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

Lakeside Manor AFH LLC

Lakeside Manor AFH LLC
19904 SE 416TH ST
ENUMCLAW, WA 98022

RE: Lakeside Manor AFH LLC License # 756378

Dear Provider:

This letter addresses Compliance Determination(s) 35692 (Completion Date 01/29/2024) and 31459 (Completion Date 11/22/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/29/2024 and found that you have corrected the violations listed in the Full report dated 11/22/2023. Your home is back in compliance as of 01/04/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10430-1, WAC 388-76-10430, WAC 388-76-10540, WAC 388-76-10540-1, WAC 388-76-10540-2, WAC 388-76-10540-2-a, WAC 388-76-10540-2-b, WAC 388-76-10540-2-c, WAC 388-76-10135, WAC 388-76-10135-4, WAC 388-112A-0400-4, WAC 388-112A-0400-4-b, WAC 388-112A-0400-4-c, WAC 388-112A-0400, WAC 388-76-10161, WAC 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10161-3

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

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager

Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

| | | |
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| Statement of Deficiencies | License #: 756378 | Compliance Determination # 31459 |
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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 10/19/2023 and 10/19/2023 of:

Lakeside Manor AFH LLC
19904 SE 416TH ST
ENUMCLAW, WA 98022

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:

Susan Aromi, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

12/1/2023
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

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Provider (or Representative) 01/04/24 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 physician ordered, as needed (PRN) medications were available for 1 of 2 sampled residents (Resident 5) who needed staff assistance with their medications. This failure placed Resident 5 at risk of medical decline from unmet medication needs.

Findings included...

In an interview on 10/19/2023 at 10:22 AM, Staff C, Caregiver, stated that they assisted Resident 5 with their medications.

Review of Resident 5's October 2023 medication log showed the following PRN physician orders: Diclofenac Sodium 1% Gel, apply topically to affected area twice daily as needed for arthritis (swelling and tenderness of one or more joints with symptoms that include joint stiffness and pain) pain, Ear Drops 6.5%, instill 5 drops to affected ear at bedtime as needed for ear infection, and Mucinex DM ER 600-30 milligrams tablet, take one tablet by mouth every twelve hours as needed for congestion (accumulation of mucus in the lungs and breathing tubes, that make it difficult to breath and is usually accompanied by coughing).

Observation of Resident 5's medications, on 10/19/2023 at 11:56 AM, showed Diclofenac Sodium 1% Gel, Ear Drops 6.5%, and Mucinex DM ER tablets were not available.

In an interview on 10/19/2023 at 12:04 PM, Staff C said Resident 5's Diclofenac Sodium 1% Gel, Ear Drops 6.5%, and Mucinex DM ER tablets had expired and the AFH staff tossed them. Staff C said they did not remember when they tossed the medications.

On 10/19/2023 at 12:15 PM, Staff A, Entity Representative/Resident Manager, said Resident 5 had not used the PRN medications. Staff A added, "I have not followed up on those."

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In an interview on 10/19/2023 at 3:01 PM, Resident 5 said they had arthritis. Resident 5 said that sometimes, they had achy joints and backpains. Resident 5 said they did not ask the AFH staff for PRN pain medication because they did not know if the staff had anything to give them. Resident 5 said their ears were okay and they believed they had ear infections once or twice in the past. The resident said their family member got them ear drops for their ear infection. Resident 5 also said they had occasional coughing and did not recall taking any medication for the cough.

**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, Lakeside Manor AFH LLC is or will be in compliance with this law and / or regulation on (Date) 01/04/24.

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

Provider (or Representative) 01/04/24 Date

**WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.**

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

(2) The disclosure must include:

(a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;

(b) The home's advance notice or transfer requirements; and

(c) The amount of the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges that the home will refund to the resident if the resident leaves the home.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to provide a copy of a completed disclosure of charges form to 2 of 2 sampled residents (Residents 4 and 5). This failure placed Residents 4 and 5 at risk of not knowing the charges for care, services,

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and activities that the home provided.

Findings included...

In an interview on 10/19/2023 at 10:05 AM, Staff C, Caregiver, said they had six residents (Residents 1, 2, 3, 4, 5 and 6). Staff C said the AFH staff provided care and services to all six residents.

Review of Resident 4's 06/12/2023 Negotiated Care Plan (NCP) showed the AFH admitted them on [redacted]2022. Record review did not show that the AFH had written acknowledgment that Resident 4 received the AFH's completed disclosure of charges form.

Review of Resident 5's 07/05/2023 NCP showed the AFH admitted them on [redacted]2022. Record review did not show that the AFH had written acknowledgment that Resident 5 received the AFH's completed disclosure of charges form.

