct supervision, unless the resident has been assessed as safe to use the substance or material without direct supervision and if the use is documented in the negotiated care plan; If access is needed for residents who are allowed to have access with out supervision, we will be present to supervise.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that all toxic substances and hazardous materials were retained in locked storage. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of exposure to unsafe environmental hazards and harm from accidental ingestion or misuse of harmful substances.

Findings included...

Observation, on 08/14/2023 between 10:08 a.m. - 5:25 p.m., showed five residents resided in the AFH; five residents showed independent mobility.

Observation, on 08/14/2023 at 10:54 a.m., during the environmental tour, showed the bathroom tub caulking accumulating gray/black residue around the tub.

In interview, on 08/14/2023 at 10:55 a.m., when asked about maintenance of the home, Staff A (Provider) stated that they checked the home daily to ensure that it is "safe and usable." When asked about the black residue on the tub caulking, Staff A stated that they turned on the fan and tried to clean it. Bothroom tub Gaulking is repaired and cleaned.

Observation, on 08/14/2023 at 11:15 a.m., during the environmental tour, showed unsecured laundry detergent placed on top of washer/dryer machines in the laundry closet in Bathroom #2.

Record review showed that the AFH admitted Resident 1 on [redacted]/2022 with a diagnosis of [redacted]. Review showed Resident 1's Negotiate Care Plan (NCP), signed and dated on 09/02/2022, did not indicate that Resident 1 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 2 on [redacted]/2023 with a diagnosis of [redacted]

[redacted]. Review showed Resident 2's NCP, signed and dated on 07/12/2022, did not indicate that Resident 2 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 3 on [redacted]/2023 with a diagnosis of [redacted]. Record review showed Resident 3's NCP, signed and dated on 04/26/2023, did not indicate that Resident 3 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 4 on [redacted]/2021 with a diagnosis of [redacted]. Record review showed Resident 4's NCP, signed and dated on 05/08/2023, did not indicate that Resident 4 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 5 on [redacted]/2023 with a diagnosis of [redacted]. Record review showed Resident 5's NCP, signed and dated on [redacted]/2023, did not indicate that Resident 5 was assessed for safe use of toxins without supervision.

In interview, on 08/28/2023 at 10:46 a.m., when asked about unsecured cleansers, Staff A stated that cleansers were to be "put in a locker." Staff noted that they were doing laundry when the full inspection started.

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, #1 Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 8/15/23

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

Merhawi Yihdego — Provider (or Representative)

9/6/23 — Date