



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

1/4/2024

Anchor of Love Adult Family Home LLC
Anchor of Love Adult Family Home LLC
12908 43rd Ave NE
Marysville, WA 98271

RE: Anchor of Love Adult Family Home LLC License # 756153

Dear Provider:

This letter addresses Compliance Determination(s) 34477 (Completion Date 12/28/2023) and 30055 (Completion Date 10/30/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/28/2023 and found that you have corrected the violations listed in the Full report dated 10/30/2023. Your home is back in compliance as of 11/09/2023 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 388-76-10265-1-d, WAC 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-76-10135-4, WAC 388-76-10135-5, WAC 388-76-10135-6, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10135-9, WAC 388-76-10915-2, WAC 388-76-10895-2-a, WAC 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10015-1, WAC 388-76-10430-1, WAC 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10475-1, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10475-2-a, WAC 388-76-10475-2, WAC 388-76-10475-3-a, WAC 388-76-10475-3-c-iii

The Department staff who did the on-site verification:
Candie Salatka, LTC Surveyor

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

Sincerely,

Anchor of Love Adult Family Home LLC # 756153

12/28/2023

Page 2 of 2

Nichollette Flynn

Nichollette 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

Statement of Deficiencies	License # 756153	Compliance Determination # 30055
Plan of Correction	Anchor of Love Adult Family Home LLC	Completion Date
Page 1 of 21	Licensee: Anchor of Love Adult Family Home LLC	10/30/2023

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 09/25/2023 and 09/26/2023 of:

Anchor of Love Adult Family Home LLC
12908 43rd Ave NE
Marysville, WA 98271

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:

Candie Salatka, LTC Surveyor

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.

Nichollette Flynn
Residential Care Services

11/7/2023
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.

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

11.07.2023 07:50:15

State of Washington

8/28

Statement of Deficiencies License # 756153 Compliance Determination # 30055
Plan of Correction Anchor of Love Adult Family Home LLC Completion Date
Page 2 of 21 License: Anchor of Love Adult Family Home LLC 10/30/2023

Ifeoma Ikeji
Provider (or Representative)

11/9/2023
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(a) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B, Caregiver) obtained Tuberculosis (TB) (a disease that affects the lungs) testing within three days of employment, as required. This failure placed residents at risk for exposure to an infectious disease.

Findings included...

Record review, on 09/26/2023 at 4:15 PM, showed no employee records for Staff B. There was no evidence Staff B had obtained a TB skin test within three days of employment.

In an interview, on 09/26/2023 at 4:25 PM, Staff A (Entity Representative), stated that Staff B had been employed since 08/30/2023 and was in the process of obtaining their Home Care Aide certification. Staff A stated that they were waiting for Staff B to complete their certification before getting their TB test.

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, Anchor of Love Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 10/06/2023

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

Ifeoma Ikeji
Provider (or Representative)

11/9/2023
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have

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

Provider (or Representative)

Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B, Caregiver) obtained Tuberculosis (TB) (a disease that affects the lungs) testing within three days of employment, as required. This failure placed residents at risk for exposure to an infectious disease.

Findings included...

Record review, on 09/26/2023 at 4:15 PM, showed no employee records for Staff B. There was no evidence Staff B had obtained a TB skin test within three days of employment.

In an interview, on 09/26/2023 at 4:25 PM, Staff A (Entity Representative), stated that Staff B had been employed since 08/30/2023 and was in the process of obtaining their Home Care Aide certification. Staff A stated that they were waiting for Staff B to complete their certification before getting their TB test.

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, Anchor of Love 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 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have

Statement of Deficiencies	License #: 756153	Compliance Determination # 30055
Plan of Correction	Anchor of Love Adult Family Home LLC	Completion Date
Page 3 of 21	Licensee: Anchor of Love Adult Family Home LLC	10/30/2023

the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure Washington state name and date of birth background checks (BGC) and national fingerprint checks were completed and on file for 2 of 3 current staff (Staff B, Caregiver & Staff C, Caregiver). This failure placed the residents at risk of receiving care from caregivers with an unknown criminal background.

Findings included...

Record review, on 09/26/2023 at 4:15 PM, showed no employee records for Staff B. There was no Washington state name and date of birth BGC and no fingerprint BGC.

Record review of Staff C's employee file, on 09/26/2023 at 4:15 PM, showed that Staff C began working at the AFH on 09/18/2023. Review of Staff C's employee file showed no Washington state name and date of birth BGC and no fingerprint BGC.

In an interview, on 09/26/2023 at 4:25 PM, Staff A (Entity Representative) stated that Staff B began working in the AFH on 08/30/2023. Staff A reported that they were waiting for Staff B to complete Home Care Aid training before submitting their Washington state name and date of birth BGC. Staff A reported that Staff C submitted their Washington state name and date of birth BGC but that it was not received by the Background Check Central Unit (BCCU) and had to be resubmitted.

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, Anchor of Love Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 10/03/2023

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

Ifeoma Ikeji
Provider (or Representative)

11/9/2023
Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

- (4) Has completed the training requirements in effect on the date the caregiver was hired,

the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure Washington state name and date of birth background checks (BGC) and national fingerprint checks were completed and on file for 2 of 3 current staff (Staff B, Caregiver & Staff C, Caregiver). This failure placed the residents at risk of receiving care from caregivers with an unknown criminal background.

Findings included...

Record review, on 09/26/2023 at 4:15 PM, showed no employee records for Staff B. There was no Washington state name and date of birth BGC and no fingerprint BGC.

Record review of Staff C's employee file, on 09/26/2023 at 4:15 PM, showed that Staff C began working at the AFH on 09/18/2023. Review of Staff C's employee file showed no Washington state name and date of birth BGC and no fingerprint BGC.

