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

We Care Adult Family Homes LLC
We Care Adult Family Homes LLC
4628 182nd Pl SW
Lynnwood, WA 98037

RE: We Care Adult Family Homes LLC # 755133

Dear Provider:

This document references Compliance Determination 33602 (12/21/2023), which included complaint number(s) 105448.

The Department completed a complaint investigation of your Adult Family Home on 12/21/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Spomenka Hodzic, NCI

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10435 Medication refusal.

(2) If the adult family home is assisting with or administering a resident's medications and the resident refuses to take or does not receive a prescribed medication:

(a) The home must notify the resident's practitioner; unless

(b) The provider, entity representative, resident manager or caregiver is a nurse or other health professional, acting within their scope of practice, is able to make a judgment about the impact of the resident's refusal.

(3) If the home becomes aware that a resident who self-administers, or takes their own medications, refuses to take a prescribed medication:

(a) The home must notify the practitioner; unless

(b) The provider, entity representative, resident manager or caregiver is a nurse or other health professional, acting within their scope of practice, is able to make a judgment about the impact of the resident's refusal.

The Adult Family Home failed to notify medical provider that Named Resident (NR) refused to be assisted with prescribed medication and agree to nursed delegation process. The NR was deemed to be independent with their medication by the Department's case manager and nurse delegation was rescinded. The AFH failed to notify NR's medical provider that NR was not adhering to prescribed medication regimen while self- administering medication.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: We Care Adult Family Homes LLC
License/Cert.#: 755133
Compliance Determination #: 33602
Investigator: Spomenka Hodzic
Provider Type: Adult Family Home
Intake ID: 105448
Region/Unit #: RCS Region 2 / Unit I
Investigation Date(s): 12/07/2023 through 12/21/2023
Complainant Contact Date(s): 12/26/2023

Allegation(s):

1. The Adult Family Home (AFH) failed to identify medications they were assisting the Named Resident (NR) with.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 1
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents, Provider, Third Party Provider.
Record Reviews:	Resident Records, Medications records, Third Party Provider Notes.

Investigation Summary:

1. The observation showed that AFH had five residents in their care. In an interview, the Sample Residents reported (SR) that they did not have any issues with the medication assistance and that they were receiving their medications as ordered by the medical provider. Onsite medication reconciliation and medication log review for the SR showed that AFH was assisting SR with their medication as ordered. In an interview, the Provider stated that the NR refused to be assisted with their medications by the AFH, they wanted to be independent with their medications. Record review showed that Department's case manager on 04/06/2023 rescinded nurse delegation for the NR and that NR requested to be independent with their medication. Please refer to consultation written on 12/26/2023.

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A