STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Swaza AFH, LLC

Swaza AFH, LLC
275 W Vine St
Napavine, WA 98565

RE: Swaza AFH, LLC License # 756417

Dear Provider:

This letter addresses Compliance Determination(s) 58804 (Completion Date 05/19/2025) and 55768 (Completion Date 03/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/19/2025 and found that you have corrected the violations listed in the Full report dated 03/10/2025. Your home is back in compliance as of 03/25/2025 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 388-76-10845, WAC 388-76-10845-1, WAC 388-76-10845-2, WAC 388-76-10850, WAC 388-76-10850-1, WAC 388-76-10850-2, WAC 388-76-10850-3, WAC 388-76-10895, WAC 388-76-10895-2, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10895-3, WAC 388-76-10895-3-c, WAC 388-76-10380, WAC 388-76-10380-4, WAC 388-76-10320, WAC 388-76-10320-8, WAC 388-76-10201, WAC 388-76-10201-1, WAC 388-76-10201-2, WAC 388-76-10430, WAC 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10485-2, WAC 388-76-10198, WAC 388-76-10198-1, WAC 388-76-10198-4

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manger
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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

The department completed data collection for the unannounced on-site full inspection on 03/03/2025 of:

Swaza AFH, LLC
275 W Vine St
Napavine, WA 98565

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:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

03/18/2025
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.

Provider (or Representative)

3/20/2025
Date

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

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

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

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure there was adequate emergency water supply for 6 or 6 residents (Resident 1, 2, 3, 4, 5 and 6). This failure placed all residents at risk for potentially not having enough water available in the event of an emergency or disaster.

Findings included...

Observation during an environmental tour on 03/03/2025 at 11:50 A.M., showed the AFH had 18 gallons water for six residents and three caregivers.

During an interview on 03/03/2025 at 12:05 P.M., the Provider stated being unaware of the amount of water that was needed in the home. The Provider confirmed there was no extra reserved water in the home.

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 | 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.

Provider (or Representative) | Date

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

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

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

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure there was adequate emergency water supply for 6 or 6 residents (Resident 1, 2, 3, 4, 5 and 6). This failure placed all residents at risk for potentially not having enough water available in the event of an emergency or disaster.

Findings included…

Observation during an environmental tour on 03/03/2025 at 11:50 A.M., showed the AFH had 18 gallons water for six residents and three caregivers.

During an interview on 03/03/2025 at 12:05 P.M., the Provider stated being unaware of the amount of water that was needed in the home. The Provider confirmed there was no extra reserved water in the home.

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, Swaza AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 3/20/2025.

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

Provider (or Representative) — Date: 3/20/2025

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(1) Have emergency medical supplies on-hand for the application of basic first aid during an emergency or disaster in a sufficient amount for the number of residents living in the home;

(2) Replenish the emergency medical supplies as they are used; and

(3) Have a first aid manual.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure there was a first aid kit available for 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6). This failure placed all residents at risk for not having any supplies to treat minor injuries.

Findings included...

Observation during an environmental tour on 03/03/2025 at 11:50 A.M., showed the AFH had no evidence of a first aid kit on site.

During an interview on 03/03/2025 at 12:05 P.M., the Provider stated they were unaware of a first aid kit being needed in the home.

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, Swaza AFH, 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 388-76-10850 Emergency medical supplies. The adult family home must:

(1) Have emergency medical supplies on-hand for the application of basic first aid during an emergency or disaster in a sufficient amount for the number of residents living in the home;

(2) Replenish the emergency medical supplies as they are used; and

(3) Have a first aid manual.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure there was a first aid kit available for 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6). This failure placed all residents at risk for not having any supplies to treat minor injuries.

Findings included…

Observation during an environmental tour on 03/03/2025 at 11:50 A.M., showed the AFH had no evidence of a first aid kit on site.

During an interview on 03/03/2025 at 12:05 P.M., the Provider stated they were unaware of a first aid kit being needed in the home.

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, Swaza AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 3/20/2025

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

Provider (or Representative) — Date: 3/22/2025

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;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

This requirement was not met as evidenced by:

Based on record reviews and interviews, the adult family home (AFH) failed to ensure the coordination of a safe emergency evacuation drill for 6 out of 6 residents (Resident 1, 2, 3, 4, 5 and 6) in a timely manner. This failure placed all residents at risk for potential harm to meet fire safety needs in the AFH.