In an interview, on 09/26/2023 at 4:25 PM, Staff A (Entity Representative) stated that Staff B began working in the AFH on 08/30/2023. Staff A reported that they were waiting for Staff B to complete Home Care Aid training before submitting their Washington state name and date of birth BGC. Staff A reported that Staff C submitted their Washington state name and date of birth BGC but that it was not received by the Background Check Central Unit (BCCU) and had to be resubmitted.

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, Anchor of Love 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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

- (4) Has completed the training requirements in effect on the date the caregiver was hired,

Statement of Deficiencies	License #: 756153	Compliance Determination # 30055
Plan of Correction	Anchor of Love Adult Family Home LLC	Completion Date
Page 4 of 21	Licensee: Anchor of Love Adult Family Home LLC	10/30/2023

including the requirements applicable to the caregiver under chapter 388-112A WAC;

(5) Has no disqualifying criminal convictions or pending criminal charges under chapter 388-113 WAC;

(6) Has none of the negative actions listed in WAC 388-76-10180;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

(9) Meets the tuberculosis screening requirements of this chapter.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff B, Caregiver) met the minimum qualifications to be employed as a caregiver. These failures placed 5 of 5 residents' (Resident 1, 2, 3, 4 and 5) at risk of harm from being cared for by someone with an unknown criminal background and no caregiver qualifications.

Findings included...

Record review of employee records, on 09/26/2023, showed no employee records for Staff B. There was no documentation of any training, a food handler's card, long term care worker orientation, cardiopulmonary resuscitation and first aid training, and tuberculosis screening.

In an interview, on 09/26/2023 at 4:25 PM, Staff A (Entity Representative) acknowledged there were no employee records for Staff B. Staff A stated that Staff B began working at the AFH on 08/30/2023. Staff A reported that Staff B was working under another caregiver's qualifications. Staff A stated that Staff B was currently in the Home Care Aide training program and was planning to wait until Staff B completed the training before getting qualifications.

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, Anchor of Love Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 10/10/2023

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

including the requirements applicable to the caregiver under chapter 388-112A WAC;

(5) Has no disqualifying criminal convictions or pending criminal charges under chapter 388-113 WAC;

(6) Has none of the negative actions listed in WAC 388-76-10180 ;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

(9) Meets the tuberculosis screening requirements of this chapter.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff B, Caregiver) met the minimum qualifications to be employed as a caregiver. These failures placed 5 of 5 residents' (Resident 1, 2, 3, 4 and 5) at risk of harm from being cared for by someone with an unknown criminal background and no caregiver qualifications.

Findings included...

Record review of employee records, on 09/26/2023, showed no employee records for Staff B. There was no documentation of any training, a food handler's card, long term care worker orientation, cardiopulmonary resuscitation and first aid training, and tuberculosis screening.

In an interview, on 09/26/2023 at 4:25 PM, Staff A (Entity Representative) acknowledged there were no employee records for Staff B. Staff A stated that Staff B began working at the AFH on 08/30/2023. Staff A reported that Staff B was working under another caregiver's qualifications. Staff A stated that Staff B was currently in the Home Care Aide training program and was planning to wait until Staff B completed the training before getting qualifications.

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, Anchor of Love 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.

11.07.2023 07:50:15

State of Washington

11/28

Statement of Deficiencies License # 756153 Compliance Determination # 30056
Plan of Correction Anchor of Love Adult Family Home LLC Completion Date
Page 5 of 21 Licensee: Anchor of Love Adult Family Home LLC 10/30/2023

Ifeoma Ikeji
Provider (or Representative)

11/9/2023
Date

WAC 388-76-10915 Department staff access Willful interference prohibited. The adult family home must ensure:

(2) The home and staff do not willfully interfere or fail to cooperate with department staff in the performance of official duties.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to cooperate with department staff in the performance of official duties by falsely identifying Staff B (Caregiver) and willfully providing training documentation of another person, that was not the qualifications of Staff B, with the intent to deceive department staff. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of being cared for by an unqualified caregiver with an unknown criminal background.

Observation on 09/25/2023 at 11:23 AM, showed Staff B working in the AFH.

In an interview on 09/25/2023 at 11:23 AM, Staff A (Entity Representative) reported the name of Staff B to Department staff.

Observation on 09/25/2025 at 12:01 PM, showed Resident 3 call Staff B a different name than the name provided to Department staff by Staff A.

Record review on 09/25/2023 at 2:15 PM, showed tuberculosis testing results, CPR/first aid, safety & orientation training, 70 hours basic training, nurse delegation care, diabetes, and specialty trainings for dementia & mental health for the name of the caregiver that was presumed to be Caregiver B and the name Staff A provided to department staff.

Record review of the Department's Secure Tracking and Reporting System, on 09/26/2023 at 8:30 AM, showed the name provided for Staff B was the name of a household member listed during initial licensing of the AFH.

During an interview on 09/26/2023 at 1:10 PM, Staff B reported their name was the name that Staff A provided to Department staff.

During an interview on 09/26/2023 at 1:30 PM, Resident 3 reported the name for Staff B as a different name than provided by Staff A and Staff B.

During an interview on 09/26/2023 at 3:10 PM, Resident 5 reported the name for Staff B

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

Provider (or Representative)	Date
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WAC 388-76-10915 Department staff access Willful interference prohibited. The adult family home must ensure:

(2) The home and staff do not willfully interfere or fail to cooperate with department staff in the performance of official duties.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to cooperate with department staff in the performance of official duties by falsely identifying Staff B (Caregiver) and willfully providing training documentation of another person, that was not the qualifications of Staff B, with the intent to deceive department staff. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of being cared for by an unqualified caregiver with an unknown criminal background.

Observation on 09/25/2023 at 11:23 AM, showed Staff B working in the AFH.

In an interview on 09/25/2023 at 11:23 AM, Staff A (Entity Representative) reported the name of Staff B to Department staff.