In an interview on 10/19/2023 at 12:19 PM, Staff A, Entity Representative/Resident Manager, stated that Residents 4 and 5 already lived at the AFH under the previous Provider, when the AFH was licensed under Staff A's name. Staff A said they did not give copies of the disclosure of charges form to Residents 4 and 5.

Review of the department's 10/19/2023 AFH Summary Report showed the AFH was licensed on 05/30/2023 through a change of ownership with Staff A as the designated Entity Representative/Resident Manager.

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Provider (or Representative) Date 01/04/24

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

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**WAC 388-112A-0400 What is specialty training and who is required to take it?**

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(b) Dementia specialty training as described in WAC 388-112A-0440 ; and

(c) Mental health specialty training as described in WAC 388-112A-0450 .

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff C, Caregiver) completed Dementia (a group of conditions characterized by impairment of at least two brain functions like memory and judgment) and Mental health specialty trainings. This failure placed residents with special needs living in the AFH at risk for their needs not being identified and appropriately met.

Findings included...

Observation on 10/19/2023 at 10:05 AM showed Staff C gave Resident 5 medications.

In an interview on 10/19/2023 at 10:22 AM, Staff C said they worked full time at the AFH and provided care and services to their six residents (Residents 1, 2, 3, 4, 5 and 6). Staff C said Residents 3 and 4 had diagnosis of [redacted].

In an interview on 10/19/2023 at 10:59 AM, Staff A, Entity Representative/Resident Manager, said all six of their residents had some Dementia in varying degrees, from mild to severe.

Review of the AFH's October 2023 medication logs showed four residents (Residents 3, 4, 5 and 6) had diagnosis of [redacted] and/or [redacted].

Review of Staff C's orientation record showed a hire date of 02/17/2021. Staff C had no records of specialty training in Dementia and Mental health.

In further interview on 10/19/2023 at 2:19 PM, Staff C said they had dementia and mental health specialty training and will send copies to the department if found.

In a telephone interview on 11/22/2023 at 1:22 PM, Staff A said that Staff C did not have Dementia and Mental health specialty trainings.

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

Provider (or Representative) 01/04/24 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 the following background checks:

(a) A Washington state name and date of birth background check; and

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 staff (Staff B, Caregiver) and 1 of 2 Household Members (HM2) had Washington name and date-of birth background checks. This failure placed all the residents at risk of harm from staff and a household member with unknown criminal backgrounds.

Findings included...

Observation on 10/19/2023 at 10:05 AM showed six residents (Residents 1, 2, 3, 4, 5 and 6) in the AFH with two staff (Staff C, Caregiver and Staff F, Caregiver).

STAFF B

On 10/19/2023 at 10:07 AM, Staff B, a live-in caregiver who was not scheduled to work on 10/19/2023, showed up at the dining room and asked the department staff what they could help with.

In an interview on 10/19/2023 at 10:44 AM, Staff C said Staff B worked full time and lived at the AFH.

Staff A, Entity Representative/Resident Manager, arrived at the AFH on 10/19/2023 at 10:50 AM. Staff A said they did a change of ownership of the AFH and were licensed on 05/30/2023.

Review of Staff B's records showed an initial AFH hire date of 06/22/2012. Staff B's hire date under Staff A's license was 05/30/2023. There was no Washington state name and date-of birth background check found for Staff B.

In an interview on 10/19/2023 at 2:23 PM, Staff A said they had to check in their computer if Staff B had a current Washington state name and date-of birth background check. Staff A said their internet was very slow. Staff A said they will send Staff B's background check to the department as soon as possible.

An e-mail from Staff A, sent to the department on 10/23/2023, indicated that Staff A learned that the former Entity Representative/Resident Manager of the AFH was no longer able to access their

account to obtain the background checks of the staff prior to Staff A's licensure on 05/30/2023. Staff A sent a copy of a 06/09/2023 Background Check Authorization for Staff B, and a Web Search No Record Found Report from the Washington State Patrol dated 10/22/2023

HM2

In an interview on 10/19/2023 at 10:56 AM, Staff A said that HM2 took care of the AFH maintenance and the horses. Staff A said HM2 lived upstairs in the AFH for years.

Review of records showed no Washington name and date-of birth background check for HM2.

On 10/19/2023 at 10:59 AM, Staff A said they had a background check on HM2. Staff A said their records are electronically filed in their computer, and the internet connection was very slow at the AFH site. Staff A said they will send to the department HM2's background check record as soon as possible.

As of 11/14/2023, the AFH did not send Background Check Central Unit (BCCU) background checks for Staff B and HM2.

An e-mail received by the department staff from BCCU on 11/20/2023 showed Staff B completed a Washington name and date-of birth background check on 10/26/2023, seven days after the full inspection.

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