Findings included...

Administrative/staff record review on 03/03/2025 at 2:51 P.M. showed four out of eight fire drills exceeded five minutes to complete. The emergency evacuation drill record dated 01/01/2025 took 8 minutes to complete. The emergency evacuation drill record dated 09/30/2024 took 8 minutes to complete. The emergency evacuation drill record dated 04/15/2024 took 7 minutes to complete. The emergency evacuation drill record dated 10/12/2023 took 6 minutes to complete.

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, Swaza AFH, 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.

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Provider (or Representative) Date

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(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

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(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

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Findings included…

Administrative/staff record review on 03/03/2025 at 2:51 P.M. showed four out of eight fire drills exceeded five minutes to complete. The emergency evacuation drill record dated 01/01/2025 took 8 minutes to complete. The emergency evacuation drill record dated 09/30/2024 took 8 minutes to complete. The emergency evacuation drill record dated 04/15/2024 took 7 minutes to complete. The emergency evacuation drill record dated 10/12/2023 took 6 minutes to complete.

During an exit interview on 03/03/2025 at 2:54 P.M., the Provider said they were unaware of the frequency of each evacuation drill and the time regulation for completing evacuation drills.

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, Swaza AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 3/22/2025.

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

Provider (or Representative) — Date: 3/22/2025

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure negotiated care plans (NCPs) were reviewed and revised at least every 12 months for 3 of 5 residents (Resident 2, 3 and 4). This failure placed R2, R3 and R4 at risk of improper or incomplete care.

Findings included...

Record review on 03/03/2025 at 12:22 P.M., showed the NCP for R2 was not updated every twelve months, the date of R2's last available NCP was 01/01/2024.

Record review on 03/03/2025 at 12:29 P.M., showed no evidence of an NCP for R3. R3's move in date was 09/27/2024.

Record review on 03/03/2025 at 12:37 P.M., showed the NCP for R4 was not updated

During an exit interview on 03/03/2025 at 2:54 P.M., the Provider said they were unaware of the frequency of each evacuation drill and the time regulation for completing evacuation drills.

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, Swaza AFH, 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 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure negotiated care plans (NCPs) were reviewed and revised at least every 12 months for 3 of 5 residents (Resident 2, 3 and 4). This failure placed R2, R3 and R4 at risk of improper or incomplete care.

Findings included…

Record review on 03/03/2025 at 12:22 P.M., showed the NCP for R2 was not updated every twelve months, the date of R2's last available NCP was 01/01/2024.

Record review on 03/03/2025 at 12:29 P.M., showed no evidence of an NCP for R3. R3's move in date was 09/27/2024.

Record review on 03/03/2025 at 12:37 P.M., showed the NCP for R4 was not updated

every twelve months, the date of R4's last available NCP was 01/03/2024.

During an interview on 03/03/2025 at 12:55 P.M., the Provider reported being unaware of the NCP's not being current.

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, Swaza AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 3/22/2025.

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

Provider (or Representative) — Date: 3/22/2025

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

This requirement was not met as evidenced by:

Based on record review, and interview, the adult family home (AFH) failed to have a Social Security number (SSN) in residents' files as required for 3 of 6 residents (Resident 1, 2, and 3). This failure placed six residents at risk for incomplete resident information in resident records in the home.

Findings included...

Record review on 03/03/2025 at 12:15 P.M., showed the R1's resident file contained no evidence of an SSN.

Record review on 03/03/2025 at 12:22 P.M., showed the R2's resident file contained no evidence of an SSN.

Record review on 03/03/2025 at 12:29 P.M., showed the R3's resident file contained no evidence of an SSN.

every twelve months, the date of R4's last available NCP was 01/03/2024.

During an interview on 03/03/2025 at 12:55 P.M., the Provider reported being unaware of the NCP's not being current.

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, Swaza AFH, 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.

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Provider (or Representative) Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

This requirement was not met as evidenced by:

Based on record review, and interview, the adult family home (AFH) failed to have a Social Security number (SSN) in residents' files as required for 3 of 6 residents (Resident 1, 2, and 3). This failure placed six residents at risk for incomplete resident information in resident records in the home.

