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

Aliceville Adult Family Home LLC
Aliceville Adult Family Home LLC
1413 12th Street NE
Auburn, WA 98002

RE: Aliceville Adult Family Home LLC License # 755996

Dear Provider:

This letter addresses Compliance Determination(s) 25152 (Completion Date 06/12/2023) and 21929 (Completion Date 04/10/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/12/2023 and found that you have corrected the violations listed in the Full report dated 04/10/2023. Your home is back in compliance as of 05/25/2023 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, WAC 388-76-10430-1, WAC 388-76-10470, WAC 388-76-10470-1, WAC 388-76-10470-1-a, WAC 388-76-10825, WAC 388-76-10825-1, WAC 388-76-10825-3, WAC 388-76-10355, WAC 388-76-10355-4

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

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

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 03/31/2023 and 03/31/2023 of:

Aliceville Adult Family Home LLC
1413 12th Street NE
Auburn, WA 98002

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Susan Aromi, Licensor
Marites Gatan, NCI

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 — 04/14/2023 (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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Residential Care Services

4/16 ALICE BUNDI
Provider (or Representative)

4/16/2023
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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not follow medication rules when they left prescription medication with 1 of 1 resident (Resident 1) who needed staff assistance with medications and did not follow the Primary Care Practitioner's instructions for insulin (medication given via injection beneath the skin that controls blood sugar [BS] level) administration. In addition, the AFH staff did not document correctly in the medication log, medications given to Resident 1. These failures placed Resident 1 at risk of a decline in condition from medication errors and unmet medication needs.

Findings included...

Observation on 03/31/2023 at 11:47 AM showed Resident 1 sitting in a chair in their bedroom, with an overbed table in front of them. The resident was eating a sandwich for lunch.

Carbidopa/Levodopa (medication used to treat symptoms of certain disorders like shakiness, stiffness, and difficulty):

Observation on 03/31/2023 at 11:56 AM showed Staff B, Caregiver, popped two Carbidopa-Levodopa tablets in a medication plastic cup, placed the cup on the overbed table in front of Resident 1 and left the resident's bedroom.

In an interview on 03/31/2023 at 11:58 AM, when asked what the two, blue oblong tablets were in the plastic cup, Resident 1 said, "I don't know." Resident 1 said that they did not know how often the staff left medications with them, to take later.

In an interview on 03/31/2023 at 12:10 PM, Staff B said that they left the medications with Resident 1 daily and that Resident 1 can take the medications by themselves.

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Review of Resident 1's March 2023 medication log showed Carbidopa-Levodopa ER (extended-release medication that lasts longer in the body) 50-200 milligrams take two tablets at 8:00 AM, 2:00 PM and 8:00 PM. Staff B left the Carbidopa-Levodopa tablets with Resident 1 at 11:56 AM, two hours before the prescribed time of 2:00 PM.

Insulin (injectable medication that lowers blood sugar in the body):

Observation on 03/31/2023 at 9:27 AM showed one staff (Staff B, Caregiver) and one resident (Resident 1) in the AFH. An adult male (Household Member 1/HM1) met the department staff in the dining room of the AFH. HM1 said that they lived at the AFH and wanted to be a caregiver. Staff B phoned someone and at 9:51 AM, Staff C, Designated Manager, arrived at the AFH. Staff C said Staff A, Entity Representative/Resident Manager, was not feeling well, and Staff C was the Designated Manager of the AFH.

In an interview on 03/31/2023 at 9:27 AM, Staff C said they did not have nurse delegation for Resident 1 because they (Staff C) were a Registered Nurse, and they checked the resident's BS and administered their insulin injections daily. Staff C said that they went to the AFH in the morning between 7:30 AM to 8:30 AM, before Resident 1 had breakfast, and in the evenings between 4:30 PM to 5:30 PM, before Resident 1 had dinner, to check the resident's BS and administer their insulin.

Review of Resident's 1 March 2023 medication log showed Humulin N (medication given via injection underneath the skin that controls the BS levels), Inject 18 units daily and hold for BS less than 110. The medication log showed that on 03/28/2023 to 03/31/2023, the BS checks at 8:00 AM and at 8:00 PM, and insulin at 8:00 PM were initialed with HM1's initials.

