STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Golden Age Edmonds LLC

Golden Age Edmonds LLC
8406 225th Pl SW
Edmonds, WA 98026

RE: Golden Age Edmonds LLC License # 756474

Dear Provider:

This letter addresses Compliance Determination(s) 41832 (Completion Date 05/28/2024) and 38982 (Completion Date 04/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/28/2024 and found that you have corrected the violations listed in the Complaint report dated 04/04/2024. Your home is back in compliance as of 05/19/2024 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 388-76-10129-1-d, WAC 388-76-10129-1-e, WAC 388-76-10320-6, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10225-1-a, WAC 388-76-10225-1-a-i, WAC 388-76-10225-1-a-ii, WAC 388-76-10225-1-a-iii, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Meazawork Tekie, Complaint Investigator

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I

Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Golden Age Edmonds LLC **Provider Type:** Adult Family Home

License/Cert.#: 756474
Intake ID: 124208
Compliance Determination #: 38982
Region/Unit #: RCS Region 2 / Unit I
Investigator: Meazawork Tekie
Investigation Date(s): 03/27/2024 through 04/04/2024
Complainant Contact Date(s): 04/10/2024

Allegation(s):

1. The Adult Family Home (AFH) failed to maintain Medication system for the Named Resident 1 (NR1) and Named Resident 2 (NR2).
2. The Adult Family Home (AFH) provider failed to maintain personnel records for AFH employees.
3. The Adult Family Home (AFH) Failed to initiate a Negotiated Care Plan (NCP) and obtain Signed Inventory List for Named Resident 3 (NR3) and Named Resident 4 (NR4).
4. The Adult Family Home (AFH) failed to ensure Negotiated Care Plans (NCPs) were signed for the Named Resident 1 (NR1) and Named Resident 2 (NR2).
5. The Adult Family Home failed to review policy on accepting Medicaid as payment source with the Named Residents (NR2) and Named Resident (NR3).
6. The Adult Family Home (AFH) failed to report Named Resident 1s (NR1) fall and injury to the department.
7. The Adult Family Home (AFH) failed to ensure AFH personnel were qualified to care for AFH residents.

The Adult Family Home (AFH) failed to ensure that AFH staff had Tuberculosis (TB) tested per departments' requirements.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Resident rooms
Interviews:	Identified resident Identified staff Nursing staff Residents Family members
Record Reviews:	Medical records Incident investigation

Facility policies
Staff training records
Personnel files

Investigation Summary:

1. Observation showed AFH with 4 residents doing their daily activities comfortably. In an interview with AFH residents and representatives, residents were well cared for and medications were administered by trained personnel. In an interview, provider stated that they didn't update the MAR as the mediations were to be used for emergencies and were in contact with Registered Nursing Delegator. In record review, NR 1 and NR 2 had incomplete nursing delegations and update to medication administration records. See consult dated: 04/11/2024.
2. Observation showed AFH Staff A and B providing care to AFH residents. In an interview, provider stated that they did not include all personnel records in the employee record for department to review. Provider stated that they would update and maintain personnel record to be available for department review. See Consult dated: 04/11/2024.
3. In an interview, NR 3 and NR 4 stated that they were well cared for and had no concerns regarding care. In record review, NR 3 and NR 4 did not have a completed NCP and signed inventory list. In an interview, AFH provider stated that they did not complete the required documents. See statement of deficiency dated: 04/11/2024.
4. In an interview, NR 1 representative and NR2 stated that they were well cared for and had no concerns regarding care. In record review, NR1 an NR2 NCPs were not signed by required parties. In an interview, AFH provider stated that they did not know they had to review the NCPs with NR1 and NR2 and obtain signatures. See statement of deficiency dated: 04/11/2024.
5. In an interview, NR 2 and NR 3 stated that they were well cared for and had no concerns regarding care. In record review, NR2 and NR3 did not have a reviewed and signed document accepting Medicaid as payment sources. In an interview, provider stated they did not complete the admission paperwork. See statement of deficiency dated: 04/11/2024.
6. Observation showed NR1 with bruises and stitched lacerations (cuts) to their faces. In an interview, AFH provider stated that NR 1 had unwitnessed falls. Provider stated that NR1 were sent to hospitals for evaluation and treatments. Provider stated they made all other notifications and didn't know they had to report incident to the department. See statement of deficiency dated: 04/11/2024.
7. In an interview, AFH residents stated that they were cared for by Named staff. In an interview, AFH staff and provider stated that staff member had been providing care to AFH residents. In record review, AFH personnel records did not include the required caregiver trainings for the named staff to provider personal care to AFH residents. See statement of deficiency dated: 04/11/2024.
8. In record review of personnel records, AFH didn't not have TB test results for AFH caregivers. In an interview, provider stated they were not able to locate the results. They stated they would locate the TB test results and provide it to the department. Per subsequent communication with provider, staff members completed TB testing after inventions initiated. See statement of deficiency dated: 04/11/2024.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 756474	Compliance Determination # 38982
Plan of Correction	Golden Age Edmonds LLC	Completion Date
Page 1 of 8	Licensee: Golden Age Edmonds LLC	04/04/2024

