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

AFYA Care Homes LLC
AFYA Adult Family Home
6709 22nd Dr NE
Tulalip, WA 98271

RE: AFYA Adult Family Home License # 755253

Dear Provider:

This letter addresses Compliance Determination(s) 33430 (Completion Date 12/05/2023) and 30879 (Completion Date 10/18/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/05/2023 and found that you have corrected the violations listed in the Full report dated 10/18/2023. Your home is back in compliance as of 10/18/2023 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 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10750-7, WAC 388-76-10485-1, WAC 388-76-10455-2, WAC 388-76-10455-1, WAC 388-76-10455-3, WAC 388-76-10455, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-2, WAC 388-76-10165, WAC 388-76-10135-8, WAC 388-76-10135-7, WAC 388-76-10475-3-a

The Department staff who did the on-site verification:
Candie Salatka, LTC Surveyor

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

Sincerely,

Nicholette Flynn, 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***

| Statement of Deficiencies | License #: 755253 | Compliance Determination #30879 |
|---|---|---|
| Plan of Correction | AFYA Adult Family Home | Completion Date |
| Page 1 of 10 | Licensee: AFYA Care Homes LLC | 10/18/2023 |

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 10/10/2023 and 10/10/2023 of:
AFYA Adult Family Home
6709 22nd Dr NE
Tulalip, WA 98271

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Candie Salatka, LTC Surveyor

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.

Nicholette Flynn
Residential Care Services

10/31/223
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.

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 the unannounced on-site full inspection on 10/10/2023 and 10/10/2023 of:

AFYA Adult Family Home
6709 22nd Dr NE
Tulalip, WA 98271

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Candie Salatka, LTC Surveyor

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)

11/13/2023
Date

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:**

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to provide the AFH's policy on accepting Medicaid as a payment source for 4 of 4 Residents (Residents 1, 2, 3 and 4). This failure placed residents at risk of not being fully informed of their rights or understanding of the AFH's policy on accepting Medicaid as a payment source.

Findings included...

Record review of Resident 1's record, on 10/10/2023 at 11:06 AM, showed Resident 1's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 2's record, on 10/10/2023 at 11:06 AM, showed Resident 2's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 3's record, on 10/10/2023 at 11:13 AM, showed Resident 3's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Provider (or Representative) Date

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:**

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to provide the AFH's policy on accepting Medicaid as a payment source for 4 of 4 Residents (Residents 1, 2, 3 and 4). This failure placed residents at risk of not being fully informed of their rights or understanding of the AFH's policy on accepting Medicaid as a payment source.

Findings included...

Record review of Resident 1's record, on 10/10/2023 at 11:06 AM, showed Resident 1's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 2's record, on 10/10/2023 at 11:06 AM, showed Resident 2's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 3's record, on 10/10/2023 at 11:13 AM, showed Resident 3's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 4's record, on 10/10/2023 at 11:16 AM, showed Resident 4's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

In an interview, on 10/11/2023 at 2:17 PM, Staff A (Entity Representative) acknowledged that they did not have the Medicaid form.

**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, AFYA Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/18/2023 .

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

Provider (or Representative) — Date: 11/13/2023

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

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

**This requirement was not met as evidenced by:**

Based on observation and interview, the Adult Family Home (AFH) failed to ensure toxic chemicals were secured in locked storage. This failure placed the health and safety of 1 of 1 ambulatory residents (Resident 4) at risk.

Findings included...

Observation on 10/10/2023 at 9:16 AM, showed an unlocked cabinet, under the sink in bathroom 2, located inside of Resident 4's bedroom. Inside the cabinet was multiple toxic chemicals, which included Lysol spray, toilet bowl cleaner and various disinfectants.

In an interview, on 10/10/2023 at 2:46 PM, Staff D, Caregiver, stated they did not know the chemicals were in the cabinet and they would tell the Provider.

