STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Light House Adult Care Services LLC
Light House Adult Care Services LLC
37526 51ST AVE S
AUBURN, WA 98001

RE: Light House Adult Care Services LLC License # 755505

Dear Provider:

This letter addresses Compliance Determination(s) 24777 (Completion Date 06/01/2023) and 20900 (Completion Date 04/06/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/01/2023 and found that you have corrected the violations listed in the Full report dated 04/06/2023. Your home is back in compliance as of 04/28/2023 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-2, WAC 388-76-10430, WAC 388-76-10400-4, WAC 388-76-10400, WAC 388-76-10290, WAC 388-76-10290-2

The Department staff who did the on-site verification:
Susan Aromi, Licensor
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 755505	Compliance Determination # 20900
Plan of Correction	Light House Adult Care Services LLC	Completion Date
Page 1 of 6	Licensee: Light House Adult Care Services LLC	04/06/2023

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 03/21/2023 and 03/21/2023 of:

Light House Adult Care Services LLC
37526 51ST AVE S
AUBURN, WA 98001

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Susan Aromi, Licensor
Marites Gatan, NCI

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From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 04/06/2023 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.

Provider (or Representative)

4/17/2023
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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.

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 all the medications were available for 1 of 2 sampled residents (Resident 5). In addition, the AFH initialed as given daily in the medication log for 41 days, a pain patch for 1 of 2 sampled residents (Resident 5), who had only five patches delivered by pharmacy. These failures placed Resident 5 at risk of unmet medication needs and a decline in their medical condition.

Findings included...

In an interview on 03/21/2023, Staff C, Caregiver, said that they had five residents, including Resident 5 who was state funded (Medicaid). Staff C said they provided medication services to Resident 5.

Review of Resident 5's March 2023 medication log showed Tylenol Extra Strength 500 milligram (mg) tablets, take two tablets daily for pain, and Calcium Citrate (medication that prevents or treats low blood calcium levels that lead to bone loss or weak bones, among others) 200 mg tablets, take one tablet every morning.

Observation of Resident 5's medications on 03/21/2023 at 11:00 AM showed the routine oral medications in a multi-dose bubble pack. There were 31 bubbles in the pack, with several tablets/pills in one bubble, and labels of each medication with doses and instructions on how/when to give, on the pack. There were no Tylenol Extra Strength 500 mg tablets and no Calcium Citrate 200 mg tablets in the bubble pack.

In an interview on 03/21/2023 at 11:12 AM, Staff C said that they were in charge of

checking the medications that the pharmacy delivered monthly (cycle fills), but they did not check them during this last cycle. Staff C said they made a note to follow-up on the Calcium Citrate and the Tylenol, when she noticed them missing in the bubble pack on 03/02/2023, but they did not follow up on these.

On 03/21/2023 at 11:15 AM, Staff C called the pharmacy and was told they never filled the Calcium Citrate and the Tylenol because Medicaid did not cover the costs.

In an interview on 03/21/2023 at 11:19 AM, Staff A, Entity Representative, said that their policy on medications not covered by Medicaid was to have the medication discontinued by the resident's doctor or have the guardian or the representative of the resident pay for the medication. When asked if this policy was included in their Disclosure of Charges, Staff A read through their Disclosure of Charges, then said, "No." Staff A said they did not contact the Resident 5's representative to pay for the unavailable Tylenol and the Calcium Citrate.

Medication log not current:
Observation of Resident 5's medications on 03/21/2023 at 11:00 AM showed a box of Aspercreme Lidocaine 4% patches, filled on 11/22/2022, with the following instructions: Apply 1 patch topically to painful site every morning, leave on for 12 hours, take off for 12 hours". It was indicated there were a total of five patches in the box. There were two patches left inside the box.

In an interview on 03/21/2023 at 11:43 AM, Staff C, Caregiver, said that the staff applied the Aspercreme Lidocaine 4% patches on Resident 5 every day, when the resident first moved in, until the resident said that they were not in pain anymore. Staff C said that Resident 5 refused the pain patches at times, saying they did not need it.

Review of Resident 5's November 2022 medication log showed the Aspercreme Lidocaine 4% was initialed as administered daily from 11/23/2022 to 11/30/2022. The resident's December 2022 medication log showed Aspercreme Lidocaine 4% was initialed as administered daily from 12/01/2022 to 12/31/2022. The resident's January 2023 medication log showed Aspercreme Lidocaine 4% was initialed as administered daily from 01/01/2023 to 01/31/2023.

