STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Honor Adult Family Home LLC

Honor Adult Family Home LLC
1504 108th St SW
Everett, WA 98204

RE: Honor Adult Family Home LLC License # 755711

Dear Provider:

This letter addresses Compliance Determination(s) 47816 (Completion Date 09/26/2024) and 46236 (Completion Date 09/09/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/26/2024 and found that you have corrected the violations listed in the Full report dated 09/09/2024. Your home is back in compliance as of 09/11/2024 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 388-76-10750-7, WAC 388-76-10485-1, WAC 388-76-10015-1, WAC 388-76-10650-1, WAC 388-76-10650-2-c, WAC 388-76-10430-1, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 08/22/2024 and 08/22/2024 of:

Honor Adult Family Home LLC
1504 108th St SW
Everett, WA 98204

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:

Toni Bolo, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure toxic chemicals were secured in locked storage. This failure placed the health and safety of 4 of 4 ambulatory residents (Resident 3, 4, 5, & 6) at risk by accessing harmful substances and hazardous materials.

Findings included…

Observation, on 08/20/2024 at 9:05 AM, showed six residents resided at the AFH.

Observations during the AFH tour, on 08/20/2024 at 9:05 AM, showed Room D, a vacant room, had a doorknob with no locking device. Observation of Room D showed Febreze room spray, Clorox wipes, a bucket of laundry detergent, Fabuloso cleaner, an empty propane bottle, and a plastic coffee container storing used needles and used blood glucose strips sitting out unsecured on a storage shelf.

In an interview, on 08/20/2024 at 9:05 AM, Staff B (Caregiver) stated that Room D was a vacant room and was used as the caregiver room and storage room.

Record review showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses. Resident 3's assessment dated, 08/12/2024, showed Resident 3 required caregiver assistance with medication management.

Record review showed the AFH admitted Resident 4 on [redacted]/2022 with multiple diagnoses that included [redacted]

Record review showed the AFH admitted Resident 5 on [redacted]/2023 with multiple diagnoses that included [redacted]

Record review showed the AFH admitted Resident 6 on [redacted]/2024 with multiple

diagnoses that included [redacted]

Observation, on 08/20/2024 at 9:05 AM, showed Resident 4 scooted around independently in their wheelchair from their room to the living room.

Observation, on 08/20/2024 at 11:50 AM, showed Resident 3 and 5 ambulated independently from their room to the dining room table with no assistive device.

Observation, on 08/20/2024 at 11:50 AM, showed resident 6 ambulated independently from their room to the dining room table with a walker.

In an interview, on 08/20/2024 at 3:45 PM, Staff A (Entity Representative) stated that the AFH residents did not go into Room D. Staff A stated that their sharps container was full and had used an empty coffee container temporarily until a new sharps container was obtained.

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, Honor Adult Family Home 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 _____

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have all medications secured in locked storage. This failure placed 4 of 4 ambulatory resident's (Residents 3, 4, 5, & 6) safety at risk by having access to unsecured medications.

Findings included…

Observation, on 08/20/2024 9:05 AM, showed six residents resided at the AFH.

Observations during the AFH tour, on 08/20/2024 at 9:05 AM, showed Room D, a vacant room, had a doorknob with no locking device. Observation of Room D showed a bottle of Tylenol (medication used to treat aches, pain, and reduce fever) sitting unsecured on a bedside table.

In an interview, on 08/20/2024 at 9:05 AM, Staff B (Caregiver) stated that Room D was a vacant room and was used as the caregiver room and storage room.

Record review showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses. Resident 3's assessment dated, 08/12/2024, showed Resident 3 required caregiver assistance with medication management.

Record review showed the AFH admitted Resident 4 on [redacted]/2022 with multiple diagnoses that included [redacted] Resident 4's assessment dated, 11/14/2023, showed Resident 4 required caregiver assistance with medication management.

Record review showed the AFH admitted Resident 5 on [redacted]/2023 with multiple diagnoses that included [redacted] Resident 5's assessment dated, 08/19/2024, showed Resident 5 required caregiver assistance with medication management.

Record review showed the AFH admitted Resident 6 on [redacted]2024 with multiple diagnoses that included [redacted] Resident 6's assessment dated, 06/25/2024, showed Resident 6 required caregiver assistance with medication management.

Observation, on 08/20/2024 at 9:05 AM, showed Resident 4 scooted around independently in their wheelchair from their room to the living room.

Observation, on 08/20/2024 at 11:50 AM, showed Resident 3 and 5 ambulated independently from their room to the dining room table with no assistive device.

Observation, on 08/20/2024 at 11:50 AM, showed resident 6 ambulated independently from their room to the dining room table with a walker.

Interview, on 08/07/2024 at 4:00 PM, Staff A (Entity Representative) stated that they were not aware of the unsecured Tylenol in Room D, the caregiver room.