**Attestation Statement**

Record review of Resident 4's record, on 10/10/2023 at 11:16 AM, showed Resident 4's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

In an interview, on 10/11/2023 at 2:17 PM, Staff A (Entity Representative) acknowledged that they did not have the Medicaid form.

**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, AFYA Adult Family Home 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 388-76-10750 Safety and maintenance. The adult family home must:**

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

**This requirement was not met as evidenced by:**

Based on observation and interview, the Adult Family Home (AFH) failed to ensure toxic chemicals were secured in locked storage. This failure placed the health and safety of 1 of 1 ambulatory residents (Resident 4) at risk.

Findings included…

Observation on 10/10/2023 at 9:16 AM, showed an unlocked cabinet, under the sink in bathroom 2, located inside of Resident 4's bedroom. Inside the cabinet was multiple toxic chemicals, which included Lysol spray, toilet bowl cleaner and various disinfectants.

In an interview, on 10/10/2023 at 2:46 PM, Staff D, Caregiver, stated they did not know the chemicals were in the cabinet and they would tell the Provider.

**Attestation Statement**

| Statement of Deficiencies | License #: 755253 | Compliance Determination #:30879 |
|---|---|---|
| Plan of Correction | AFYA Adult Family Home | Completion Date |
| Page 4 of 10 | Licensee: AFYA Care Homes LLC | 10/18/2023 |

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, AFYA Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/18/2023 .

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

Provider (or Representative) — Date: 11/13/2023

**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 and interview the Adult Family Home (AFH) failed to secure all medications in locked storage. This placed 1 of 1 ambulatory resident (Resident 4) at risk for harm and safety by accessing medication not prescribed for them.

Findings included...

Record review showed the AFH admitted Resident 4 on [redacted]2022. Record review of Resident 4's assessment, dated 02/01/2023, showed they required caregiver assistance with medication.

Observation, on 10/10/2023 at 3:11 PM, showed the cabinet, under the sink, in Bathroom 2 located in Resident 4's bedroom, was unlocked. Inside the cabinet, was over the counter medications which included an anti-itch cream, anti-fungal cream, and Desitin cream (a topical medication used to treat minor irritations).

Observation, on 10/10/2023 at 3:11 PM, showed the medications had the name of another resident listed on the pharmacy labels.

In an interview, on 10/10/2023 at 4:14 PM, Staff A (Entity Representative), stated that they had been looking for those medications and knows that all medications must be secured.

**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, AFYA Adult Family Home 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 and interview the Adult Family Home (AFH) failed to secure all medications in locked storage. This placed 1 of 1 ambulatory resident (Resident 4) at risk for harm and safety by accessing medication not prescribed for them.

Findings included…

Record review showed the AFH admitted Resident 4 on [redacted]/2022. Record review of Resident 4's assessment, dated 02/01/2023, showed they required caregiver assistance with medication.

Observation, on 10/10/2023 at 3:11 PM, showed the cabinet, under the sink, in Bathroom 2 located in Resident 4's bedroom, was unlocked. Inside the cabinet, was over the counter medications which included an anti-itch cream, anti-fungal cream, and Desitin cream (a topical medication used to treat minor irritations).

Observation, on 10/10/2023 at 3:11 PM, showed the medications had the name of another resident listed on the pharmacy labels.

In an interview, on 10/10/2023 at 4:14 PM, Staff A (Entity Representative), stated that they had been looking for those medications and knows that all medications must be secured.

**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, AFYA Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/18/2023 .

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

Provider (or Representative) 11/13/2023 Date

**WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:**

(1) Performed by a practitioner as defined in chapter 69.41 RCW, or

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

(3) Done by a family member or legally appointed resident representative.

**This requirement was not met as evidenced by:**

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure medication was administered by a practitioner or by nurse delegation for 3 of 4 residents (Resident 1, 3 and 4). This failure placed Residents at risk for medication errors and medical complications.

Findings included...

