STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Willows Senior Care LLC

Willows Senior Care LLC
11615 NE 155th St
Kirkland, WA 98034

RE: Willows Senior Care LLC License # 755676

Dear Provider:

This letter addresses Compliance Determination(s) 52053 (Completion Date 12/19/2024) and 49531 (Completion Date 11/05/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/19/2024 and found that you have corrected the violations listed in the Full report dated 11/05/2024. Your home is back in compliance as of 11/20/2024 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 388-76-10650-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License # 765676	Compliance Determination # 49531
Plan of Correction	Willows Senior Care LLC	Completion Date
Page 1 of 3	Licensee: Willows Senior Care LLC	11/05/2024

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 10/29/2024 and 10/29/2024 of:
Willows Senior Care LLC
11615 NE 195th St
Kirkland, WA 98034

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Glynda Brown — 11/14/2024

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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 10/29/2024 and 10/29/2024 of:

Willows Senior Care LLC
11615 NE 155th St
Kirkland, WA 98034

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Statement of Deficiencies	License #: 755678	Compliance Determination # 43531
Plan of Correction	Willows Senior Care LLC	Completion Date
Page 2 of 3	Licensee: Willows Senior Care LLC	11/05/2024

Naomi Vrieze
Provider (or Representative)

11-20-2024
Date

WAC 388-76-10660 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have an assessment in place for [redacted] that identified the resident's need for and ability to use a medical device with a known safety risk, instructions on how to properly install the [redacted], and documentation on the Negotiated Care Plan (NCP) on how [redacted]s would be used for 1 of 2 sampled residents (Residents 1). This failure placed Resident 1 at risk for injury from improper use of the medical device.

Findings included...

NOTE: Washington (WA) State Department of Social and Health Services "May 15, 20213 AFH 'Dear Provider' Letters," was issued to AFH providers related to the safety risks associated with the use of all medical devices, including transfer poles, Posey or lap belts, and side bed rails. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Note: Washington (WA) State Department of Social and Health Services "Dear Provider" letter dated 10/12/2016 titled "Medical Device Requirements" stated, "the resident's negotiated care plan must also include how the resident will use the device." The provider letter added, "in addition to the resident assessment identifying the resident's need for the medical device, the resident must also be assessed for the ability to safely use the device."

A joint observation with Staff A, Provider, on 10/28/2024 at 10:25 AM, showed Resident

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have an assessment in place for [redacted] that identified the resident's need for and ability to use a medical device with a known safety risk, instructions on how to properly install the [redacted], and documentation on the Negotiated Care Plan (NCP) on how [redacted] would be used for 1 of 2 sampled residents (Residents 1). This failure placed Resident 1 at risk for injury from improper use of the medical device.

Findings included…

NOTE: Washington (WA) State Department of Social and Health Services "May 15, 20213 AFH 'Dear Provider' Letters," was issued to AFH providers related to the safety risks associated with the use of all medical devices, including transfer poles, Posey or lap belts, and side bed rails. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

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A joint observation with Staff A, Provider, on 10/29/2024 at 10:25 AM, showed Resident

1 in bed with upper [redacted] in a raise position.

Record review of Resident 1's record showed no Assessment from a qualified assessor that identified Resident 1's need and ability to safely use the [redacted].

Record review of Resident 1's Negotiated Care Plan (NCP) dated August 2024 contained no information on instructions to caregivers on how to properly install the [redacted] and when the [redacted] should be elevated or lowered.

In an interview, on 10/29/2024 at 1:25 PM, Staff A stated that they did not have Resident 1 assessed for [redacted] use. Staff A stated that they do not have installation instructions for the [redacted].

In an interview, on 10/29/2024 at 3:06 PM, Resident 1 stated that their [redacted] had been moving, so the AFH secured the [redacted] to the bed frame with zip ties and a bungy strap.

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, Willows Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 11-20-2024.

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

Naomi Vrcan — Provider (or Representative)

11-20-2024 — Date

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Record review of Resident 1's record showed no Assessment from a qualified assessor that identified Resident 1's need and ability to safely use the [redacted].

Record review of Resident 1's Negotiated Care Plan (NCP) dated August 2024 contained no information on instructions to caregivers on how to properly install the [redacted] and when the [redacted] should be elevated or lowered.

In an interview, on 10/29/2024 at 1:25 PM, Staff A stated that they did not have Resident 1 assessed for [redacted] use. Staff A stated that they do not have installation instructions for the [redacted].

In an interview, on 10/29/2024 at 3:06 PM, Resident 1 stated that their [redacted] had been moving, so the AFH secured the [redacted] to the bed frame with zip ties and a bungy strap.

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, Willows Senior Care LLC 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