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) 49177 (Completion Date 10/24/2024) and 45000 (Completion Date 09/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/24/2024 and found that you have corrected the violations listed in the Complaint report dated 09/10/2024. Your home is back in compliance as of 09/20/2024 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 388-76-10475-3, WAC 388-76-10475-3-b, WAC 388-76-10475-2, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10475-1

The Department staff who did the on-site verification:
Tabitha Tubbs, AFH Complaint Investigator

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

Sincerely,

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

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Statement of Deficiencies	License #: 755426	Compliance Determination # 45000
Plan of Correction	Magnolia Adult Family Home	Completion Date
Page 1 of 3	Licensee: Caring Arms One AFH Inc	09/10/2024

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 an unannounced on-site complaint investigation on 08/01/2024 and 09/10/2024 of:

Magnolia Adult Family Home
13611 94th Ave E
Puyallup, WA 98373

This document references the following complaint number(s): 139594, 139578

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Tabitha Tubbs, AFH Complaint Investigator

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 _____ 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) Date

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

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

(3) Ensure the medication log includes:

(b) If the medication was refused and the reason for the refusal; and

This requirement was not met as evidenced by:

Based on record review and interviews, the adult family home (AFH) failed to ensure that 4 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4) medications were properly documented on the medication administration records (MAR). This failure placed Resident 1, Resident 2, Resident 3, and Resident 4 at risk for medication errors and made it difficult to determine if medication was given as ordered.

Findings included...

On 08/01/2024, record review showed Resident 1's MAR had a written order for an antipsychotic medication without a frequency for administration. The antipsychotic medication was documented as given two times a day without a time documented. The back of the MAR did not have documentation to record the date, time, drug strength, dose, reason or result of the medication.

On 08/01/2024, record review showed Resident 2 refused medications on 07/12/2024 and 07/13/2024. The MAR did not have any documentation of the reason for the refusal.

On 08/01/2024, record review showed Resident 3 was given anti-anxiety medication as needed, but the dates and times written were unable to be read to determine if the medication was administered as prescribed. Resident 3 had a pain patch that was to be put on at 08:00am and removed at 08:00pm. It was not documented as removed for 07/22/2024 or 07/24/2024, and it was not documented as put on 07/23/2024.

On 08/01/2024, record review showed Resident 4 refused a blood pressure medication, an antipsychotic medication, a sleep aid, and an eye medication several times during the month of July. The MAR did not have documentation of the reason for refusal.

On 08/01/2024 at 11:58am, in an interview, the Provider stated they were confused when hospice started but they educated the staff about documenting correctly on the MARs when administering medications.

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)_____ .

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

_____ _____

Provider (or Representative) Date