STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Mountain View AFH LLC

Mountain View AFH LLC
2545 Mountain View Road
Ferndale, WA 98248

RE: Mountain View AFH LLC License # 754721

Dear Provider:

This letter addresses Compliance Determination(s) 54217 (Completion Date 02/04/2025) and 50973 (Completion Date 11/27/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/04/2025 and found that you have corrected the violations listed in the Follow up report dated 11/27/2024. Your home is back in compliance as of 01/22/2025 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 388-76-10475-1, WAC 388-76-10475-3-a

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator

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

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 follow-up on 11/27/2024 and 11/27/2024 of:

Mountain View AFH LLC
2545 Mountain View Road
Ferndale , WA 98248

This document references the following SOD dated: 11/27/2024

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

The department staff that inspected the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 _____ 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

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the medication log (ML) was up to date with all prescribed medications and instructions 1 of 5 Residents (Resident 6). This failure placed Resident 6 at risk for decreased quality of life and harm from medication errors.

Findings included…

Record review showed the AFH admitted Resident 6 on [redacted]/2024 with diagnoses that included [redacted]. Review of Resident 6's assessment, dated 10/31/2024, showed Resident 6 required caregiver assistance with prescribed medications.

Review of Resident 6's hospital after visit summary medication list, dated [redacted]/2024, showed Resident 6 was prescribed the following medications:
- Lidocaine patch (a medicated patch used to treat pain) two patches placed daily on the right shoulder for 12 hours
- MiraLAX (a medication used to regulate bowels) 17 grams to be given twice daily
- Senna (a medication used to regulate bowels) 17.2 milligrams (mg) to be given at bedtime
- Melatonin (a supplement used to aid sleep) 3 mg to be given nightly as needed for insomnia (sleeplessness)
- Acetaminophen (a medication used to treat pain or fever) 1000 mg to be given every six hours as needed for pain
- Lactulose (a medication used to regulate bowels) 30 grams to be given as needed for constipation (infrequent, irregular, or difficult evacuation of the bowels)

Review of Resident 6's ML, dated [redacted]/2024 through 11/30//2024, showed it did not include any documentation of Resident 6's prescribed Lidocaine patch, MiraLAX, Senna, Melatonin, Acetaminophen or Lactulose.

In an interview, on 11/27/2024 at 1:42 PM, Staff C (Caregiver) stated that Resident 6 did not get their Lidocaine patches, MiraLAX, Senna, Melatonin, Acetaminophen or Lactulose [redacted]/2024 through 11/27/2024 because the medicines were not delivered to the AFH, so they did not include them on Resident 6's ML. Staff C stated that the pharmacy did not send the medications due to lack of insurance coverage. Staff C stated that they were not aware that Resident 6's ML had to include all prescribed medications to be up-to-date. Staff C stated that they were going to ask Resident 6's health care provider to discontinue the medications. Review of Resident 6's chart did not show records of communication with Resident 6's health care provider regarding the medications and lack of insurance coverage.

This is an uncorrected deficiency previously cited on 10/21/2024 for subsection (1) only.

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, Mountain View 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
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 09/25/2024 and 09/25/2024 of:

Mountain View AFH LLC
2545 Mountain View Road
Ferndale , WA 98248

This document references the following complaint number(s): 144631

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 _____ 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

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the medication logs (ML) were up to date with all prescribed medications and instructions, and documentation of staff initials who gave medications for 5 of 5 Residents (Resident 1, 2, 3, 4 & 5). These failures placed residents at risk for harm from medication errors.

Findings included…

Resident 1
Record review showed the AFH admitted Resident 1 on [redacted]/2024 with diagnoses that included [redacted].
Review of Resident 1's assessment, dated 05/21/2024, showed Resident 1 required caregiver administration of prescribed medications.

Review of Resident 1's ML, dated 09/01/2024 – 09/30/2024, showed the caregiver did not document the administration of the following prescribed medications:

- Calcium Citrate (a vitamin used to supplement body nutrients) 200 milligrams (mg) to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Doxycycline (a medication used to treat and prevent infections) 100 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Duloxetine (a medication used to manage persistent low mood) 60 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Ezetimibe (a medication used to reduce the amount of a fat-like substance in the blood) 10 mg to be given once daily at 8:00 PM-missing initials for 09/24/2024
- Levothyroxine (a medication used to treat a gland in the neck that is not functioning properly) 88 micrograms to be given once daily at 7:00 AM-missing initials for 09/25/2024
- Montelukast (a medication used to treat a chronic lung disease that causes difficulty breathing) 10 mg to be given once daily at 8:00 PM-missing initials for

09/24/2024
- Triamterene-HCTZ (a medication used to lower the pressure in the blood) 75-50 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Vitamin D3 (a vitamin used to supplement body nutrients) 2000 units to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Oxycodone-Acetaminophen (a medication used to treat strong pain) 5-325 mg to be given four times daily at 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM-missing initials for their 12:00 PM, 4:00 PM, and 8:00 PM doses on 09/24/2024, and the 8:00 AM and 12:00 PM doses on 09/25/2024

In an interview, on 09/25/2024 at 4:28 PM, Staff B (Caregiver) stated that Resident 1 did get their medications on 09/24/2024 and 09/25/2024. Staff B stated they had not updated Resident 1's ML yet.