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) Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to follow their Respiratory Protection Program and comply with the laws and regulations as required when 4 of 4 staff (Staff A, Entity Representative, Staff B, C, & D, Caregivers) had no current record of being fit tested for an N95 respirator (a device worn over the mouth and nose or entire face that prevents inhalation of dust, smoke, and other substances). This failure placed residents and staff at increased risk for illness and risk for spread of infectious disease.

Findings included...

Review of Dear Provider Letter (DPL), dated 09/14/2023 and 04/30/2021, stated information on provider responsibilities to provide personal protective equipment (PPE) in the long-term (LTC) setting. The DPL also stated provider responsibilities to provide appropriate respiratory protection and follow regulations pertaining to respiratory protection. The DPL referenced Washington Administrative Code (WAC) 296-842 and Occupational Safety and Health Administration (OSHA) regarding the use of respirators.

Review of, Washington State Department of Health, “Respiratory Protection Program for Long-Term Care Facilities”, undated, showed healthcare employees must complete the facility’s site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Record review of the AFH’s Respiratory Protection Policy, undated, showed that all employees must pass an initial fit test before using their respirator and will be repeated annually.

Record review of Staff B's file showed they had respirator fit testing that expired 05/03/2021. Record review of Staff D's file showed they had respirator fit testing that expired 04/30/2021. Review of Staff A and C's file showed they had no record of respirator fit testing.

Interview on 08/22/2024 3:45 PM, Staff A stated that they were not aware that respirator fit testing had to be done annually for all staff.

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) _____ 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:

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that 1 of 1 resident (Resident 2) who had side rails had a negotiated care plan (NCP) that reflected how the medical device would be used. This failure placed the resident at risk for injury.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2022 with multiple diagnoses including [redacted]. Resident 2's assessment dated, 09/19/2023, showed Resident 2 required caregiver assistance with bed mobility and repositioning every two hours.

Observation, on 08/22/2024 at 8:57 AM, showed Resident 2 lying in a hospital bed with the head of the bed elevated. Resident 2's bed had [redacted] ([redacted]) in the up position on Resident 2's right side.

Interview, on 08/22/2024 at 3:45 PM, Staff B (Caregiver) stated that staff use Resident 2's [redacted] when they perform care task and repositioning for Resident 2.

Record review of Resident 2's NCP dated, 10/27/2023, showed no documentation on how Resident 2 used [redacted].

Interview, on 08/22/2024 3:45 PM, Staff A (Entity Representative) stated that they were not aware that Resident 2's NCP did not indicate how Resident 2 would use [redacted].

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, Honor Adult Family Home 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

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:

(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 ensure prescribed medications were administered as required for 1 of 6 residents (Resident 2). This failure placed Resident 2 at risk for medication errors and medical complications.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2022, with multiple diagnoses that included [redacted] ([redacted]). Review of Resident 2's assessment, dated 10/27/2023, showed Resident 4 required caregivers assistance with medications.

Record review of Resident 2's medication log (ML), dated August 2024, showed the following medications:

- Norvasc (medication used to treat high blood pressure) 2.5mg (milligrams) give one tablet via PEG tube (feeding tube inserted through the abdominal wall and into the stomach) every morning
- Aspirin (anti-inflammatory medication) 81mg via PEG tube every morning
- Vitamin D3 (supplement) IU (international unit) 1000 give one soft gel via PEG tube every morning.

Observation, on 08/22/2024 11:24 AM, showed Resident 2's pharmacy packaged medication supply did not contain Norvasc and Aspirin in Resident 2's morning doses. Resident 2's medication supply box showed a bottle of over-the-counter Vitamin D3 2000IU/50mcg (micrograms). Resident 2's pharmacy packaged medication supply showed Vitamin D3 1000 IU soft gels in Resident 2's morning doses.

In an interview, on 08/22/2024 11:22 AM, Staff B (Caregiver) stated that they would cut Resident 2's Vitamin D3 in half to give 1000IU.

In an interview, on 08/22/2024 at 3:45 PM, Staff B stated that they were not aware that Resident 2's pharmacy packaged medication supply was missing Norvasc and Aspirin. Staff B stated that they were unaware that Resident 2's pharmacy packaged medication supply included Vitamin D3 1000IU. Staff B stated that Resident 2 received both the over-the-counter Vitamin D3 2000IU and Vitamin D3 1000IU soft gel on 08/21/2024 and 08/22/2024.

In an interview, on 08/22/2024 at 3:45 PM, Staff A (Entity Representative) stated that they called Resident 2's pharmacy and the pharmacy was not aware that Resident 2's Norvasc and Aspirin was not included in Resident 2's packaged routine medications. Staff A stated that Resident 2's family brought in the over-the-counter Vitamin D3 because pharmacy reported Resident 2's insurance did not cover Vitamin D3. Staff A stated they were not aware the pharmacy filled Vitamin D3 in Resident 2's packaged routine medication supply.

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) Date