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

Mountain View AFH LLC
Maple Park Adult Family Home LLC
2545 Mountain View Rd
Ferndale, WA 98248

RE: Maple Park Adult Family Home LLC License # 755774

Dear Provider:

This letter addresses Compliance Determination(s) 34030 (Completion Date 12/18/2023) and 30341 (Completion Date 10/17/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/18/2023 and found that you have corrected the violations listed in the Complaint report dated 10/17/2023. Your home is back in compliance as of 12/15/2023 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 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-5, WAC 388-76-10355-6, WAC 388-76-10355-6-a, WAC 388-76-10355-6-b, WAC 388-76-10355-6-c, WAC 388-76-10355-6-d, WAC 388-76-10355-7, WAC 388-76-10355-7-a, WAC 388-76-10355-7-b, WAC 388-76-10355-7-c, WAC 388-76-10355-7-d, WAC 388-76-10355-4, WAC 388-76-10375-1, WAC 388-76-10350-2-a, WAC 388-76-10350-2-b

The Department staff who did the off-site verification:
Megan Wylie, Licensor

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

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager

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Region 2, Unit B
Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: Maple Park Adult Family Home LLC
License/Cert.#: 755774
Compliance Determination #: 30341
Investigator: Megan Wylie
Provider Type: Adult Family Home
Intake ID: 100283
Region/Unit #: RCS Region 2 / Unit B
Investigation Date(s): 10/02/2023 through 10/17/2023
Complainant Contact Date(s): 10/02/2023, 10/17/2023

Allegation(s):
1. A resident had multiple wounds.

Investigation Methods:

Sample:	Total residents: 3 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members Social services staff Therapy staff
Record Reviews:	Medical records Hospital records State reporting log Facility policies

Investigation Summary:
1. Resident was being seen by wound care and was admitted to the hospital when the resident experienced an unexpected allergic reaction that caused further skin issues. The AFH ensured the resident received the necessary care and services from the appropriate agencies. The AFH did not ensure the residents assessment and care plans contained the necessary information for the resident's care and services.

Conclusion / Action:

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- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

Statement of Deficiencies	License #: 755774	Compliance Determination # 30341
Plan of Correction	Maple Park Adult Family Home LLC	Completion Date
Page 1 of 6	Licensee: Mountain View AFH LLC	10/17/2023

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 an unannounced on-site complaint investigation on 10/02/2023 and 10/02/2023 of:

Maple Park Adult Family Home LLC
319 S PARK ST
LYNDEN, WA 98264

This document references the following complaint number(s): 100283

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Megan Wylie, Licensor

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.

Nicholette Flynn
Residential Care Services

11/1/2023
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.

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Provider (or Representative)

11/28/2023
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) included information on resident care needs for 2 of 3 sampled residents (Residents 1 and 2). This failure placed Resident 1 and 2 at risk for unmet care needs and a decreased quality of life.

Findings included...

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Resident 1:

Record review showed the AFH admitted Resident 1 on [redacted]/2023. Resident 1's assessment, dated 09/02/2022, showed that Resident 1 required caregiver assistance with activities of daily living to include mobility, transfers, positioning, hygiene, pain management and dressing. Record review showed Resident 1's NCP, dated 03/01/2023, did not include any interventions for Resident 1's assessed needs.

Record review of Resident 1's Home Health Records, dated 05/13/2023, showed Resident 1 was diagnosed with [redacted] on 05/13/2023.

In an interview, on 10/11/2023 at 11:00 am, Collateral Contact 1 (CC1) (Home Health Licensed Practical Nurse) stated that education was provided to AFH staff regarding the resident's seat cushion and safe transfers with the [redacted] that assists in moving the resident.

Record review of Resident 1's NCP, dated 03/01/2023, did not include instructions and interventions from the home health agency related to [redacted] use or the seat cushion use and maintenance.

Resident 2:

Record review showed the AFH admitted Resident 2 on [redacted]/2015. Resident 2's Assessment, dated 03/12/2023, showed that Resident 2 required caregiver assistance with activities of daily living to include mobility, transfers, incontinence care, positioning, hygiene and dressing. Resident 2's assessment identified multiple behaviors to include anxiety, agitation, aggression, difficulty sleeping and resistive to care.

Record review of Resident 2's NCP, dated 03/01/2023, did not show any interventions for care needs identified in Resident 2's assessment.

In an interview, on 10/13/2023 at 11:42 am, Collateral Contact 2 (CC2) (Nurse Delegator) stated that the NCP's were the responsibility of the AFH and it was not included with the assessment.

In an interview, on 10/17/2023 at 1:00 PM, Staff A (Entity Representative) stated the care plans were supposed to be completed with the assessment and was unaware they had not been.

Attestation Statement

This document was prepared by Residential Care Services for the Locator website.

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, Maple Park Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) ~~12/15/2023~~ 11/30/2023

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

Provider (or Representative) 11/28/2023 Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 2 of 3 sampled resident's (Residents 2 and 3) Negotiated Care Plans (NCP) were signed and dated by the resident or the resident's representative. This failure placed Residents 2 and 3 at risk for unmet care needs and a decreased quality of life.

Findings included...

Resident 2:

Record review showed the AFH admitted Resident 2 on [redacted]/2015. Resident 2's NCP, dated 03/12/2023, was reviewed and did not show that it was dated and signed by the resident or the resident's representative.

Resident 3:

Record review showed the AFH admitted Resident 3on [redacted]/2022. Resident 3's NCP, dated 04/13/2023, was reviewed and did not show that it was dated and signed by the resident or the resident's representative.

In an interview, on 10/17/2023 at 1:00 pm, Staff A (Entity Representative) stated that they were not aware the resident representatives had not signed the care plans.

Attestation Statement

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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, Maple Park Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) ~~12/15/2023~~ 11/30/2023

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

Provider (or Representative)

11/28/2023
Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(a) When there is a significant change in the resident's physical or mental condition;

(b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure assessments were updated after a significant change in condition for 1 of 3 sampled residents (Resident 1). This failure placed Resident 1 at risk for unmet care needs and a decreased quality of life.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2023. Record review of Resident 1's assessment, dated 03/12/2023, showed that Resident 1 had multiple skin conditions that included rashes, allergies, itching, fragile, sensitive skin. Record review of Resident 1's assessments, dated 09/06/2022 and 03/12/2023, did not show documentation that Resident 1 had any wounds.

Observation on 10/02/2023 at 2:00 PM, showed Resident 1's skin had multiple wounds in different stages of healing.

In an interview, on 10/11/2023 at 11:00am, Collateral Contact 1 (CC1) (Home Health Licensed Practical Nurse) stated that Resident 1's seat cushion had deflated. CC1 stated that Resident 1 was diagnosed with a [redacted] on 03/18/2023, which caused wounds to both the left and the right buttocks.

In an interview on 10/13/2023 at 11:42 am, Collateral Contact 2 (CC2) (Nurse Delegator

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and Assessor) stated, that the AFH did not notify them of Resident 1's wounds.

In an interview, on 10/02/2023 at 10:40 PM, Staff A (Entity Representative) stated that they had meant to speak with the nurse delegator about the resident's skin issues but forgot.

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, Maple Park Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) ~~12/15/2023~~ 11/30/2023

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

Provider (or Representative) — Date: 11/28/2023

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