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

Ashford Senior Living Inc
Ashford at Lake Forest Park
315 NE 158th St
Shoreline, WA 98155

RE: Ashford at Lake Forest Park License # 755190

Dear Provider:

This letter addresses Compliance Determination(s) 29732 (Completion Date 09/21/2023) and 26651 (Completion Date 08/09/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/21/2023 and found that you have corrected the violations listed in the Full report dated 08/09/2023. Your home is back in compliance as of 09/14/2023 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 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Rivi Stella Perez

If you have any questions, please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
Residential Care Services

RECEIVED
SEP 14 2023
DSHS/ALTSA/RCS

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#: 755190	Compliance Determination # 26651
Plan of Correction	Ashford at Lake Forest Park	Completion Date
Page 1 of 3	Licensee: Ashford Senior Living Inc	08/09/2023

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 07/14/2023 and 07/14/2023 of:
Ashford at Lake Forest Park
18210 30th Ave NE
Lake Forest Park, WA 98155

The following sample was selected for review during the unannounced on-site visit: 2 of 7 current residents and 2 former residents.

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

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

Ann Lee-Hunter
Residential Care Services

08/22/2023
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.

Statement of Deficiencies	License#: 755190	Compliance Determination# 26651
Plan of Correction	Ashford at Lake Forest Park	Completion Date
Page 2 of 3	Licensee: Ashford Senior Living Inc	08/09/2023

09/14/2023

Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a medication system in place to ensure that prescribed medication was administered per practitioners' order, and medication logs were kept current and accurate for 1 of 2 residents (Resident 1) sampled for medication review. This failure resulted in medication errors for Resident 1.

Findings included...

Review of the AFH records showed the AFH admitted Resident 1 on [redacted]/2023. Review of Resident 1's assessment showed assistance with medication was needed.

Review of Resident 1's July 2023 Medication Administration Records (MAR) showed an order for Vitamin D3, 2000 units, take one tablet every morning, scheduled for 7:00 AM. The July 2023 MAR also showed an order for Vitamin D tablets 2000 units, take 1 tablet by mouth daily at 8:00 AM. The MAR showed staff signed daily, July 1st- 14th, for administration of the Vitamin D3 and the Vitamin D.

In an observation and interview, on 07/14/2023 at 3:06 PM, with Staff F, (Caregiver) and Staff C, (Office Staff) showed one bottle of Vitamin D3 in Resident 1's medication bin. The dose on the Vitamin D3 bottle was for "25 mcg [microgram] (5000 iu) [international unit]". Staff F stated that they used this Vitamin D3 5000 iu bottle to give to Resident 1 for the 8:00 AM dose. Staff C stated the order for the 8:00 AM dose of Vitamin D3 2000 units did not match the supply that was available. There was no supply of Vitamin D found in the medication Bin for Resident 1.

Statement of Deficiencies	License#: 755190	Compliance	Determination# 26651
Plan of Correction	Ashford at Lake Forest Pa		Completion Date

Attestation Statement

ereby certify that I have reviewed this report and have taken or will take active easures to correct this deficiency. By taking this action, Ashford at Lake Forest Park is or will be in compliance with this law and / or regulation on (Date) 09/14/2023 .

addition, I will implement a system to monitor and ensure continued compliance with s requirement

[redacted] [redacted]

[redacted] [redacted]

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

08/22/2023

Ashford Senior Living Inc
Ashford at Lake Forest Park
315 NE 158th St
Shoreline, WA 98155

RE: Ashford at Lake Forest Park# 755190

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/09/2023 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 1O 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 Mail the Plan/Attestation Statement and report with original signatures to:

Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

The Adult Family Home failed to ensure medications and wound gel treatment were secured and kept in a locked storage for 2 of 7 residents (Resident 1 and Resident 2). This failure placed residents at risk for accidental ingestion of medications and risk for unauthorized access or use of medications.

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 (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
Residential Care Services

Enclosure

Plan **(Plan of Correction)**

Ashford at Lake Forest Park# 755190
08/09/2023

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:
Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
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 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

ASHFORD
SENIOR LIVING

September 13, 2023
Re: Plan of Correction
WAC 388-76-10485
Medication storage of Over the Center Medications

To Whom It May Concern:

This is to state the citation from our inspection on 08/22/23 regarding WAC 388-76-10485has been corrected.

We have changed our system to have all of our over the counter medications including vitamins to be filled by our pharmacy (ReadyMeds) and NOT the POA or Guardian to ensure the accuracy of the medication dosage.

Regards,

Ronniel Troy
CEO & Provider