<Resident 1>
Record review showed the AFH admitted Resident 1 on [redacted]/2022 with diagnoses that included [redacted]. Resident 1's assessment, dated 10/09/2022, showed Resident 1 required caregiver assistance with medication administration.

Record review of Resident 1's medication log, dated October 2023, showed that Resident 1 was prescribed the following medications to be given at 8 AM daily; acidophilus (a medication used to help with good bacteria in the gut), amlodipine (a medication used to treat high blood pressure), fenofibrate (a medication used to treat high levels of fat particles in the blood), a vitamin supplement (for hair, skin and nails).

Observation, on 10/10/2023 at 9:42 AM, showed Staff D (Caregiver) remove Resident 1's medications from lock storage, place the medications in a small plastic cup and hand to Resident 1.

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, AFYA Adult Family Home 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

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Based on interview, and record review, the Adult Family Home (AFH) failed to ensure medication was administered by a practitioner or by nurse delegation for 3 of 4 residents (Resident 1, 3 and 4). This failure placed Residents at risk for medication errors and medical complications.

Findings included…

<Resident 1>
Record review showed the AFH admitted Resident 1 on [redacted]/2022 with diagnoses that included [redacted]. Resident 1's assessment, dated 10/09/2022, showed Resident 1 required caregiver assistance with medication administration.

Record review of Resident 1's medication log, dated October 2023, showed that Resident 1 was prescribed the following medications to be given at 8 AM daily; acidophilus (a medication used to help with good bacteria in the gut), amlodipine (a medication used to treat high blood pressure), fenofibrate (a medication used to treat high levels of fat particles in the blood), a vitamin supplement (for hair, skin and nails).

Observation, on 10/10/2023 at 9:42 AM, showed Staff D (Caregiver) remove Resident 1's medications from lock storage, place the medications in a small plastic cup and hand to Resident 1.

<Resident 3>
Record review showed the AFH admitted Resident 3 on [redacted]/2023 with diagnoses that included [redacted]. Resident 3's assessment, dated 04/03/2023, showed Resident 3 required caregiver assistance with medication administration.

Record review of Resident 3's medication log, dated October 2023, showed that Resident 3 was prescribed the following medications to be given at 8 AM daily; acetaminophen (a medication used for minor pain), famotidine (a medication used to relieve symptoms of for stomach acid reflux), NAC (a medication to treat swelling ), oxybutynin (a medication to treat overactive need to urinate), quetiapine fumarate (a medication used to treat restlessness), and vitamin B (used to treat lack of iron in the blood).

Observation, on 10/10/2023 at 9:44 AM, showed Staff D remove Resident 3's medication from lock storage, place the medications in a small plastic cup and hand to Resident 3.

<Resident 4>
Record review showed the AFH admitted Resident 4 on [redacted]/2022 with diagnoses that included [redacted]. Resident 4's assessment, dated 02/01/2023 showed Resident 4 required caregiver assistance with medication administration.

Record review of Resident 4's medication log, dated October 2023, showed Resident 4 was prescribed the following medications to be given at 8 AM daily; amlodipine (a medication used to treat high blood pressure), atorvastatin (a medication used to lower fat levels in the blood), levetiracetam (a medication used to treat the uncontrollable burst of electricity activity in the brain (seizure) and quetiapine fumarate (used to treat feelings of unease or worry).

Observation, on 10/10/2023 at 9:38 AM, showed that Staff D removed Resident 4's medication from lock storage, place the medications in a small plastic cup and hand to Resident 4.

Record review of employee files, on 10/10/2023, showed that Staff D, did not have documentation of required qualifications for delegation. Staff D was not delegated to administer medications to Residents 1, 3 and 4.

In an interview, on 10/10/2023 at 3:15 PM, Staff D stated that their Nursing Assistant-Registered (NA-R) had expired and they are working on obtaining their qualifications.

In an interview, on 10/11/2023 at 2:17 PM, Staff A (Entity Representative) stated they thought Staff D only needed to complete the 75 hours of home care aid (HCA) training to receive nurse delegation. Staff A stated they did not know that Staff D could not administer any medications without the required qualifications and training.