Observation on 09/25/2025 at 12:01 PM, showed Resident 3 call Staff B a different name than the name provided to Department staff by Staff A.

Record review on 09/25/2023 at 2:15 PM, showed tuberculosis testing results, CPR/first aid, safety & orientation training, 70 hours basic training, nurse delegation core, diabetes, and specialty trainings for dementia & mental health for the name of the caregiver that was presumed to be Caregiver B and the name Staff A provided to department staff.

Record review of the Department's Secure Tracking and Reporting System, on 09/26/2023 at 8:30 AM, showed the name provided for Staff B was the name of a household member listed during initial licensing of the AFH.

During an interview on 09/26/2023 at 1:10 PM, Staff B reported their name was the name that Staff A provided to Department staff.

During an interview on 09/26/2023 at 1:30 PM, Resident 3 reported the name for Staff B as a different name than provided by Staff A and Staff B.

During an interview on 09/26/2023 at 3:10 PM, Resident 5 reported the name for Staff B

11.07.2023 07:50:15

State of Washington

12/28

Statement of Deficiencies

License # 756153

Compliance Determination # 30055

Plan of Correction

Anchor of Love Adult Family Home LLC

Completion Date

Page 6 of 21

Licensee: Anchor of Love Adult Family Home LLC

10/30/2023

as a different name than provided by Staff A and Staff B.

During an interview on 09/26/2023 at 4:25 PM, Staff A acknowledged that Staff B's name wasn't what they told Department staff. Staff A reported they were dishonest with department staff because Staff B is currently attending home care aid classes and was planning to get their qualifications after they completed training.

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, Anchor of Love Adult Family Home LLC is in compliance with this law and / or regulation on
(Date) 9/26/2023.

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

Ifeoma Ikeji
Provider (or Representative)

11/9/2023
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to conduct a partial evacuation drill every 60 days with 5 of 5 Residents (Resident 1, 2, 3, 4 and 5). This failure placed residents' safety at risk and a delay in exiting the AFH in an emergency.

Findings included...

Record review of the AFH evacuation logs, on 09/25/2023 at 3:40 PM, showed the last partial evacuation drill was held on 08/18/2023.

In an interview, on 09/26/2023 at 3:40 PM, Staff A (Entity Representative) stated they had forgotten and did not hold a partial evacuation drill in August 2023.

Attestation Statement

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as a different name than provided by Staff A and Staff B.

During an interview on 09/26/2023 at 4:25 PM, Staff A acknowledged that Staff B's name wasn't what they told Department staff. Staff A reported they were dishonest with department staff because Staff B is currently attending home care aid classes and was planning to get their qualifications after they completed training.

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, Anchor of Love 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 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to conduct a partial evacuation drill every 60 days with 5 of 5 Residents (Resident 1, 2, 3, 4 and 5). This failure placed residents' safety at risk and a delay in exiting the AFH in an emergency.

Findings included...

Record review of the AFH evacuation logs, on 09/25/2023 at 3:40 PM, showed the last partial evacuation drill was held on 06/16/2023.

In an interview, on 09/26/2023 at 3:40 PM, Staff A (Entity Representative) stated they had forgotten and did not hold a partial evacuation drill in August 2023.

Attestation Statement

11.07.2023 07:50:15

State of Washington

13/28

Statement of Deficiencies

Plan of Correction

Page 7 of 21

License #: 756153

Anchor of Love Adult Family Home LLC

Licensee: Anchor of Love Adult Family Home LLC

Compliance Determination # 30055

Completion Date

10/30/2023

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, Anchor of Love Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 10/02/2023

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

Ifeoma Ikeji
Provider (or Representative)

11/9/2023
Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language the resident understands;
- (3) Be provided to all prospective residents, before admission to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the adult Family Home (AFH) failed to provide the AFH's policy on accepting Medicaid as a payment source to 4 of 5 residents (Residents 1, 3, 4 and 5). This failure placed residents at risk of not being fully informed of their rights or understanding of the AFH's policy on accepting Medicaid as a payment source.

Findings included...

Record review of Resident 1's record, on 09/25/2023 at 1:55 PM, showed Resident 1's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 3's record, on 09/25/2023 at 12:51 PM, showed Resident 3's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

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, Anchor of Love 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language the resident understands;
- (3) Be provided to all prospective residents, before admission to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the adult Family Home (AFH) failed to provide the AFH's policy on accepting Medicaid as a payment source to 4 of 5 residents (Residents 1, 3, 4 and 5). This failure placed residents at risk of not being fully informed of their rights or understanding of the AFH's policy on accepting Medicaid as a payment source.

Findings included...

Record review of Resident 1's record, on 09/25/2023 at 1:55 PM, showed Resident 1's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 3's record, on 09/25/2023 at 12:51 PM, showed Resident 3's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

11.07.2023 07:50:15

State of Washington

14/28

Statement of Deficiencies

Plan of Correction

Page 8 of 21

License #: 756153

Anchor of Love Adult Family Home LLC

Licensee: Anchor of Love Adult Family Home LLC

Compliance Determination # 30055

Completion Date

10/30/2023

Record review of Resident 4's record, on 09/25/2023 at 12:38 PM, showed Resident 4's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 5's record, on 09/25/2023 at 3:16 PM, showed Resident 5's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

In an interview, on 09/26/2023 at 5:07 PM, Staff A (Entity Representative) acknowledged that they knew the Medicaid form must be provided to residents upon admission.

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, Anchor of Love Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 11/9/2023

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

1feoma Ikeji
Provider (or Representative)

11/9/2023
Date

WAC 388-76-10650 Medical devices.

- (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

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure an assessment was completed for the safe use of a [REDACTED] for 1 of 5 residents (Resident 4). The AFH failed to include the use of the [REDACTED] in Resident 4's negotiated care plan (NCP). These failures placed Resident 4 at risk for harm related to unknown safety risks and Resident 4's ability to use the [REDACTED] safely.

