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

Achieve Adult Family Home LLC

Achieve Adult Family Home LLC
18917 46th Ave W
Lynnwood, WA 98036

RE: Achieve Adult Family Home LLC License # 755054

Dear Provider:

This letter addresses Compliance Determination(s) 55892 (Completion Date 03/06/2025) and 54689 (Completion Date 02/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/06/2025 and found that you have corrected the violations listed in the Full report dated 02/13/2025. Your home is back in compliance as of 02/26/2025 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 388-76-10490-1, WAC 388-76-10485-2

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)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

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 02/12/2025 of:

Achieve Adult Family Home LLC
18917 46th Ave W
Lynnwood, WA 98036

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:

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.

Carrie' Bourque
Residential Care Services

02/18/2025
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)

02/26/2025
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 of negative outcomes and worsening conditions if they took or used expired medications.

Findings included...

Record review showed the AFH's undated Medication Disposal Policy stated the AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to destroy in drugs booster, return to the pharmacy or to a local police department."

Record review of Residents 1's assessment, dated 07/18/2024, indicated the AFH would provide medication management and some activities of daily living.

Observation, on 02/12/2025 at 12:50 PM, showed Resident 1's medication bin contained an expired bottle of Pradaxa capsules (used for blood clots). Observation of the pharmacy generated label showed the expiration date was 11/30/2024.

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

02/18/2025
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 388-76-10490 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 of negative outcomes and worsening conditions if they took or used expired medications.

Findings included...

Record review showed the AFH's undated Medication Disposal Policy stated the AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to destroy in drugs booster, return to the pharmacy or to a local police department."

Record review of Residents 1's assessment, dated 07/18/2024, indicated the AFH would provide medication management and some activities of daily living.

Observation, on 02/12/2025 at 12:50 PM, showed Resident 1's medication bin contained an expired bottle of Pradaxa capsules (used for blood clots). Observation of the pharmacy generated label showed the expiration date was 11/30/2024.

In an interview, on 02/12/2025 at 12:55 PM, Staff A, Entity Representative, stated that they checked the medications expiration date when the pharmacy delivered their medications. Staff A stated that they might have missed to check the Prednisone capsule expiration date.

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, Achieve Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02/26/2025.

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

Provider (or Representative) — Date: 02/26/2025

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

(2) In the original container with legible and original labels; and

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 2 sampled residents (Resident 3) had labeled over the counter (OTC) medications. These failure's placed Resident 3 at risk for medication errors.

Findings included...

Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted] 2021 with multiple diagnoses. In addition, Resident 3 was on multiple medications including Magnesium Glycinate 100 mg (an OTC supplement), take four capsules at bedtime, and an OTC medication Naphcon A eye drop (used for redness and itching) two drops as needed (PRN).

Observation, on 02/12/2025 at 1:10 PM, showed a bottle of Magnesium 400 mg with no label indicating dose and/or time of administration in Resident 3's medication storage bin. Observation further showed a container of an OTC Naphcon A eye drop with no label indicating name, dose and/or time of administration.

In an interview, on 02/12/2025 at 12:55 PM, Staff A, Entity Representative, stated that they checked the medications expiration date when the pharmacy delivered their medications. Staff A stated that they might have missed to check the Pradaxa capsule expiration date.

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, Achieve Adult Family Home 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:

(2) In the original container with legible and original labels; and

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 2 sampled residents (Resident 3) had labeled over the counter (OTC) medications. These failure's placed Resident 3 at risk for medication errors.

Findings included...

Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2021 with multiple diagnoses. In addition, Resident 3 was on multiple medications including Magnesium Glycinate 100 mg (an OTC supplement), take four capsules at bedtime, and an OTC medication Naphcon A eye drop (used for redness and itching) two drops as needed (PRN).

Observation, on 02/12/2025 at 1:10 PM, showed a bottle of Magnesium 400 mg with no label indicating dose and/or time of administration in Resident 3's medication storage bin. Observation further showed a container of an OTC Naphcon A eye drop with no label indicating name, dose and/or time of administration.

I on Interview, on 02/12/2025 at 1:15 PM, Staff A, Entity Representative, stated that they always boiled all OTC medications, and they forgot to label the Magnesium and Naproxen A.

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, Achieve Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02 / 26 / 2025.

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

SM

Provider (or Representative)

02/26/2025

Date

In an interview, on 02/12/2025 at 1:15 PM, Staff A, Entity Representative, stated that they always labelled all OTC medications, and they forgot to label the Magnesium and Naphcon A.

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, Achieve Adult Family Home 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

02/18/2025

Achieve Adult Family Home LLC
Achieve Adult Family Home LLC
18917 46th Ave W
Lynnwood, WA 98036

RE: Achieve Adult Family Home LLC # 755054

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/13/2025 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 Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
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 388-76-10375 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:

(1) Resident; and

(2) Adult family home.

The Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) was signed by Resident 1's representative and the AFH in 2023. This deficiency was corrected during the inspection.

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(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 ensure the Negotiated Care Plan (NCP) included information about the medical devices use ([redacted]) for Resident 3. This deficiency was corrected during the inspection by Staff A, Entity Representative.

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(a) In sufficient supply; and

The Adult Family Home (AFH) failed to ensure to have Resident 3's Ensure (a nutritional supplement) supplies available at home at all times. This deficiency was corrected during the inspection.

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
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225