In an interview on 03/31/2023 at 11:00 AM, Staff B said that they initialed Resident 1's 8:00 AM and 8:00 PM BS checks and 8:00 PM insulin, from 03/28/2023 to 03/31/2023, because they knew Staff C checked Resident 1's BS and gave their insulin but just forgot to initial the medication log. When asked why the initials on the medication log for 03/28/2023 to 03/31/2023 were HM1's initials, Staff B said that they sometimes used HM1's initials.

Review of Resident 1's March 2023 medication log showed a BS reading of 105 on 03/28/2023 and 106 for 03/30/2023. The insulin was initialed as administered by staff (see above-notes) on 03/28/2023 and on 03/30/2023.

On 03/31/2023 at 11:00 AM, when asked why the insulin was given when the resident's BS readings were less than 110, Staff C did not have a response.

In an interview on 04/13/2023 at 11:12 AM, Staff A, Entity Representative/Resident Manager, said that HM1 did not provide care and services to Resident 1. Staff A said that they talked to Staff B about not changing their initials in the medication log.

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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, Aliceville Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 4|15|2023 .

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

ALICE BUNDI — Provider (or Representative)

4|16|2023 — Date

WAC 388-76-10470 Medication Timing Special directions.

(1) The adult family home must ensure medications are given:

(a) At the specific time(s) ordered by the practitioner; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not give prescription medications to 1 of 1 resident (Resident 1) at the health practitioner's prescribed time. This failure placed Resident 1 at risk of harm from getting the prescribed medication too early.

Findings included...

Observation on 03/31/2023 at 11:47 AM showed Resident 1 sitting in a chair in their bedroom, eating lunch, with an overbed table in front of them.

Observation on 03/31/2023 at 11:56 AM showed Staff B, Caregiver, popped two Carbidopa-Levodopa extended release (ER [medication that last longer in the body]) (medication used to treat symptoms of disorders like shakiness, stiffness, and difficulty) in a medication plastic cup, placed the cup on the overbed table in front of Resident 1 and left the resident's bedroom.

In a phone interview on 04/11/2023 at 4:07 PM, Staff B said that they gave Resident 1's Carbidopa-Levodopa after breakfast between 8:00 AM to 9:00 AM, after lunch between 12:00 PM to 1:00 PM and after dinner, between 5:00 PM to 6:00 PM daily.

Review of Resident 1's March 2023 medication log showed Carbidopa-Levodopa ER 50-

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200 milligrams take two tablets at 8:00 AM, 2:00 PM and 8:00 PM. Staff B left the Carbidopa-Levodopa tablets with Resident 1 at 11:56 AM, more than two hours before the 2:00 PM prescribed time.

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, Aliceville Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 4|15|2023 .

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

ALICE BUNDI — Provider (or Representative)

4|16|2023 — Date

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(1) The adult family home must not use oil, gas, kerosene, or electric space heaters that have not been certified by an organization listed as a nationally recognized testing laboratory.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) used an electric space heater that did not have a nationally recognized testing laboratory certification, and that was hot to the touch when in use, in the bedroom of 1 of 1 resident (Resident 1). This failure placed Resident 1 at risk of injury from fire hazards associated with space heaters.

Findings included...

Observation on 03/31/2023 at 9:27 AM showed one staff (Staff B, Caregiver) and one resident (Resident 1) in the AFH. Staff B phoned someone and at 9:51 AM, Staff C, Registered Nurse, arrived at the AFH. Staff C said Staff A, Entity Representative/Resident Manager, was not feeling well, and Staff C was the designated manager of the AFH.

Observation during the environmental tour on 03/31/2023 at 10:31 AM showed the living room and dining area were warm, and the thermostat in the living room registered at 70 degrees Fahrenheit.