Findings included...

Resident 4 moved into the AFH on 05/02/2023 with multiple diagnoses that included

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

Record review of Resident 4's record, on 09/25/2023 at 12:38 PM, showed Resident 4's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

Record review of Resident 5's record, on 09/25/2023 at 3:18 PM, showed Resident 5's record did not contain documentation of the AFH's policy on accepting Medicaid as a payment source.

In an interview, on 09/26/2023 at 5:07 PM, Staff A (Entity Representative) acknowledged that they knew the Medicaid form must be provided to residents upon admission.

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, Anchor of Love 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 388-76-10650 Medical devices.

(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

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure an assessment was completed for the safe use of a [REDACTED] for 1 of 5 residents (Resident 4). The AFH failed to include the use of the [REDACTED] in Resident 4's negotiated care plan (NCP). These failures placed Resident 4 at risk for harm related to unknown safety risks and Resident 4's ability to use the [REDACTED] safely.

Findings included...

Resident 4 moved into the AFH on 05/02/2023 with multiple diagnoses that included

11.07.2023 07:50:15

State of Washington

15/28

Statement of Deficiencies

License # 756153

Compliance Determination # 30055

Plan of Correction

Anchor of Love Adult Family Home LLC

Completion Date

Page 9 of 21

Licensee: Anchor of Love Adult Family Home LLC

10/30/2023

Record review of Resident 4's assessment, dated 05/22/2023, showed that one caregiver was required to use a [REDACTED] in assisting Resident 4 with positioning in bed and transfers in and out of bed. The assessment did not show documentation of the [REDACTED] Resident 4's NCP, dated 05/20/2023, did not show documentation of the [REDACTED]

Observation on 09/25/2023 at 11:24 AM, showed Resident's 4 bed had a [REDACTED] attached.

In an interview on 09/26/2023 at 1:50 PM, Resident 4 stated they did not recall if anyone spoke to them about the [REDACTED] Resident 4 reported they need the [REDACTED] to pull themselves up in bed.

In an interview on 09/26/2023 at 5:12 PM, Staff A (Entity Representative) stated that Resident 4 had the [REDACTED] for few months. Staff A stated they thought the physical therapist for Resident 4 had requested the [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, Anchor of Love Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 06/08/2023.

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

Ifeoma Ikeji
Provider (or Representative)

11/9/2023
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 record review and interview, the Adult Family Home (AFH) failed to comply with the laws and regulations as required when 3 of 3 staff (Staff A, Entity Representative, Staff B, Caregiver, and Staff C, Caregiver) had no record of respiratory training or respirator fit testing. The AFH failed to obtain a medical test site waiver license as required. These failures placed AFH residents and staff at risk for illness, infection, and placed residents at risk for unmet care needs by unqualified caregivers.

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

[REDACTED]

Record review of Resident 4's assessment, dated 05/22/2023, showed that one caregiver was required to use a [REDACTED] in assisting Resident 4 with positioning in bed and transfers in and out of bed. The assessment did not show documentation of the [REDACTED]. Resident 4's NCP, dated 05/20/2023, did not show documentation of the [REDACTED].

Observation on 09/25/2023 at 11:24 AM, showed Resident 's 4 bed had a [REDACTED] attached.

In an interview on 09/26/2023 at 1:50 PM, Resident 4 stated they did not recall if anyone spoke to them about the [REDACTED]. Resident 4 reported they need the [REDACTED] to pull themselves up in bed.

In an interview on 09/26/2023 at 5:12 PM, Staff A (Entity Representative) stated that Resident 4 had the [REDACTED] for few months. Staff A stated they thought the physical therapist for Resident 4 had requested the [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, Anchor of Love 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 388-76-10015 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 record review and interview, the Adult Family Home (AFH) failed to comply with the laws and regulations as required when 3 of 3 staff (Staff A, Entity Representative, Staff B, Caregiver, and Staff C, Caregiver) had no record of respiratory training or respirator fit testing. The AFH failed to obtain a medical test site waiver license as required. These failures placed AFH residents and staff at risk for illness, infection, and placed residents at risk for unmet care needs by unqualified caregivers.

Findings included...

<Respirator Fit Testing>

Review of Dear Provider Letter, dated 11/05/2021, reviewed the requirements necessary in developing a respiratory protection program in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing N95 respirators and the Washington State Department of Health website link to the Respiratory Protection Program for Long-Term Care Facilities.

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 Staff A's undated employee file on 09/26/2023, showed no record of a respirator fit test.

Record review of employee file, on 09/26/2023, showed no records for Staff B including no record of a respirator fit test.

Record review of Staff C's employee file, dated 09/18/2023, showed no record of a respirator fit test.

<Medical Test Site Waiver>

Review of Dear Provider Letter, dated 04/01/2022, reviewed the requirements necessary for obtaining a medical test site waiver (MTSW) license. The Dear Provider Letter listed when a medical test site license is required to include; when the Adult Family Home or Enhanced Services Facilities provider administers a medical test (such as a COVID-19 (a virus that can cause difficulty breathing) test or blood glucose test (sugar in the blood), or interprets the test result, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application.

Record review of the AFH's undated facility records on 09/26/2023, showed no record of a MTSW license.

In an interview, on 09/26/2023 at 5:10 PM, Staff A stated that they were not aware that respirator fit tests and a respiratory protection program was required. Staff A reported they

State of Washington

Statement of Deficiencies

License #: 756153

Compliance Determination # 30055

Plan of Correction

Anchor of Love Adult Family Home LLC

Completion Date

Page of 21

Licensee: Anchor of Love Adult Family Home LLC

10/30/2023

did not know about the MTSW license requirement. Staff A acknowledged there were residents in the AFH that requires daily blood glucose testing and monitoring.