<Resident 3>
Record review showed the AFH admitted Resident 3 on [redacted]/2023 with diagnoses that included [redacted]. Resident 3's assessment, dated 04/03/2023, showed Resident 3 required caregiver assistance with medication administration.

Record review of Resident 3's medication log, dated October 2023, showed that Resident 3 was prescribed the following medications to be given at 8 AM daily; acetaminophen (a medication used for minor pain), famotidine (a medication used to relieve symptoms of for stomach acid reflux), NAC (a medication to treat swelling ), oxybutynin (a medication to treat overactive need to urinate), quetiapine fumarate (a medication used to treat restlessness), and vitamin B (used to treat lack of iron in the blood).

Observation, on 10/10/2023 at 9:44 AM, showed Staff D remove Resident 3's medication from lock storage, place the medications in a small plastic cup and hand to Resident 3.

<Resident 4>
Record review showed the AFH admitted Resident 4 on [redacted]/2022 with diagnoses that included [redacted]. Resident 4's assessment, dated 02/01/2023 showed Resident 4 required caregiver assistance with medication administration.

Record review of Resident 4's medication log, dated October 2023, showed Resident 4 was prescribed the following medications to be given at 8 AM daily; amlodipine (a medication used to treat high blood pressure), atorvastatin (a medication used to lower fat levels in the blood), levetiracetam (a medication used to treat the uncontrollable burst of electricity activity in the brain (seizure) and quetiapine fumarate (used to treat feelings of unease or worry).

Observation, on 10/10/2023 at 9:38 AM, showed that Staff D removed Resident 4's medication from lock storage, place the medications in a small plastic cup and hand to Resident 4.

Record review of employee files, on 10/10/2023, showed that Staff D, did not have documentation of required qualifications for delegation. Staff D was not delegated to administer medications to Residents 1, 3 and 4.

In an interview, on 10/10/2023 at 3:15 PM, Staff D stated that their Nursing Assistant-Registered (NA-R) had expired and they are working on obtaining their qualifications.

In an interview, on 10/11/2023 at 2:17 PM, Staff A (Entity Representative) stated they thought Staff D only needed to complete the 75 hours of home care aid (HCA) training to receive nurse delegation. Staff A stated they did not know that Staff D could not administer any medications without the required qualifications and training.

**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, AFYA Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/18/2023 .

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

Provider (or Representative) — Date: 11/13/2023

**WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a new Washington state name and date of birth background check (BGC) was submitted to the department's background central unit every two years for 1 of 4 staff (Staff A, Entity Representative). This failure placed the residents at risk of being cared for and having unsupervised access by someone with an unknown criminal background.

Findings included...

Record review of Staff A's BGC, dated 04/14/2021, showed it was expired. Staff A's BGC was five months and ten days overdue at the time of the inspection on 10/10/2023.

In an interview, on 10/11/2023 at 2:17 PM, Staff A stated that they forgot that their BGC

**Attestation Statement**

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

Provider (or Representative) Date

**WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a new Washington state name and date of birth background check (BGC) was submitted to the department's background central unit every two years for 1 of 4 staff (Staff A, Entity Representative). This failure placed the residents at risk of being cared for and having unsupervised access by someone with an unknown criminal background.

Findings included…

Record review of Staff A’s BGC, dated 04/14/2021, showed it was expired. Staff A's BGC was five months and ten days overdue at the time of the inspection on 10/10/2023.

In an interview, on 10/11/2023 at 2:17 PM, Staff A stated that their BGC

was due.

**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, AFYA Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/18/2023.

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

Provider (or Representative) — Date: 11/13/2023

**WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:**

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff A, Entity Representative) had a valid first-aid and cardiopulmonary resuscitation (CPR) card or certificate. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of harm from a delay in receiving emergency assistance from a qualified caregiver.

Findings included...