Findings included…

Record review on 03/03/2025 at 12:15 P.M., showed the R1's resident file contained no evidence of an SSN.

Record review on 03/03/2025 at 12:22 P.M., showed the R2's resident file contained no evidence of an SSN.

Record review on 03/03/2025 at 12:29 P.M., showed the R3's resident file contained no evidence of an SSN.

During an interview on 03/03/2025 at 12:59 P.M. the Provider stated being unaware of not having R1, R2 and R3's social security numbers included in their residents' files.

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, Swaza AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 3/22/2025.

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

Provider (or Representative) — Date: 3/22/2025

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to have a succession plan in place to address how care and services would be provided for 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6). This failure placed six residents at risk for displacement in the event that the provider or entity representative was unable to fulfill their duties.

Findings included...

Record review on 03/03/2025 at 2:47 P.M., of Administrative Records for the AFH showed no evidence of a succession plan.

During an interview on 03/03/2025 at 12:59 P.M. the Provider stated being unaware of not having R1, R2 and R3's social security numbers included in their residents' files.

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, Swaza AFH, 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to have a succession plan in place to address how care and services would be provided for 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6). This failure placed six residents at risk for displacement in the event that the provider or entity representative was unable to fulfill their duties.

Findings included…

Record review on 03/03/2025 at 2:47 P.M., of Administrative Records for the AFH showed no evidence of a succession plan.

During an interview on 03/03/2025 at 2:50 P.M. the Provider stated being unaware of needing a succession plan and confirmed not having one in place for the home.

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, Swaza AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 3/23/2025.

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

Provider (or Representative) — Date: 3/23/2025

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.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 5 of 6 residents (Resident 1, 3, 4, 5 and 6). The AFH also failed to ensure the medication log was accurate for 1 of 6 residents (Resident 4). This failure placed five residents at risk for not receiving medications as ordered.

Findings included...

During an interview on 03/03/2025 at 2:50 P.M. the Provider stated being unaware of needing a succession plan and confirmed not having one in place for the home.

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, Swaza AFH, 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 388-76-10430 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.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 5 of 6 residents (Resident 1, 3, 4, 5 and 6). The AFH also failed to ensure the medication log was accurate for 1 of 6 residents (Resident 4). This failure placed five residents at risk for not receiving medications as ordered.

Findings included...

<Resident 1>

During a record review on 03/03/2025 at 1:05 P.M., Resident 1's (R1) Medication Administration Record (MAR), dated March 2025, showed Bisacodyl (for constipation) prescribed as needed or PRN.

An observation of R1's medication supply, on 03/03/2025 at 1:07 P.M., showed Bisacodyl was missing from R1's medication supply.

During an interview on 03/03/2025 at 1:09 P.M., the Provider said they were unsure why Bisacodyl was missing.

<Resident 3>

During a record review on 03/03/2025 at 1:35 P.M., Resident 3's (R3) MAR, dated March 2025, showed Albuterol Inhaler (for asthma) was prescribed on 10/01/2024 for as needed (PRN) use.

Record review of a physician order dated 10/01/2024 showed Albuterol inhaler was prescribed on 10/01/2024 for as needed (PRN) use.

An observation of R3's medication supply on 03/03/2025 at 1:39 P.M. showed Albuterol Inhaler was missing from R5's medication supply.

During an interview on 03/03/2025 at 1:43 P.M. the Provider stated Albuterol inhaler was just added to R3's medications.

<Resident 4>

During a record review on 03/03/2025 at 1:45 P.M., Resident 4's (R4) MAR, dated March 2025, showed Gabapentin (for nerve pain), Magnesium Oxide (supplement) and Melatonin (for sleep) were prescribed as a scheduled daily dose. The MAR also showed Lidocaine (for pain), Naloxone (for opioid overdose), Nitroglycerin (for pain) and and Iprat-Albuterol (for asthma) were prescribed as needed (PRN). Record review of the MAR showed Iprat-Albuterol (for asthma) was not marked as administered daily from 03/01/2025 - 03/03/2025. R4's MAR did not show Fluticasone (for asthma), Pulmicort (for asthma), Nystatin (for rash), and Nyamyc power (for infection) listed.