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, Anchor of Love Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 10/10/2023.

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

Ifeoma Ike

Provider (or Representative)

11/9/2023

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) failed to have a system in place to ensure all medications as prescribed were available in the resident's medication supply for 2 of 5 residents (Resident 3 and 4). The AFH failed to ensure medication was administered by staff for 1 of 5 residents (Resident 3). These failures placed Resident 3 and Resident 4 at risk for medical complications and medication errors.

Finding included...**<Resident 3>**

Record review showed the AFH admitted Resident 3 on [REDACTED] 2023 with multiple diagnoses that included [REDACTED]. Resident 3's assessment, dated [REDACTED] 2023, showed Resident 3 required caregiver assistance with medication administration.

Record review of Resident 3's medication log, dated September 2023, showed that Resident 3 was prescribed Fibercon tablets (a medication used to treat constipation) scheduled to be administered daily for infrequent or hard to pass bowel movements.

Observation, on 09/25/2023 at 2:22 PM, showed that the Fibercon was not available in

did not know about the MTSW license requirement. Staff A acknowledged there were residents in the AFH that requires daily blood glucose testing and monitoring.

Attestation Statement	
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_____ 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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a system in place to ensure all medications as prescribed were available in the resident's medication supply for 2 of 5 residents (Resident 3 and 4). The AFH failed to ensure medication was administered by staff for 1 of 5 residents (Resident 3). These failures placed Resident 3 and Resident 4 at risk for medical complications and medication errors.

Finding included...

<Resident 3>

Record review showed the AFH admitted Resident 3 on [REDACTED]/2023 with multiple diagnoses that included [REDACTED]. Resident 3's assessment, dated [REDACTED]/2023, showed Resident 3 required caregiver assistance with medication administration.

Record review of Resident 3's medication log, dated September 2023, showed that Resident 3 was prescribed Fibercon tablets (a medication used to treat constipation) scheduled to be administered daily for infrequent or hard to pass bowel movements.

Observation, on 09/25/2023 at 2:22 PM, showed that the Fibercon was not available in

Statement of Deficiencies

License # 756153

Compliance Determination # 30065

Plan of Correction

Anchor of Love Adult Family Home LLC

Completion Date

Page of 21

Licensee: Anchor of Love Adult Family Home LLC

10/30/2023

Resident 3's medication supply.

During an interview, on 09/26/2023 at 1:30 PM, Resident 3 acknowledged they take Metamucil Metamucil (a powder mixed into a drink to relieve hard bowel movements) daily and no one administers the medication to them. Resident 3 reported they kept the Metamucil in the top drawer of their bedside table.

During an interview, on 09/26/2023 at 4:52 PM, Staff A (Entity Representative) stated that the over-the-counter medication for Resident 3 is substituted with Metamucil, the family supplies this medication and Resident 3 administers this medication daily without assistance. Staff A reported that Resident 3 tells them when they took the medication and Staff A writes it on the medication log.

<Resident 4>

Record review showed the AFH admitted Resident 4 on [REDACTED] 2023 with multiple diagnoses that included [REDACTED].

[REDACTED]. Review of Resident 4's assessment, dated 05/22/2023, showed Resident 4 required caregiver assistance with medication administration.

Review of Resident 4's prescribed medication log, dated September 2023, showed they were prescribed nitroglycerin (a medication that treats chest pain by relaxing the blood vessels) as needed.

Observation, on 09/25/2023 at 2:10 PM, showed that the nitroglycerin was not available in Resident 4's medication supply.

During an interview, on 09/26/2023 at 4:56 PM, Staff A stated the nitroglycerin for Resident 4 expired in September 2023, and they are working with the pharmacy to get the medication re-ordered.

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, Anchor of Love Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date 09/28/2023).

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

Ifeoma Ikeji
Provider (or Representative)

11/9/2023
Date

Resident 3's medication supply.

During an interview, on 09/26/2023 at 1:30 PM, Resident 3 acknowledged they take Metamucil Metamucil (a powder mixed into a drink to relieve hard bowel movements) daily and no one administers the medication to them. Resident 3 reported they kept the Metamucil in the top drawer of their bedside table.

During an interview, on 09/26/2023 at 4:52 PM, Staff A (Entity Representative) stated that the over-the-counter medication for Resident 3 is substituted with Metamucil, the family supplies this medication and Resident 3 administers this medication daily without assistance. Staff A reported that Resident 3 tells them when they took the medication and Staff A writes it on the medication log.

<Resident 4>

Record review showed the AFH admitted Resident 4 on [REDACTED] /2023 with multiple diagnoses that included [REDACTED]

[REDACTED] Review of Resident 4's assessment, dated 05/22/2023, showed Resident 4 required caregiver assistance with medication administration.

Review of Resident 4's prescribed medication log, dated September 2023, showed they were prescribed nitroglycerin (a medication that treats chest pain by relaxing the blood vessels) as needed.

Observation, on 09/25/2023 at 2:10 PM, showed that the nitroglycerin was not available in Resident 4's medication supply.

During an interview, on 09/26/2023 at 4:56 PM, Staff A stated the nitroglycerin for Resident 4 expired in September 2023, and they are working with the pharmacy to get the medication re-ordered.

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, Anchor of Love 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;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medication in the refrigerator was secured in locked storage for 4 of 5 residents (Resident 2, 3, 4 and 5). The AFH failed to ensure the medications for 5 of 5 residents (Residents 1, 2, 3, 4, and 5) were secured in locked storage. These failures placed Residents at risk for medication errors and missing medications.

Findings included...

<Medication Requiring Refrigeration>

<Resident 2>

Record review showed the AFH admitted Resident 2 on [REDACTED]/2023. Review of Resident 2's assessment, dated 07/13/2023, showed Resident 2 required caregiver assistance with medication management.