Resident 2
Record review showed the AFH admitted Resident 2 on [redacted]/2022 with diagnoses that included [redacted]. Review of Resident 2's assessment, dated 12/08/2023, showed Resident 2 required caregiver assistance with prescribed medications.

Review of Resident 2's MLs, dated 08/01/2024 – 08/31/2024 and 09/01/2024 – 09/30/2024, showed the caregiver did not document the assistance with the following prescribed medications:

- Acetaminophen (a medication used to treat pain or fever) 650 mg to be given daily at 8:00 AM and 8:00 PM-missing initials for their 8:00 PM dose on 09/24/2024 and their 8:00 AM dose on 09/25/2024
- Aspirin (a medication used for pain or reduce risks of blood clots) 81 mg to be given twice daily at 8:00 AM and 8:00 PM-missing initials for their 8:00 PM dose on 09/24/2024 and their 8:00 AM dose on 09/25/2024
- Atorvastatin (a medication used to reduce the amount of a fat-like substance in the blood) 40 mg to be given once daily at 8:00 PM-missing initials for 09/24/2024
- Basaglar (a medication used to loser blood sugar) 22 units to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Calcium-Magnesium-Zinc tab (a vitamin used to supplement the body's nutrients) to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Escitalopram (a medication used to manage persistent low mood) 10 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Ferrous Gluconate (a vitamin used to supplement the body's nutrients) 325 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Hydroxyzine (a medication used to treat allergies or feeling sick to your stomach) 25 mg to be given once daily at 5:00 PM-missing initials for 09/24/2024
- Losartan (a medication used to lower the pressure in the blood) 100 mg to be given once daily at 8:00 AM-missing initials for 08/30/2024, 08/31/2024 and 09/25/2024
- Melatonin (a supplement used to aid sleep) 10 mg to be given once daily at 8:00 PM-missing initials for 09/24/2024
- Mirtazapine (a medication used to manage persistent low mood) 30 mg to be given once daily at 8:00 PM-missing initials for 09/24/2024

• Olanzapine (a medication used to treat certain mental disorders) 2.5 mg to be given once daily at 8:00 AM and 5 mg to be given once daily bat 8:00 PM-missing initials for their 8:00 PM dose on 09/24/2024 and their 8:00 AM dose on 09/25/2024
• Senna (a medication used to regulate bowels) 17.2 mg to be given twice daily at 8:00 AM and 8:00 PM-missing missing initials for their 8:00 PM dose on 09/24/2024 and their 8:00 AM dose on 09/25/2024
• Sentry Senior Multivitamin (a vitamin used to supplement the body's nutrients) to be given once daily at 8:00 AM-missing initials for 09/25/2024
• Trazadone (a medication used to manage persistent low mood) 150 mg to be given once daily at 8:00 PM-missing initials for 09/24/2024
• Vitamin D3 2000 units to be given once daily at 8:00 AM-missing initials for 09/25/2024

In an interview, on 09/25/2024 at 4:28 PM, Staff B stated that Resident 2 did get their Losartan on 08/30/2024 and 08/31/2024, as well as their medications on 09/24/2024 and 09/25/2024. Staff B stated they had not updated Resident 2's ML yet.

Resident 3
Record review showed the AFH admitted Resident 3 on [redacted]/2024 with diagnoses that included [redacted]. Review of Resident 3's assessment, dated 07/10/2024, showed Resident 3 required caregiver assistance with prescribed medications.

Review of Resident 3's MLs, dated 08/01/2024 – 08/31/2024 and 09/01/2024 – 09/30/2024, showed the caregiver did not document the assistance with the following prescribed medications:

• Aspirin 81 mg to be given once daily at 8:00 AM-missing initials for 08/29/2024, 08/30/2024, 08/31/2024, and 09/25/2024
• Citalopram (a medication used to manage persistent low mood) 20 mg to be given once daily at 8:00 AM-missing initials for 08/29/2024, 08/30/2024, 08/31/2024, and 09/25/2024
• Florastor (a medication used to aid digestion) 250 mg to be given once daily at 8:00 AM-missing initials for 08/29/2024, 08/30/2024, 08/31/2024, and 09/25/2024
• Folic Acid (a vitamin used to supplement the body's nutrients) one mg to be given once daily at 8:00 AM-missing initials for 08/29/2024, 08/30/2024, 08/31/2024, and 09/25/2024
• Gabapentin (a medication used to treat nerve pain) 300 mg to be given twice daily at 8:00 AM and 2:00 PM, and 600 mg at 8:00 PM-missing initials for their 2:00 PM and 8:00 PM doses on 08/28/2024, all doses on 08/29/2024, 08/30/2024, and 08/31/2024, their 2:00 PM and 8:00 PM doses on 09/24/2024 and their 8:00 AM dose on 09/25/2024
• Melatonin 5 mg to be given once daily at 8:00 PM-missing initials for 08/28/2024, 08/29/2024, 08/30/2024, 08/31/2024, and 09/24/2024
• Metamucil (a medication used to regulate bowels) one tablespoon to be given once daily at 8:00 AM-missing initials for 08/29/2024, 08/30/2024, 08/31/2024, and 09/25/2024
• Vitamin D3 1000 units to be given once daily at 8:00 AM-missing initials for 08/29/2024, 08/30/2024, 08/31/2024, and 09/25/2024
• Hydrocodone-Acetaminophen (a medication used to treat strong pain) 5-325 mg to

be given four times daily at 8:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM-missing initials for their 12:00 PM, 4:00 PM, and 8:00 PM doses on 08/28/2024, all doses on 08/29/2024, 08/30/2024, and 08/31/2024, their 4:00 PM and 8:00 PM doses on 09/24/2024 and their 8:00 AM and 12:00 PM doses on 09/25/2024

In an interview, on 09/25/2024 at 4:28 PM, Staff B stated that Resident 3 did get their medications on 08/28/2024 through 08/31/2024, as well as their medications on 09/24/2024 and 09/25/2024. Staff B stated they had not updated Resident 3's ML yet.

Resident 4
Record review showed the AFH admitted Resident 4 on [redacted]/2024 with diagnoses that included [redacted]. Review of Resident 4's assessment, dated 07/01/2024, showed Resident 4 required caregiver administration of prescribed medications.

Review of Resident 4's ML, dated 09/01/2024 – 09/30/2024, showed the caregiver did not document the administration of the following prescribed medications:

- Acetaminophen 500 mg to be given three times daily at 6:00 AM, 12:00 PM and 6:00 PM-missing initials for their 12:00 PM and 6:00 PM doses on 09/24/2024 and their 6:00 AM and 12:00 PM doses on 09/25/2024
- Amlodipine (a medication used to lower blood pressure) 7.5 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Ammonium Lactate Cream (a medication used to treat dry scaly skin) 12 percent to be applied once daily at 8:00 AM-missing initials for 09/25/2024
- Healthy Eyes Lutein (a supplement to aid vision) to be given twice daily at 8:00 AM and 8:00 PM-missing initials for their 8:00 PM dose on 09/24/2024 and their 8:00 AM dose on 09/25/2024
- Loratadine (a medication used to treat allergies) 10 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Losartan Potassium (a medication used to lower blood pressure) 100 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Metoprolol (a medication used to lower blood pressure) 100 mg to be given twice daily at 8:00 AM and 5:00 PM-missing initials for their 5:00 PM dose on 09/24/2024 and their 8:00 AM dose on 09/25/2024
- Mirtazapine 15 mg to be given once daily at 8:00 PM through 09/18/2024, then to be given 7.5 mg once daily at 8:00 PM starting 09/19/2024-missing initials for 09/24/2024
- Refresh eye drops (a medication used to relieve dry eyes) two drops to be given in both eyes four times daily at 8:00 AM, 12:00 PM, 5:00 PM and 9:00 PM-missing initials for their 12:00 PM, 5:00 PM, and 9:00 PM doses on 09/24/2024, and their 8:00 AM and 12:00 PM doses on 09/25/2024
- Senna 8.6 mg to be given twice daily at 8:00 AM and 8:00 PM-missing initials for their 8:00 PM dose on 09/24/2024 and their 8:00 AM dose on 09/25/2024
- Vitamin D3 1000 units to be given once daily at 8:00 AM-missing initials for 09/25/2024

In an interview, on 09/25/2024 at 4:28 PM, Staff B stated that Resident 4 did get their medications on 09/24/2024 and 09/25/2024. Staff B stated they had not updated Resident 4's ML yet.

Resident 5
Record review showed the AFH admitted Resident 5 on [redacted]/2024 with diagnoses that included [redacted] Review of Resident 5's assessment, dated 07/10/2024, showed Resident 5 required caregiver assistance of prescribed medications.

Review of Resident 5's record showed no dated [redacted]/2024 through 08/31/2024, for Department staff to review.