An observation on of R4's medication supply, on 03/03/2025 at 1:49 P.M., showed Gabapentin, Magnesium Oxide, Melatonin, Lidocaine, Naloxone, Nitroglycerin and Iprat-Albuterol, were missing from R4's medication supply. Observation also showed that Fluticasone, Pulmicort, Nystatin, and Nyamyc powder were present in supply.

During an interview on 03/03/2025 at 1:51 P.M., the Provider reported being unsure why Gabapentin, Magnesium Oxide, Melatonin, Lidocaine, Naloxone, and Nitroglycerin, were missing from R4's medication supply. The Provider reported R4 had refused Iprat-Albuterol, and the MAR was not signed. The Provider was unsure why Fluticasone, Pulmicort, Nystatin, and Nyamyc power were not listed on the MAR.

<Resident 5>

During a record review on 03/03/2025 at 1:57 P.M., Resident 5's (R5) MAR, dated March 2025, showed Ammonium Lactate lotion (for rash), Docusate Sodium (for constipation), Lorazepam (for anxiety), Meloxicam (for pain), Oxycodone (for pain) and Oxycodone-Acetaminophen (for pain) were prescribed as needed (PRN). R5's MAR did not show Aspirin (for hypertension) listed.

An observation of R5's medication supply on 03/03/2025 at 2:05 P.M., showed Ammonium Lactate lotion, Docusate Sodium, Lorazepam, Meloxicam, Oxycodone, and Oxycodone-Acetaminophen were missing from the medication supply. Aspirin was included in R5's medication supply.

During an interview on 03/03/2025 at 2:00 P.M., the Provider stated that the doctor kept changing R5's medications. The Provider stated Oxycodone, and Oxycodone-Acetaminophen were only for R5's surgery. The Provider reported being unsure why Ammonium Lactate lotion, Docusate Sodium, and Lorazepam were missing from R5's medication supply and why the Aspirin was not listed on the MAR.

<Resident 6>

During a record review on 03/03/2025 at 2:05 P.M., Resident 6's (R6) MAR, dated March 2025, showed Acetaminophen (for pain), Bisacodyl (for constipation), Chest Congestion (for chest congestion), and Hydrocodone -Acetaminophen (for pain) were prescribed as needed (PRN).

An observation of R3's medication supply on 03/03/2025 at 2:10 P.M. showed Acetaminophen, Bisacodyl, Chest Congestion, and Hydrocodone -Acetaminophen were missing from R6's medication supply.

During an interview on 03/03/2025 at 2:15 P.M., the Provider reported being unsure why Acetaminophen, Bisacodyl, Chest Congestion, and Hydrocodone -Acetaminophen were missing from R6's medication supply.

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, Swaza AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 3/23/2025.

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

Provider (or Representative) — Date: 3/23/2025

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(2) In the original container with legible and original labels; and

This requirement was not met as evidenced by:

Based on observation, and interview, the adult family home (AFH) failed to ensure prescribed and over-the-counter medications were stored in their original containers with legible and original labels for 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6). This failure placed all residents at risk for harm from medication errors.

Findings included...

Observation on 03/03/2025 at 1:05 P.M, of the medication storage cabinet showed multiple unidentified pills were loose in the medication storage unit.

During an interview on 03/03/2025 at 1:20 P.M. Staff A reported the pills belonged to R5 that were not taken before having surgery.

Observation on 03/03/2025 at 1:52 P.M showed the medication storage area near R1's medications had 11 loose unidentified pills.

An observation of R3's medication supply on 03/03/2025 at 2:10 P.M. showed Acetaminophen, Bisacodyl, Chest Congestion, and Hydrocodone -Acetaminophen were missing from R6's medication supply.

During an interview on 03/03/2025 at 2:15 P.M., the Provider reported being unsure why Acetaminophen, Bisacodyl, Chest Congestion, and Hydrocodone -Acetaminophen were missing from R6's medication supply.

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, Swaza AFH, 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:

(2) In the original container with legible and original labels; and

This requirement was not met as evidenced by:

Based on observation, and interview, the adult family home (AFH) failed to ensure prescribed and over-the-counter medications were stored in their original containers with legible and original labels for 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6). This failure placed all residents at risk for harm from medication errors.

Findings included...

Observation on 03/03/2025 at 1:05 P.M, of the medication storage cabinet showed multiple unidentified pills were loose in the medication storage unit.