Record review of Resident 2's medication log, dated September 2023, showed that Resident 2 was prescribed Lantus Solostar insulin injections (a medication used to control the amount of sugar in the blood).

<Resident 3>

Record review showed the AFH admitted Resident 3 on [REDACTED]/2023. Review of Resident 3's assessment, dated 05/18/2023, showed Resident 3 required caregiver assistance with injections and medication administration.

Record review of Resident 3's medication log, dated September 2023, showed that Resident 3 was prescribed Lispro insulin injections (a medication used to control the amount of sugar in the blood).

<Resident 4>

Record review showed the AFH admitted Resident 4 on [REDACTED]/2023. Review of Resident 4's assessment, dated 05/22/2023, showed Resident 4 required caregiver assistance with medication management.

Record review of Resident 4's medication log, dated September 2023, showed that Resident 4 was prescribed Llispro and Lantus Solostar insulin injections.

<Resident 5>

Record review showed the AFH admitted Resident on [REDACTED]/2023. Review of Resident 5's assessment, dated 07/13/2023, showed Resident 5 required caregiver assistance with medication management.

Record review of Resident 5's medication log, dated September 2023, showed that Resident 5 was prescribed Victoza injections (a non-insulin medication used to control the amount of sugar in the blood).

During a general tour, on 09/25/2023 at 11:38 AM, observations showed that there were four, labeled, unlocked black pouches (commonly referred to as insulin travel coolers) in the unsecured bottom drawer of the refrigerator containing the medications.

<Medication In Resident Room>

<Resident 3>

Review of Resident 3's medication log, dated September 2023, showed they were prescribed Fibercon tablets (a medication to treat infrequent or hard to pass bowel movements).

Observation, on 09/25/2023 at 2:22 PM, showed that the medication was not available in Resident 3's medication supply.

During an interview on 09/26/2023 at 1:30PM, Resident 3 stated that they kept Metamucil (a powder mixed into a drink to relieve hard bowel movements) in the top drawer of their bedside table.

<AFH Medication Supply Cabinet>

Observation, on 09/25/2023 at 11:17 AM, showed that the medication cabinet was unlocked and slightly ajar.

Observation, on 09/25/2023 at 11:41 AM, showed that the medication cabinet remained unlocked.

Observation, on 09/25/2023 at 12:02 PM, showed that Staff A get medications from the cabinet and place a lock on the cabinet.

During an interview, on 09/26/2023 at 4:50 PM, Staff A stated that the medication cabinet is always locked. Staff A stated that they did not realize that the medications requiring refrigeration had to be locked since residents are not able to access the refrigerator. Staff A reported that Resident 3's medication is with Resident 3 and is unsecured in their room.

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, Anchor of Love 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 388-76-10475 Medication Log. The adult family home must:

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (2) Include in each medication log the:
 - (a) Name of the resident;
 - (b) Name of all prescribed and over-the-counter medications;
 - (c) Dosage of the medication;
 - (d) Frequency which the medications are taken; and
 - (e) Approximate time the resident must take each medication.
- (3) Ensure the medication log includes:
 - (a) Initials of the staff who assisted or gave each resident medication(s);
 - (c) Documentation of any changes or new prescribed medications including:
 - (iii) A logged call requesting written verification of the change; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the medication log for 5 of 5 residents (Residents 1, 2, 3, 4 and 5) were accurate and kept

up to date. This failure placed the residents at risk for medical complications and medication errors.

Findings included...

<Resident 1>

Record review showed the AFH admitted Resident 1 on [REDACTED]/2023 with multiple diagnoses that included [REDACTED]. Resident 1's assessment, dated 03/09/2023, showed Resident 1 required caregiver assistance with medication management.

Record review of Resident 1's September 2023 medication log, on 09/25/2023 at 1:57 PM, showed the following:

- Metronidazole (a medication used to treat infections) scheduled to be administered twice daily for 7 days, Staff A (Entity Representative) documented their initials indicating the medication was given 09/01/2023 through 09/24/2023.
- Multivitamin scheduled once daily. Staff A (Entity Representative) documented their initials indicating the medication was given 09/01/2023 through 09/18/2023. The medication log showed a line was drawn through the initials starting at 09/01/2023 through 09/30/2023. There was no reason documented for the line being drawn.

Observation on 09/25/2023 at 2:01 PM, showed metronidazole medication was not in Resident's 1's medication supply.

During an interview on 09/26/2023 at 3:50 PM, Staff A stated Resident 1 was given the medication twice daily beginning 09/01/2023 and completed the medication on 09/07/2023. Staff A reported that this was an error on the medication log.

<Resident 2>

Record review showed the AFH admitted Resident 2 on [REDACTED]/2023 with multiple diagnoses that included [REDACTED]. Resident 2's assessment, dated [REDACTED]/2023, showed Resident 2 required caregiver assistance with medication management, blood sugar checks, and insulin (a hormone that helps sugar enter the body's cell to it can be used for energy) injections.

Record review of Resident 2's September 2023 medication log, on 09/25/2023 at 2:10 PM, showed the following:

- Blood sugars to be checked daily. There were no blood sugar checks documented for Resident 2 on the medication log. Record review of AFH's notebook log, showed Resident 2's blood sugar check was on 09/21/2023. Blood sugar checks were not documented for Resident 2 from 09/22/2023 through 09/25/2023.
- Insulin glargine Solostar (a medication used to control the amount of sugar in the

blood) to be given subcutaneously (under the skin) daily. There was no documentation that insulin was administered to Resident 2 from 09/01/2023 through 09/25/2023.

- Amox-clav (a medication used to treat infections) to be administered twice daily for 14 days. Staff A documented their initials indicating the medication was given twice daily from 09/01/2023 through 09/25/2023.