Record review on 10/10/2023, showed no first aid or CPR certification on file for Staff A.

In an interview on 10/11/2023 at 2:17 PM, Staff A acknowledged their first aid and CPR certification had expired.

**Attestation Statement**

was due.

**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, AFYA Adult Family Home 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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:**

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff A, Entity Representative) had a valid first-aid and cardiopulmonary resuscitation (CPR) card or certificate. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of harm from a delay in receiving emergency assistance from a qualified caregiver.

Findings included…

Record review on 10/10/2023, showed no first aid or CPR certification on file for Staff A.

In an interview on 10/11/2023 at 2:17 PM, Staff A acknowledged their first aid and CPR certification had expired.

**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, AFYA Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/18/2023 .

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

Provider (or Representative) — Date: 11/13/2023

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

(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 were initialed by the staff who administered the medications to 3 of 4 residents (Residents 1, 3 and 4). This failure placed the residents at risk for medication errors.

Findings included...

<Resident 1>
Record review showed the AFH admitted Resident 1 on [redacted]2022.

Observation on 10/10/2023 at 9:37 AM, showed Staff D (Caregiver) initial the medication log with Staff A's (Entity Representative) initials to show that Resident 1's medications were given at 8:00 AM.

<Resident 3>
Record review showed the AFH admitted Resident 3 on [redacted]2023.

Observation on 10/10/2023 at 9:37 AM, showed Staff D initial the medication log with Staff A's initials to show that Resident 3's medications were given at 8:00 AM.

<Resident 4>
Record review showed the AFH admitted Resident 4 on [redacted]2022.

Observation on 10/10/2023 at 9:37 AM, showed Staff D initial the medication log with Staff A's initials to show that Resident 4's medications were given at 8:00 AM.

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, AFYA Adult Family Home 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 388-76-10475 Medication Log. The adult family home must:**

(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 were initialed by the staff who administered the medications to 3 of 4 residents (Residents 1, 3 and 4). This failure placed the residents at risk for medication errors.

Findings included...

<Resident 1>
Record review showed the AFH admitted Resident 1 on [redacted]/2022.

Observation on 10/10/2023 at 9:37 AM, showed Staff D (Caregiver) initial the medication log with Staff A's (Entity Representative) initials to show that Resident 1's medications were given at 8:00 AM.

<Resident 3>
Record review showed the AFH admitted Resident 3 on [redacted]/2023.

Observation on 10/10/2023 at 9:37 AM, showed Staff D initial the medication log with Staff A's initials to show that Resident 3's medications were given at 8:00 AM.

<Resident 4>
Record review showed the AFH admitted Resident 4 on [redacted]/2022.

Observation on 10/10/2023 at 9:37 AM, showed Staff D initial the medication log with Staff A's initials to show that Resident 4's medications were given at 8:00 AM.

| Statement of Deficiencies | License #: 755253 | Compliance Determination # 30879 |
|---|---|---|
| Plan of Correction | AFYA Adult Family Home | Completion Date |
| Page of 10 | Licensee: AFYA Care Homes LLC | 10/18/2023 |

During an interview, on 10/10/2023 at 3:05 PM, Staff D acknowledged that they had used Staff A's initials to document on the medication log that medications were given to Residents 1, 3, and 4. Staff D stated that they had just started working at the AFH and thought they could use Staff A's initials when giving medications.

During an interview, on 10/10/2023 at 4:22 PM, Staff A reported they did not know that Staff D had used their initials.

**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, AFYA Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/18/2023 .

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

Provider (or Representative)

11/13/2023

Date

During an interview, on 10/10/2023 at 3:05 PM, Staff D acknowledged that they had used Staff A's initials to document on the medication log that medications were given to Residents 1, 3, and 4. Staff D stated that they had just started working at the AFH and thought they could use Staff A's initials when giving medications.

During an interview, on 10/10/2023 at 4:22 PM, Staff A reported they did not know that Staff D had used their initials.

**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, AFYA Adult Family Home 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