



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Islandview Adult Family Home LLC
Islandview Adult Family Home LLC
3011 Islandview Ct
Gig Harbor, WA 98335

RE: Islandview Adult Family Home LLC License # 756331

Dear Provider:

This letter addresses Compliance Determination(s) 34929 (Completion Date 01/09/2024) and 33664 (Completion Date 12/19/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/09/2024 and found that you have corrected the violations listed in the Follow up report dated 12/19/2023. Your home is back in compliance as of 12/19/2023 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 388-76-10475-1

The Department staff who did the on-site verification:
Scotti Bower, AFH Licensors

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

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



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License # 755331	Compliance Determination # 33654
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: Islandview Adult Family Home LLC	12/19/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site follow-up on 12/19/2023 and 12/19/2023 of:

Islandview Adult Family Home LLC
 5011 Islandview Ct
 Gig Harbor, WA 98335

This document references the following SCD dated: 12/19/2023

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

The department staff that inspected the Adult Family Home:

Scott Bower, AFH Licenser

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit A
 PO Box 99250
 Lakewood, WA 98496

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

12/19/2023

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.

Statement of Deficiencies	License #: 756331	Compliance Determination # 33564
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 2 of 4	Licensee: Islandview Adult Family Home LLC	12/19/2023

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.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure the medication administration records (MARs) for 2 of 6 residents (Resident 2, and Resident 5) were kept current. These failures placed two residents at risk for medical complications and made it unclear if medications were being received by Resident 2 and Resident 5 as prescribed.

Findings included...

Resident 2 (R2)

On 12/19/2023 at 12:20 pm, review of Resident 2's December 2023 MAR showed the following medications were not initiated in the medication log:

Alka-Seltzer 324 mg (milligram) for heartburn on 12/19/2023 at 8:00 am;

Amlodipine Besylate 5 mg for blood pressure on 12/19/2023 at 8:00 am;

Duloxetine HCL 60 mg for nerve pain on 12/19/2023 at 8:00 am;

Hydrochlorothiazide 25 mg for edema (swelling) on 12/19/2023 at 8:00 am;

Hydrocortisone 1% cream for itching on 12/18/2023 at 10:00 pm;

Hydroxyzine HCL 25 mg for anxiety and itching on 12/19/2023 at 8:00 pm, and 12/19/2023 at 8:00 pm;

Losartan Potassium 100 mg for hypertension on 12/19/2023 at 8:00 am;

Senexon-s 8.6 mg for constipation on 12/19/2023 at 5:00 pm, and 12/19/2023 at 8:00 am; and

Trazodone HCL 50 mg for sleep on 12/18/2023 at 8:00 pm.

Resident 5 (R5)

On 12/19/2023 at 12:25 pm, review of Resident 5's December 2023 MAR showed the following medications were initiated ahead of time on the medication log:

Olanzapine 20 mg for agitation for 12/19/2023 at 5:00 pm, and 12/20/2023 at 8:00 am;

Oxybutynin Chloride 5 mg for incontinence for 12/19/2023 at 5:00 pm, and 12/20/2023 at 8:00 am;

Pantoprazole Sodium 20 mg for GERD for 12/20/2023 at 8:00 am;

Polyethylene Glycol 17 Gram for constipation for 12/20/2023 at 8:00 am; and

Restasis 0.05% Dropperette for eye lubrication for 12/19/2023 at 8:00 pm, and 12/20/2023 at 8:00 am.

On 12/19/2023 at 12:45 pm in an interview, the Provider stated that the medications were given but the MARs were not signed correctly for R2. The Provider stated the signing ahead for R5 was also an error.

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Statement of Deficiencies	License #: 756331	Compliance Determination # 33664
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 3 of 4	Licensee: Islandview Adult Family Home LLC	12/19/2023

This is an uncorrected citation previously cited on 10/17/2023.

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

Statement of Deficiencies	License #: 756331	Compliance Determination # 33664
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 4 of 4	Licenses: Islandview Adult Family Home LLC	12/19/2023

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, Islandview Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 12/19/23

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

MJF
Provider (or Representative)

12/19/23
Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 756331	Compliance Determination #30749
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 1 of 8	Licensee: Islandview Adult Family Home LLC	10/17/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 10/10/2023 and 10/10/2023 of:

Islandview Adult Family Home LLC
3011 Islandview Ct
Gig Harbor, WA 98335

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

The department staff that inspected the Adult Family Home:

Scotti Bower, AFH Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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

10/18/2023

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.