In a phone interview on 03/23/2023 at 11:22 AM, the pharmacist said that only one box of five patches of Aspercreme Lidocaine 4% was delivered to the AFH for Resident 5 because the resident's physician discontinued it.

The pharmacist faxed to the department a 12/15/2022 order from Resident 5's Primary Care Provider to discontinue the Aspercreme Resident 5's, per resident refusal.

Resident 5's November 2022 and December 2022 medication logs did not have any documentation from AFH staff of the resident's refusal of the Aspercreme Lidocaine 4% patch. The staff initialed the Aspercreme Lidocaine 4% patch as administered multiple

times in November and December 2022, but only three patches were actually administered. The staff initialed the Aspercreme Lidocaine 4% patch as administered multiple times from 12/16/2022 to 01/31/2023 after the doctor discontinued it on 12/15/2023.

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, Light House Adult Care Services LLC is or will be in compliance with this law and / or regulation on (Date) 04/28/2023

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

Provider (or Representative) 04/17/2023 Date

RECEIVED APR 18 2023 DSHS/ALTSA/RCS

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have nurse delegation for the pain patches of 1 of 2 sampled residents (Resident 5). This failure placed Resident 5 at risk of harm in the event the task that needed nurse delegation (a Washington State law that allows nursing assistants in certain settings like adult family homes, to perform certain tasks like administration of prescription medications, normally performed only by licensed nurses) was not done or done incorrectly.

Findings included...

In an interview on 03/21/2023, Staff C, Caregiver, said that they had five residents, including Resident 5. Staff C said that they provided medication services to Resident 5. Staff C said that the resident had complaints of back pain and the staff applied pain patches with nurse delegation.

Observation of Resident 5's medications on 03/21/2023 at 11:00 AM showed a box of Aspercreme Lidocaine 4% patches, with two remaining patches. The following was on the label of the box: "Apply 1 patch topically to painful site every morning, leave on for 12 hrs (hours), take off for 12 hrs."

In further interview on 03/21/2023 at 11:43 AM, Staff C said that the staff applied the Aspercreme Lidocaine 4% patches on Resident 5 everyday, when the resident first moved in, until the resident said that they were not in pain anymore.

Review of Resident 5's November 2022 medication log showed the staff initialed as given daily, the Aspercreme Lidocaine 4% patches from 11/20/2022 to 11/30/2022. Resident 5's December 2022 medication log showed the staff initialed as given daily, the Aspercreme Lidocaine 4% patches from 12/01/2022 to 12/31/2022.

Review of Resident 5's 11/17/2022 Assessment showed the resident had hip and back pains and had pain daily. The resident's 12/22/2022 Negotiated Care Plan (NCP) showed the AFH admitted the resident on [redacted]/2022, and the staff assisted them with their medications. It was noted in the NCP for staff to notify the nurse delegator when there was new medication for the resident.

Review of Resident 5's nurse delegation records showed no staff delegation for the application of the Aspercreme Lidocaine 4% patches.

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Provider (or Representative) — Date: 04/17/2023

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to get an evaluation for signs and symptoms of Tuberculosis (TB) for 1 of 1 staff who had a positive TB test (Staff A, Entity Representative). This failure put the residents at risk of contracting TB, a communicable disease.

Findings included...

Observation on 03/21/2023 at 10:09 AM showed four staff, including Staff A, in the AFH with five residents (Residents 1, 2, 3, 4 and 5).

In an interview on 03/21/2023 at 10:16 AM, Staff A said that they were at the AFH once a week and as needed.

On 03/21/2023 at 2:49 PM, Staff A said that their hire date was the day the AFH was licensed.

Review of the department's 03/21/2023 AFH Summary Report showed the AFH was licensed on 03/29/2022, with Staff A as the Entity Representative.

Review of Staff A's records showed a chest x-ray (use of a focused beam of radiation to produce pictures of the heart, lungs, airways, blood vessels and bones in the chest) was done on 01/06/2010 to evaluate for TB because Staff A had a positive TB test (no record of the positive TB test). The chest x-ray was negative for active TB. There was no TB signs and symptoms evaluation found for Staff A upon employment at the AFH.

In a further interview on 03/21/2023 at 2:50 PM, Staff A said that they did not have a TB signs and symptoms evaluation upon employment at the AFH.

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)

04/17/2023
Date