STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Forest Manor LLC
Highland Park AFH
9012 NE 115th Ave
Vancouver, WA 98662

RE: Highland Park AFH License # 755303

Dear Provider:

This letter addresses Compliance Determination(s) 50591 (Completion Date 11/21/2024) and 48848 (Completion Date 10/24/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/21/2024 and found that you have corrected the violations listed in the Full report dated 10/24/2024. Your home is back in compliance as of 11/02/2024 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-d

The Department staff who did the on-site verification:
Hongyan Cluer, RN, ALF Licensor

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 755303	Compliance Determination # 48848
Plan of Correction	Highland Park AFH	Completion Date
Page 1 of 3	Licensee: Forest Manor LLC	10/24/2024

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 10/16/2024 and 10/24/2024 of:

Highland Park AFH
9012 NE 115th Ave
Vancouver, WA 98662

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hongyan Cluer, RN, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

10.24 2024
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 #: 755303	Compliance Determination # 48848
Plan of Correction	Highland Park AFH	Completion Date
Page 2 of 3	Licensee: Forest Manor LLC	10/24/2024

Provider (or Representative) 11-2-24 Date

WAC 388-76-10430 Medication system.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to give medications as required (ordered) for two of two residents (Resident 1 [R1] and Resident 2 [R2]). This failure resulted in medications errors for both R1 and R2.

Findings included...

An unannounced full inspection was conducted on 10/16/2024.

Review of R1's medical record showed R1 moved into the AFH on [redacted]/2022 with diagnoses including [redacted]. The medication administration record (MAR) from 08/01/2024 through 10/15/2024 read: "Oxycodone (a pain medication) 5 mg (milligram) tablet, take 2 tablets by mouth every six hours as needed for pain". The documentation on the MAR showed this medication was given to R1 twice daily from 08/01/2024 through 10/15/2024 by AFH care staff. No documentation was found regarding the time this medication was given, the reason for giving this medication, or any result/effect after giving this medication to R1.

During interview at 12:56 PM, Staff A, AFH manager, stated: "I gave oxycodone to R1 before breakfast and after dinner every day. He requested it every day."

During interview at 2:15 PM, R1 stated that care givers gave pain medications to him two times a day, routinely.

Review of R2's medical record showed, R2 moved into the AFH on [redacted]/2024 with diagnoses which including [redacted] and [redacted]. The MAR from 10/01/2024 through 10/15/2024 read: "Propranolol 10 mg tablet (a medication used to treat high blood pressure), take one tablet by mouth three times a day." The documentation on the MAR showed this medication was given to R2 twice daily at 8 AM and 5 PM from 10/01/2024

Provider (or Representative) Date

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Based on interview and record review the Adult Family Home (AFH) failed to give medications as required (ordered) for two of two residents (Resident 1 [R1] and Resident 2 [R2]). This failure resulted in medications errors for both R1 and R2.

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During interview at 12:56 PM, Staff A, AFH manager, stated: "I gave oxycodone to R1 before breakfast and after dinner every day. He requested it every day."

During interview at 2:15 PM, R1 stated that care givers gave pain medications to him two times a day, routinely.

Review of R2's medical record showed, R2 moved into the AFH on [redacted]/2024 with diagnoses which including [redacted] and [redacted]. The MAR from 10/01/2024 through 10/15/2024 read: "Propranolol 10 mg tablet (a medication used to treat high blood pressure), take one tablet by mouth three times a day." The documentation on the MAR showed this medication was given to R2 twice daily at 8 AM and 5 PM from 10/01/2024

through 10/15/2024 by AFH care staff. The MAR from 10/01/2024 through 10/15/2024 also read: "Gabapentin 300mg capsule (this medication can treat nerve pain; it's also used off-label to treat anxiety.) take one capsule by mouth three times daily." The documentation on the MAR showed this medication was given to R2 twice daily at 8 AM and 8 PM from 10/01/2024 through 10/15/2024 by AFH care staff.

During interview at 1: 50 PM, Staff A stated, "I missed it." "I should have given the medications three times a day."

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, Highland Park AFH is or will be in compliance with this law and / or regulation on (Date) 11-2-2024

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

Provider (or Representative) Date 11-2-24

through 10/15/2024 by AFH care staff. The MAR from 10/01/2024 through 10/15/2024 also read: "Gabapentin 300mg capsule (this medication can treat nerve pain; it's also used off-label to treat anxiety.) take one capsule by mouth three times daily." The documentation on the MAR showed this medication was given to R2 twice daily at 8 AM and 8 PM from 10/01/2024 through 10/15/2024 by AFH care staff.

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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
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

10/24/2024

Forest Manor LLC
Highland Park AFH
9012 NE 115th Ave
Vancouver, WA 98662

RE: Highland Park AFH # 755303

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/24/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• 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

During the onsite inspection visit on 10/16/2024, review of Resident 5's (R5) record showed R5's negotiated care plan (NCP), dated 04/06/2024, was not signed by R5. The adult family home manager had R5 signed on NCP and dated on 10/16/2024.

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

Resident 5's (R5) negotiated care plan, dated 04/06/2024 and signed by the adult family (AFH) provider on 04/16/2024, did not include how R5 would use [redacted]. The AFH provider updated their care plan on [redacted] use for R5 on 10/16/2024 after this licensor's departure.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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