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Observation of Bedroom A on 03/31/2023 at 10:33 AM showed Resident 1 sitting in an armchair, wearing a sweatshirt over a collared shirt. The room was comfortably warm. There was a stand-up, metal space heater on the floor, in front of the window. The space heater was plugged to the electric outlet on the wall and was turned on. There was a reddish orange glow inside the space heater and warm air emanated from it. The space heater was hot to touch. There was no certification on the space heater by a nationally recognized testing laboratory. The heat vent on the floor by the windows was cold. Staff C turned on the central heater from the thermostat panel in the living room, and warm air blew through the floor vent in Bedroom A.

In an interview on 03/31/2023 at 10:35 AM, Staff C said that they started using the space heater since the winter because Resident 1 said that they were cold, even with the central heat on. Staff C did not remember the exact date they started using the space heater.

In an interview on 03/31/2023 at 10:37 AM, Resident 1 said that they did not know why there was a space heater in their room, and they did not know how long the space heater was in use.

In an interview on 03/31/2023 at 11:02 AM, Staff B said that they turned on the space heater for Resident 1 every day, when it was cold. Staff B said that Resident 1 did not tell the staff that they (Resident 1) were cold. Staff B said that when they (Staff B) felt it was cold, they turned the space heater on in Resident 1's room.

Review of Resident 1's 04/25/2022 Negotiated Care Plan showed the AFH admitted Resident 1 on [redacted]/2022, and the resident had diagnoses that caused them to be forgetful and make poor decisions.

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, Aliceville Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 4|15|2023 .

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

ALICE BUNDI AB — Provider (or Representative)

4|16|2023 — Date

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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:

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to correctly address who provided blood sugar (BS) monitoring and insulin injections to 1 of 1 resident (Resident 1) who needed nurse delegation (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed medicines, normally performed only by licensed nurses) for medication administration. This failure placed Resident 1 at risk of a decline in medical condition from unmet medication needs and medication errors.

Findings included...

Observation on 03/31/2023 at 9:27 AM showed one staff (Staff B, Caregiver) and one resident (Resident 1) in the AFH.

Observation on 03/31/2023 at 9:18 AM showed an adult male in the dining room. The adult male (Household Member 1/HM1) said that they lived at the AFH and was working on being a caregiver. Staff B phoned someone and at 9:51 AM, Staff C, who said they were the Designated Manager of the AFH, arrived at the AFH.

In an interview on 03/31/2023 at 9:27 AM, Staff C said that they did not have nurse delegation for Resident 1 because they (Staff C) were a Registered Nurse and did Resident 1's BS checks and insulin injections. Staff C said that they went to the AFH and checked Resident 1's BS between 7:30 AM to 8:30 AM, before Resident 1 had breakfast, and between 4:30 PM to 5:30 PM, before Resident 1 had dinner, and administered their insulin injection (injectable medication that lowers blood sugar in the body).

Review of Resident 1's March 2023 medication log showed that Staff C initialed the blood sugar checks and insulin injections from 03/01/2023 to 03/27/2023. The initials for the BS checks and insulin administration from 03/28/2023 to 03/31/2023 were HM1's initials.

In an interview on 03/31/2023 at 11:00 AM, Staff B said that Staff C checked Resident 1's BS and gave them insulin, but they (Staff B) initialed the medication log from 03/28/2023 to 03/31/2023, using HM1's initials. (See WAC 388-76-10430 for details on medication log documentation).

Review of Resident 1's 04/20/2022 Assessment showed BS monitoring twice a day, morning and evening, and caregivers must be delegated. There were no nurse delegation records for Resident 1 to review.

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Review of Resident 1's 05/09/2022 Negotiated Care Plan (NCP) showed they required nurse delegation for BS monitoring and insulin administration and, "PROVIDER/CAREGIVER will rotate insulin injection sites with each administration." It was not indicated in the NCP that the Registered Nurse, Staff C, checked Resident 1's BS and administered their insulin, because the Provider (Staff A, a Nursing Assistant Certified) and the caregiver (Staff B, a Nursing Assistant Registered) did not have nurse delegation for Resident 1.

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, Aliceville Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 5|25|2023 .

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

ALICE BUNDI — 4|16|2023

Provider (or Representative) — Date

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