STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Caring Arms One AFH Inc
Magnolia Adult Family Home
11705 SE 269th Pl
Kent, WA 98030

RE: Magnolia Adult Family Home License # 755426

Dear Provider:

This letter addresses Compliance Determination(s) 38296 (Completion Date 03/14/2024) and 36103 (Completion Date 02/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/14/2024 and found that you have corrected the violations listed in the Full report dated 02/06/2024. Your home is back in compliance as of 02/01/2024 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 388-76-10265-1-d, WAC 388-76-10455-2

The Department staff who did the on-site verification:
Ibe Hatch, Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 755426	Compliance Determination # 36103
Plan of Correction	Magnolia Adult Family Home	Completion Date
Page 1 of 5	Licensee: Caring Arms One AFH Inc	02/06/2024

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 01/30/2024 and 02/06/2024 of:
Magnolia Adult Family Home
13611 94th Ave E
Puyallup, WA 98373

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:

Ibe Hatch, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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

02/06/2024
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.

Provider (or Representative) — 2/13/24 Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

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 1 recently hired caregiver (Staff A) had tuberculosis (TB, an infectious disease) testing within three days of hire. This failure placed four current residents at risk of contracting an infectious disease.

Findings included...

On 01/30/2024, at 10:15 a.m., Staff A answered the door and was on duty providing care to residents.

Review of Staff A's employee file included documentation they were hired 12/18/2023. Their file did not include documentation of TB testing.

In an interview on 01/31/2024, at 1:00 p.m., the Entity Representative said they scanned Staff A for TB testing symptoms when they were hired, told Staff A to go for a TB test, but Staff A did not go for a test.

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, Magnolia Adult Family Home is or will be in compliance with this law and / or regulation on (Date) Feb 1, 2024.

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

Provider (or Representative) 2/13/24 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:

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

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews the adult family home (AFH) failed to ensure nurse delegation was completed and regulations related to nurse delegation in a community-based setting were followed for 2 of 2 residents, [Resident 3 (R3) and Resident 4 (R4)]. These failures violated the residents' rights to be knowledgeable about and agree to nursing tasks that were to be provided under nurse delegation, exposed residents to potentially unsafe practices, and placed them at risk for medical complications.

Findings included...

R3
Record review showed R3 was admitted to the AFH [redacted] 2023, with diagnoses including [redacted] and [redacted]. Record review showed R3 was prescribed Dorzolamide-Timolol eye drops (for glaucoma) twice daily and Lantanoprost eye drops (for glaucoma) at bedtime.

In an interview on 01/30/2024, at 10:15 a.m., Staff A stated R3 was blind.

On 01/30/2024, at 2:00 p.m., observation showed the Entity Representative (ER) assisting R3 transfer from their recliner to the walker to go to the bathroom.

Review of R3's January 2024, medication administration record (MAR) showed caregivers administered the eye drops every day.

R4
Record review showed Resident 4 was admitted to the AFH [redacted]/2022, with diagnoses including [redacted] and [redacted], among others.

In an interview on 01/30/2024, at 10:30 a.m., Staff A stated R4 had stiff hands. In an interview on 01/30/2024, at 10:50 a.m., the Entity Representative (ER) said no nurse delegation was in place for any resident.

On 01/30/2024, at 1:30 p.m., the ER was observed instilling eye drops into R4's left eye while R4 was lying in bed. The ER was then observed administering Symbicort (an inhaler for lung treatment) inhaler to R4.

On 01/31/2024, at 1:30 p.m., in an interview, R4 said the caregivers usually instilled the eyedrops and administered the inhaler.

Review of R4's medication orders showed they were prescribed Dorzolamide-Timolol eye drops twice daily at 8:00 a.m., and 8:00 p.m., and Lantanoprost eye drops to each eye at bedtime. These medications were prescribed for glaucoma. R4 also had orders for Spiriva and Symbicort inhalers twice daily, Albuterol HPA every four hours as-needed and Albuterol SUL via nebulizer every four hours as-needed. These medications were prescribed for chronic obstructive lung disease.

Review of R4's MAR included initials caregivers administered the eye drops, inhalers and nebulizer daily, and Staff B administered a suppository to R4 on 01/04/2024.

Record review showed nurse delegation was not in place for caregivers to administer eye drops, inhalers, nebulizer or a suppository.

In an interview on 01/30/2024, at 3:00 p.m., the ER said R3 and R4 used to be able to administer their drops and said they [ER] did not think about getting nurse delegation.

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, Magnolia Adult Family Home is or will be in compliance with this law and / or regulation on (Date) Feb, 01, 2024

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

Statement of Deficiencies	License #: 755426	Compliance Determination # 36103
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Page 5 of 5	Licensee: Caring Arms One AFH Inc	02/06/2024

Provider (or Representative)

Feb 13, 2024
Date