Observation on 09/25/2023 at 2:12 PM, showed the Amox-clav medication was not in Resident's 2's medication supply.

During an interview, on 09/25/2023 at 2:10 PM, Staff A reported that insulin was given but forgot to document. Staff A acknowledged that the Amox-clav medication was only given twice daily for 14 days and that the medication log was incorrect.

<Resident 3>

Record review showed the AFH admitted Resident 3 on [REDACTED]/2023 with multiple diagnoses that included [REDACTED]. Resident 3's assessment, dated [REDACTED]/2023, showed Resident 3 required caregiver assistance with medication management, blood sugar checks and insulin injections.

Record review of Resident 3's September 2023 medication log, on 09/25/2023 at 2:28 PM, showed the following:

- Resident 3's blood sugar was to be checked four times daily. There were no blood sugar checks initialed for Resident 3 on the medication log. Record review of AFH's notebook log, showed Resident 3's blood sugar check was on 09/21/2023. Blood sugar checks were not documented for Resident 3 from 09/22/2023 through 09/25/2023.
- Insulin lispro (a medication used to control the amount of sugar in the blood) to be injected under the skin three times daily. There were no initials on the medication log that documented the insulin was administered to Resident 3 from 09/01/2023 through 09/25/2023.
- Lidocaine (a medication placed on the skin for pain) patches to be applied to both legs daily and to leave on for 12 hours. There were no initials on the medication log that documented when the Lidocaine patches were applied and removed from Resident 3 from 09/01/2023 through 09/25/2023.
- Heart rate checks daily before giving medications. There were no initials documented that heart rates were checked on the medication log from 09/01/2023 through 09/25/2023.
- Metoprolol (a medication used to relax blood vessels and slow heart rate to improve blood flow and decrease blood pressure) to be given twice daily and hold for heart rates less than 60 beats per minute. Heart rates were not documented on the medication log from 09/01/2023 through 09/25/2023.
- Fibercon (a medication to treat infrequent or hard to pass bowel movements) to be given daily. Staff A documented their initials indicating the medication was given 09/01/2023 through 09/25/2023.

Observation, on 09/25/2023 at 2:22 PM, showed that Fibercon was not available in Resident 3's medication supply.

During an interview, on 09/25/2023 at 2:10 PM, Staff A reported that insulin was given to Resident 3, but they forgot to document.

During an interview, on 09/26/2023 at 1:38 PM, Resident 3 reported they are getting all their medications.

During an interview, on 09/26/2023 at 4:52 PM, Staff A stated Fibercon was supplied by Resident 3's family and substituted with Metamucil. Staff A stated that Resident 3 administers this medication daily without assistance. Staff A reported that Resident 3 tells them when they took the medication and Staff A writes it on the medication log.

<Resident 4>

Record review showed the AFH admitted Resident 4 on [REDACTED]/2023 with multiple diagnoses that included [REDACTED]. Resident 4's assessment, dated 05/22/2023, showed Resident 4 required caregiver assistance with medication management, blood sugar checks and insulin injections.

Record review of Resident 4's September 2023 medication log, on 09/25/2023 at 12:40 PM, showed the following:

- Resident 4's medication log did not contain documentation that any medications had been given from 09/16/2023 through 09/25/2023.
- Check blood pressure daily. There were no initials on the medication log that blood pressure was checked from 09/16/2023 through 09/25/2023. The medication log did not have documentation of the results of the blood pressure checks from 09/01/2023 through 09/15/2023.
- Weight checks daily. There were no weights checks documented from 09/16/2026 through 09/25/2023. The weight checks from 09/01/2023 through 09/15/2023 did not have documentation of the results from the weight checks.
- Blood sugars to be checked three times daily. There were no blood sugar checks documented for Resident 4 on the medication log. Record review of AFH's notebook log, showed Resident 4's blood sugar check was on 09/21/2023. Blood sugar checks were not initialed for Resident 4 from 09/22/2023 through 09/25/2023.
- Insulin lispro to be given under the skin three times daily before meals, Lantus Solostar insulin injections (a medication used to control the amount of sugar in the blood) to be injected under the skin every morning and at bedtime. There was no documentation on Resident's 4 medication log that they were given insulin Lispro or Lantus Solostar from 09/01/2023 through 09/25/2023.
- Lidocaine patch to be applied daily and to leave on for 12 hours. There were no initials on the medication log of the Lidocaine patch application or removal from 09/16/2023 through 09/25/2023.
- Acetaminophen (a medication used to treat pain, minor aches and reduces fever) scheduled to be administered as needed. Record Review of Resident 4's September 2023 medication log, on 09/26/2023 at 3:45 PM, showed that Resident 4 was given acetaminophen on 09/24/2023 and 09/25/2023. The medication log did not show documentation on the back of the medication log indicating what time the acetaminophen

medication was given, the reason or any monitoring for the effectiveness.

During an interview, on 09/25/2023 at 2:10 PM, Staff A reported that insulin was given to Resident 4 but forgot to document. Staff A reported that all medications had been given to Resident 4 and they forgot to initial the medication log from 09/16/2023 until 09/25/2023.

During an interview, on 09/26/2023 at 2:30 PM, Resident 4 reported they believe they are getting all their medications.

During an interview, on 09/26/2023 at 4:10 PM, Staff A reported they know the correct way to fill out the medication log. Staff A reported that blood sugar checks and insulin were kept in a notebook that is separate from the medication log. Staff A reported the blood sugar checks were written on a piece of paper by Staff B (Caregiver) and then documented in the notebook. Staff A stated that Staff B forgot to add the blood sugars results to the notebook.

<Resident 5>

Record review showed the AFH admitted Resident 5 on [REDACTED]/2023 with multiple diagnoses that included [REDACTED]. Resident 5's assessment, dated 05/20/2023, showed Resident 5 required caregiver assistance with medication management and injections.