Review of Resident 5's ML, dated 09/01/2024 – 09/30/2024, showed the caregiver did not document the assistance of the following prescribed medications:

- Calcium Citrate (a vitamin used to supplement the body's nutrients) 200 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Doxycycline 100 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Duloxetine 60 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Ezetimibe 10 mg to be given once daily at 8:00 PM-missing initials for 09/24/2024
- Levothyroxine 88 micrograms to be given once daily at 7:00 AM-missing initials for 09/25/2024
- Montelukast 10 mg to be given once daily at 8:00 PM-missing initials for 09/24/2024
- Triamterene-HCTZ 75-50 mg to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Vitamin D3 2000 units to be given once daily at 8:00 AM-missing initials for 09/25/2024
- Bupropion (a medication used to manage persistent low mood) 150 mg to be given twice daily at 8:00 AM and 5:00 PM-missing initials for their 5:00 PM dose on 09/24/2024 and their 8:00 AM dose on 09/25/2024
- Potassium Chloride (a medication used to treat mineral imbalances in the body) 10 milliequivalents to be given twice daily at 8:00 AM and 8:00 PM-missing initials for their 8:00 PM dose on 09/24/2024 and their 8:00 AM dose on 09/25/2024
- Preservision Areds (a multivitamin supplement used to aid vision) two capsules to be given twice daily at 8:00 AM and 8:00 PM-missing initials for their 8:00 PM dose on 09/24/2024 and their 8:00 AM dose on 09/25/2024
- Acetaminophen 500 mg to be given three times daily at 8:00 AM, 2:00 PM, and 8:00 PM-missing initials for their 2:00 PM and 8:00 PM doses on 09/24/2024 and their 8:00 AM dose on 09/25/2024
- Oxycodone-Acetaminophen 5-325 mg to be given four times daily at 8:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM-missing initials for their 12:00 PM, 4:00 PM and 8:00 PM doses on 09/24/2024 and their 8:00 AM dose on 09/25/2024

In an interview, on 09/25/2024 at 4:28 PM, Staff B stated that a ML for 08/08/2024 through 08/31/2024 was not created or completed for Resident 5 because they were waiting for the printed orders to come from the doctor's office. Staff B stated that Resident 5 did get their medications on 09/24/2024 and 09/25/2024. Staff B stated they had not updated Resident 5's ML yet.

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, Mountain View 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, interview and record review, the Adult Family Home (AFH) failed to have all medications secured in locked storage. This failure placed 1 of 5 resident's (Resident 3) safety at risk by having access to medications not prescribed for them.

Findings included…

Record review showed the AFH admitted Resident 3 on [redacted]/2024 multiple diagnoses. Review of Resident 3's assessment, dated 07/10/2024, showed Resident 3 independently self-propelled their wheelchair around the adult family home.

Observation, on 09/25/2024 at 3:56 PM, showed two white paper bags that contained multiple pills with pharmacy labels that read Lorazepam (a medication used to treat anxiety) and Oxycodone (a medication used to treat strong pain) sitting in a chair in the resident back living room, visible and less than 25 feet away from the door of Resident 3's room, not in locked storage. Resident 3 was observed propelling themselves in their wheelchair past the resident back living room past the two bags of unsecured medications.

In an interview, on 09/25/2024 at 4:28 PM, Staff B (Caregiver) stated that the two white paper bags contained multiple pills was sitting out unsecured in the resident back living room. Staff B stated that they thought the pharmacy was going to pick them up on 09/25/2024. They belonged to a resident that moved in for a few hours and then left for the hospital.

This is a repeated deficiency previously cited on 10/18/2023.

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, Mountain View 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 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 resident's (Resident 5) had a Preliminary Service Plan (PSP) developed and completed. This failure placed Resident 5 at risk of unrecognized and unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 5 on [redacted]/2024 with multiple diagnoses that included [redacted]. Review of Resident 5's assessment, dated 07/10/2024, showed Resident 5 required caregiver assistance with activities of daily living.

Review of Resident 5's record showed it did not contain a PSP to indicate how the AFH would meet Resident 5's needs.

In an interview, on 09/25/2024 at 4:28 PM, Staff B (Caregiver) stated that they did not develop a PSP for Resident 5. Staff B stated that they were trying to evaluate Resident 5. Staff B stated they knew their PSP was behind and they were working on it.

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, Mountain View 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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 5 resident's (Resident 5) Negotiated Care Plan (NCP) was developed and completed within 30 days of their admission. This failure placed Resident 5 at risk for unrecognized and unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 5 on [redacted]/2024 with multiple diagnoses that included [redacted] Review of Resident 5's assessment, dated 07/10/2024, showed Resident 5 required caregiver assistance with activities of daily living.

Review of Resident 5's record showed it did not contain an NCP.

In an interview, on 09/25/2024 at 4:28 PM, Staff B (Caregiver) stated that they did not develop an NCP for Resident 5. Staff B stated that they were trying to evaluate Resident 5. Staff B stated they knew their NCP was behind, and they were working on it.

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, Mountain View 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