During an interview on 03/03/2025 at 1:20 P.M. Staff A reported the pills belonged to R5 that were not taken before having surgery.

Observation on 03/03/2025 at 1:52 P.M showed the medication storage area near R1's medications had 11 loose unidentified pills.

Observation on 03/03/2025 at 1:52 P.M, of the medication storage cabinet near R4's medications showed two loose unidentified pills.

Observation on 03/03/2025 at 2:29 P.M. in the medication storage cabinet near R6's medication showed 12 loose unidentified pills.

During an interview on 03/03/2025 at 2:29 P.M. the Provider was unsure why the loose pills were in the different storage areas in the medication cabinet.

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, Swaza AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 3/25/2025.

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

Provider (or Representative) — Date 3/25/2025

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(1) Staff information such as address and contact information.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff contact information and Washington State name and date of birth background checks were readily accessible for 3 of 3 current caregivers (Provider, Staff A, Staff B) and 2 of 3 former caregivers (Former Staff A and Former Staff B). The AFH also failed to ensure final fingerprint background reports were readily accessible for 3 out of 3 current caregivers (Provider, Staff A and Staff B) and 3 out of 3 former caregivers (Former Staff A, Former Staff B and Former Staff C). These failures prevented the Department from determining required contact information and criminal history for caregiving staff.

Observation on 03/03/2025 at 1:52 P.M, of the medication storage cabinet near R4's medications showed two loose unidentified pills.

Observation on 03/03/2025 at 2:29 P.M. in the medication storage cabinet near R6's medication showed 12 loose unidentified pills.

During an interview on 03/03/2025 at 2:29 P.M. the Provider was unsure why the loose pills were in the different storage areas in the medication cabinet.

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, Swaza AFH, 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(1) Staff information such as address and contact information.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff contact information and Washington State name and date of birth background checks were readily accessible for 3 of 3 current caregivers (Provider, Staff A, Staff B) and 2 of 3 former caregivers (Former Staff A and Former Staff B). The AFH also failed to ensure final fingerprint background reports were readily accessible for 3 out of 3 current caregivers (Provider, Staff A and Staff B) and 3 out of 3 former caregivers (Former Staff A, Former Staff B and Former Staff C). These failures prevented the Department from determining required contact information and criminal history for caregiving staff.

Findings included...

During a records review on 03/03/2025 at 2:40 P.M., records for the Provider, Staff A and Staff B showed no evidence of contact information, Washington State name and date of birth background checks, or final fingerprint background checks. Records for Former Staff A showed no evidence of contact information, Washington State name and date of birth background check, or final fingerprint background check. Records for Former Staff B showed no evidence of contact information, Washington State name and date of birth background check, or final fingerprint background check. Records for Former Staff C showed no evidence of a final fingerprint background check. Staff records showed the Provider's date of hire was 06/01/2022, Staff A's date of hire was 08/24/2024 and Staff B's date of hire was 12/12/2024. Former Staff A was hired on 07/01/2024, Former Staff B was hired on 05/01/2024, and Former Staff C was hired on 06/01/2022.

In an interview on 03/03/2025 at 2:50 P.M. the Provider stated they didn't know where the missing records were located.

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, Swaza AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 3/25/2025 .

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

Provider (or Representative) — Date: 3/25/2025

Findings included...

During a records review on 03/03/2025 at 2:40 P.M., records for the Provider, Staff A and Staff B showed no evidence of contact information, Washington State name and date of birth background checks, or final fingerprint background checks. Records for Former Staff A showed no evidence of contact information, Washington State name and date of birth background check, or final fingerprint background check. Records for Former Staff B showed no evidence of contact information, Washington State name and date of birth background check, or final fingerprint background check. Records for Former Staff C showed no evidence of a final fingerprint background check. Staff records showed the Provider's date of hire was 06/01/2022, Staff A's date of hire was 08/24/2024 and Staff B's date of hire was 12/12/2024. Former Staff A was hired on 07/01/2024, Former Staff B was hired on 05/01/2024, and Former Staff C was hired on 06/01/2022.

In an interview on 03/03/2025 at 2:50 P.M. the Provider stated they didn't know where the missing records were located.

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, Swaza AFH, 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