Record review of Resident 5's September 2023 medication log, on 09/25/2023 at 4:10 PM, showed the following:

- Victoza (a medication used to lower blood sugar) and is to be injected under the skin. The medication log showed no initials that the Victoza medication had been given from 09/09/2023 through 09/25/2023.
- Movantik (a medication used to treat infrequent or hard to pass bowel movements) to be administered every other day. There were no initials on the medication log showing the Movantik medication was given on 09/10/2023, 09/12/2023, 09/14/2023, 09/16/2023, 09/18/2023, 09/20/2023, 09/22/2023 and 09/24/2023.
- MiraLAX (a medication used to treat infrequent or hard to pass bowel movements) powder to be administered twice daily. The medication log showed circles at 8 AM on 09/03/2023, 09/04/2023, 09/05/2023, 09/07/2023, 09/10/2023, 09/11/2023, 09/13/2023 and 09/18/2023. The medication log showed circles at 8 PM from 09/01/2023 through 09/07/2023. There was no reason documented for the circles. The medication log had no documented initials at 8 PM from 09/08/2023 through 09/24/2023.
- Multivitamin (a dietary supplement) to be administered daily. The medication log showed a line was drawn starting 8 AM on 09/01/2023 through 09/31/2023. There was no reason documented for the line being drawn.
- Aspercreme Lidocaine (medication used to treat aches and pains) patch to be applied daily. The medication log showed a line was drawn starting 8 AM on 09/01/2023 through 09/31/2023. There was no reason documented for the line being drawn.
- Melatonin (a supplement that helps with sleep) to be given daily. The medication log

showed a line was drawn starting 8 PM on 09/01/2023 through 09/31/2023. There was no reason documented for the line being drawn.

- Guaifenesin (a medication used to treat cough) to be given as needed. The medication log showed a line was drawn starting at 09/01/2023 through 09/31/2023. There was no reason documented for the line being drawn.

- Nyampc (a cream to be applied to skin) scheduled to be administered twice daily. The medication log showed initials documented 09/26/2023 through 09/29/2023 that Resident 5 was administered the Nyampc medication. Those dates had not occurred at the time of the review of the medication log.

- Albuterol (a medication that is inhaled to help relieve the feeling of breathlessness) scheduled to be administered every four hours as needed. The medication log showed that Residents 5 was given Albuterol on 09/01/2023, 09/02/2023, 09/05/2023 and 09/08/2023. The medication log did not show documentation on the back of the medication log indicating what time the Albuterol medication was given, the reason or any monitoring for the effectiveness.

- Cyclobenzaprine (a medication used to treat sudden, unwanted movements in muscles) scheduled to be administered twice daily as needed. Resident 5 was given the Cyclobenzaprine medication twice daily at 8 AM and 8 PM from 09/01/2023 through 09/24/2023. The medication log did not show documentation on the back of the medication log indicating what time the Cyclobenzaprine medication was given, the reason or any monitoring for the effectiveness of the medication.

- Hydromorphone (a medication used to treat pain) scheduled to be administered every six hours as needed for moderate to severe pain, up to 3 days. Resident 5 was given Hydromorphone medication from 09/01/2023 through 09/25/2023. The medication log did not show documentation on the back of the medication log indicating what time the Hydromorphone was given, the reason or any monitoring for the effectiveness of the medication.

- Hydroxyzine (a medication used to treat anxiety) scheduled to be administered every six hours as needed. The medication log showed Resident 5 was given the Hydroxyzine as needed medication from 09/01/2023 through 09/25/2023. The medication log did not show documentation on the back of the medication log indicating what time the Hydroxyzine was given, the reason or any monitoring for the effectiveness of the medication.

- Sertraline (a medication used to treat depression) scheduled to be administered daily. The medication log showed no documentation that Resident 5 received the Sertraline medication from 09/01/2023 through 09/25/2023.

- Famotidine (a medication used to conditions that cause excess stomach acid), Doxycycline (a medication used to treat infections), and Acetaminophen (a medication used to treat minor aches, pains, and fever reducer) were not listed on Resident's 5 September 2023 medication log.

Observation, on 09/25/2023 at 4:35 PM, showed Famotidine, Doxycycline and Acetaminophen medications were available in Resident 5's medication supply.

During an interview on 09/26/2023 at 3:15 PM, Resident 5 reported they were receiving all medications and had no concerns about their medications.

During an interview on 09/26/2023 at 5:18 PM, Staff A reported that all medications were given to the resident and were not documented on the medication log correctly. Staff A reported that they initialed the medication log for 09/26/2023 through 09/29/2023 and

this was a mistake. Staff A acknowledged they knew the correct way to document medications prescribed as needed on the medication log. Staff A reported Famotidine, Doxycycline, and Acetaminophen medications were not on the medication log and were recently prescribed to Resident 5.

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, Anchor of Love 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



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

11/07/2023

Anchor of Love Adult Family Home LLC
Anchor of Love Adult Family Home LLC
12908 43rd Ave NE
Marysville, WA 98271

RE: Anchor of Love Adult Family Home LLC # 756153

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/30/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Nichollette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100

Arlington, WA 98223

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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;

The Adult Family Home (AFH) had unsecured disinfecting wipes on a table in the dining room and laundry detergent sitting on the floor in the unsecured laundry closet. Staff A (Entity Representative) acknowledged and took actions to lock up the unsecured chemicals.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

The Adult Family Home (AFH) failed to have at least 36 gallons of emergency drinking water on-site for 5 residents, 3 staff members, and 4 household members. The AFH obtained the correct amount of required emergency drinking water needed during the inspection.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (206)348-9350.

Sincerely,

10/30/2023

Page 3 of 4

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

Enclosure

**Plan
(Plan of Correction)**

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Nichollette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an '**IDR Request Form**' for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600