Statement of Deficiencies	License #: 756331	Compliance Determination # 30749
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 2 of 8	Licenses: Islandview Adult Family Home LLC	10/17/2023

Pitambor RC
Provider (or Representative)

10/24/2023
Date

WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

(4) Other doors leading to the outside that are not designated as an emergency exit must open without any special skills or knowledge, and they must remain accessible to residents unless doing so poses a risk to the health or safety of at least one resident; and

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure 1 of 3 exterior doors (Door 1) leading to the outside opened without special skills or knowledge. This failure placed all residents at risk of being unable to exit quickly and safely in an emergency.

Findings included...

On 10/10/2023 observation showed Door 1 had an additional locking device located in the upper left corner of the door and frame. There was a sign above the door that stated this door was not an exit.

On 10/10/2023 at 11:20 am in an interview, the Provider stated they were told the additional locking device was allowed since the door was not used as an exit.

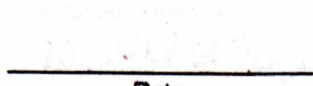
Attestation Statement

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, Islandview Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) within 45 days or sooner

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

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

Statement of Deficiencies	License #: 756331	Compliance Determination # 30749
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 3 of 8	Licensee: Islandview Adult Family Home LLC	10/17/2023

	
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.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure the medication administration records (MARs) for 3 of 6 residents (Resident 3, Resident 4, and Resident 5) were kept current. These failures placed three residents at risk for medical complications and made it unclear if medications were being received by residents as prescribed.

Findings included...

Resident 3 (R3)

On 10/10/2023, review of Resident 3's October 2023 MAR showed the following medications were not initialed on the medication log:
 Atorvastatin Calcium 40 mg (milligram) for cholesterol on 10/09/2023 at afternoon (PM);
 Midodrine 5 mg for blood pressure on 10/09/2023 at PM; and
 Quetiapine Fumarate 25 mg for mental health on 10/09/2023 at bedtime.

Resident 4 (R4)

On 10/10/2023, review of Resident 4's October 2023 MAR showed the following medications were not initialed on the medication log:
 Baclofen 20 mg (milligram) for muscle tightness on 10/09/2023 at noon, PM and bedtime;
 Dantrolene Sodium 50 mg for muscle relaxation on 10/09/2023 at noon, PM and bedtime;
 Calcium Antacid 500 mg for stomach acid on 10/09/2023 at noon; and
 Doxycycline Monohydrate for bacterial infection on 10/09/2023 at noon.

On 10/10/2023 at 1:10 pm in an interview, R4 stated they have received all their medications.

Resident 5 (R5)

On 10/10/2023, review

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Statement of Deficiencies	License #: 756331	Compliance Determination #30749
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
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of Resident 3's October 2023 MAR showed the following medications were not Initialed on the medication log:
Baclofen 20 mg for muscle tightness on 10/09/2023 at PM and bedtime;
Bupropion 75 mg for depression on 10/09/2023 at morning (AM) and PM; and
Levetiracetam 500 mg for seizures on 10/09/2023 at PM.

On 10/10/2023 at 1:50 pm in an interview, R5 stated they have received all their medications.

On 10/10/2023 at 10:46 am in an interview, the Provider stated that the medications were given but the MARs were not signed.

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Statement of Deficiencies	License #: 756331	Compliance Determination # 30749
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 5 of 8	Licensee: Islandview Adult Family Home LLC	10/17/2023

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, Islandview Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) within 35 days

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

Pitambor RC
Provider (or Representative)

10/24/2023
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;
 - (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the 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 observations, interviews and record reviews the adult family home (AFH) failed to ensure an assessment was completed for the need and safe use of [REDACTED] (a medical device), failed to ensure safety risks were explained and informed consent from the resident or representative was obtained, and failed to document information in the negotiated care plan (NCP) regarding use of [REDACTED] for 5 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) who used them. This failure placed the five residents at risk for injury.

Findings included...

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

Statement of Deficiencies	License #: 756331	Compliance Determination # 30749
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 6 of 8	Licensee: Islandview Adult Family Home LLC	10/17/2023

Resident 1 (R1)

On 10/10/2023 at noon, observation showed R1's bed had [REDACTED] connected to their bed.

On 10/10/2023 at 12:02 pm in an interview, R1 stated they used the [REDACTED] to reposition in bed and assist with transfers.

On 10/10/2023 review of R1's records showed no assessment for [REDACTED], their NCP did not document there were [REDACTED] or how they were to be used, and there was no documentation to show the resident or representative was informed of the [REDACTED] benefits or safety risks.

Resident 2 (R2)

On 10/10/2023 at 12:15 pm, observation showed R2's bed had [REDACTED] connected to their bed.

On 10/10/2023 at 12:17 pm in an interview, R2 stated they used the [REDACTED] to reposition in bed.

On 10/10/2023 review of R2's records showed no assessment for [REDACTED], their NCP did not mention [REDACTED] or how they were to be used, and there was no documentation to show the resident or representative was informed of the [REDACTED] benefits or safety risks.

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Statement of Deficiencies	License #: 756331	Compliance Determination #30749
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 7 of 8	Licensee: Islandview Adult Family Home LLC	10/17/2023

Resident 3 (R3)

On 10/10/2023 at 12:23 pm, observation showed R3's bed had [REDACTED] connected to their bed. R3 was laying in bed, one [REDACTED] was in the up position and one [REDACTED] was down.

On 10/10/2023 at 12:25 pm in an interview, R3 stated they do not use the [REDACTED]. They assumed they were part of the bed.

On 10/10/2023 review of R3's records showed no assessment for [REDACTED], their NCP did not mention [REDACTED] or how they were to be used, and there was no documentation to show the resident or representative was informed of the [REDACTED] benefits or safety risks.

Resident 4 (R4)

On 10/10/2023 at 12:35 pm, observation showed R4's bed had [REDACTED] connected to their bed.

On 10/10/2023 at 12:37 pm in an interview, R4 stated they used the [REDACTED] to reposition in bed.

On 10/10/2023 review of R4's records showed no assessment for [REDACTED], their NCP did not mention [REDACTED] or how they were to be used, and there was no documentation to show the resident or representative was informed of the [REDACTED] benefits or safety risks.

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Statement of Deficiencies	License #: 756331	Compliance Determination #30749
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 8 of 8	Licensee: Islandview Adult Family Home LLC	10/17/2023

Resident 5 (R5)

On 10/10/2023 at 12:40 pm, observation showed R5's bed had [REDACTED] connected to their bed.

On 10/10/2023 at 1:01 pm in an interview, Caregiver A stated R5 used the [REDACTED] to assist with positioning.

On 10/10/2023 review of R5's records showed no assessment for [REDACTED] their NCP did not mention [REDACTED] or how they were to be used, and there was no documentation to show the resident or representative was informed of the [REDACTED] benefits or safety risks.

On 10/10/2023 at 1:02 pm in an interview, the Provider stated they were not aware assessments and safety risk information was needed for [REDACTED]

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

10/19/2023

Islandview Adult Family Home LLC
Islandview Adult Family Home LLC
3011 Islandview Ct
Gig Harbor, WA 98335

RE: Islandview Adult Family Home LLC # 756331

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/17/2023 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

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

Islandview Adult Family Home LLC #756331

10/17/2023

Page 2 of 4

Lakewood, WA 98496

- 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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

- (1) Uses nationally recognized infection control standards;

The adult family home (AFH) failed to ensure all staff were fit tested for N95 masks. This was corrected during the inspection.

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;

The adult family home (AFH) failed to ensure prescribed medication was in locked storage. This was corrected 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.

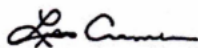
You May:

- 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 (253)983-3826.

Sincerely,



Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

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

Islandview Adult Family Home LLC #756331

10/17/2023

Page 3 of 4

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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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

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

10.18.2023 16:20:07

State of Washington

Islandview Adult Family Home LLC #756331

10/17/2023

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PO Box 45600

Olympia, WA 98504-5600

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