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 complaint investigation on 03/27/2024 and 03/27/2024 of:

Golden Age Edmonds LLC
8406 225th Pl SW
Edmonds, WA 98026

This document references the following complaint number(s): 124208

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Meazawork Tekle, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

04/17/2024
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.

Statement of Deficiencies	License #: 756474	Compliance Determination # 38982
Plan of Correction	Golden Age Edmonds LLC	Completion Date
Page 2 of 8	Licensee: Golden Age Edmonds LLC	04/04/2024

Provider (or Representative)

4/22/24
Date

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(d) Staff; and

(e) Caregivers.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff, Staff D (caregiver) had completed their long -term basic training before providing care. This failure placed 4 of 4 residents (Resident 1, 2, 3, and 4) at risk of harm and unmet care needs by being care for by an untrained staff.

Finding included...

In an interview, on 03/27/2024 at 10:37 AM, Staff D stated that they helped residents with transfers and toileting.

In an interview, on 03/27/2024 at 10:59 AM, Staff B, Caregiver, stated that staff D assisted AFH residents with two person transfers.

In an interview, on 03/27/2024 at 1:00 PM, Staff A, Provider, stated that Staff D assisted AFH residents with two person transfers.

Record review of AFH personnel records had not included the required caregiver trainings for Staff D to provide personal care to AFH residents

Attestation Statement

Statement of Deficiencies	License #: 756474	Compliance Determination # 38982
Plan of Correction	Golden Age Edmonds LLC	Completion Date
Page 3 of 8	Licensee: Golden Age Edmonds LLC	04/04/2024

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, Golden Age Edmonds LLC is or will be in compliance with this law and / or regulation on (Date) 5/19/24

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

Provider (or Representative) 4/22/24 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 negotiated care plan;

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the 2 of 4 resident (Resident 3, and 4) record included their Negotiated Care Plan (NCP), and their personal inventory list. This failure placed Resident 3, and 4 at risk for unrecognized and unmet care needs. This also placed Resident 3, and 4 at risk of lost, stolen, or misplaced personal property.

Findings included...

Record review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2024. Resident 3's record had not included Resident 3's NCP, or their signed inventory list.

Record review of Resident 4's record showed the AFH admitted Resident 4 on [redacted]/2024. Resident 4's record had not included Resident 4's NCP, or their signed inventory list.

In an interview on 03/27/2024 at 1:00 PM, Staff A, Provider, stated that they forgot to complete the NCP and inventory lists for Resident 3 and 4.

Attestation Statement

Statement of Deficiencies	License #: 756474	Compliance Determination # 38982
Plan of Correction	Golden Age Edmonds LLC	Completion Date
Page 4 of 8	Licensee: Golden Age Edmonds LLC	04/04/2024

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, Golden Age Edmonds LLC is or will be in compliance with this law and / or regulation on (Date) 5/19/24.

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

Provider (or Representative) — Date: 4/22/24

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the negotiated care plan (NCP) for 2 of 4 resident (Resident 1, and 2) was agreed to, signed, and in resident files.

Findings included...

Record review of Resident 1's record showed the AFH completed Resident 1's NCP on 02/26/2024. Resident 1's NCP had not included a signature from Resident 1, or their representative, and the AFH.

Record review of Resident 2's record showed the AFH completed Resident 2's NCP on 02/03/2024. Resident 2's NCP had not included a signature from Resident 2, or their representative, and the AFH.

In an interview, on 03/27/2024 at 1:00 PM, Staff A, Provider, stated that they didn't know they had to obtain signatures for Resident 1 and 2's NCPs

Attestation Statement

Statement of Deficiencies	License #: 756474	Compliance Determination # 38382
Plan of Correction	Golden Age Edmonds LLC	Completion Date
Page 5 of 8	Licensee: Golden Age Edmonds LLC	04/04/2024

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, Golden Age Edmonds LLC is or will be in compliance with this law and / or regulation on (Date) 5/19/24

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

Provider (or Representative) — Date: 4/22/24

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:

(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 record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the AFH had a written policy on accepting Medicaid as a payment source for 2 of 4 residents (Resident 2, and 3). This failure placed Resident 2 and 3 at risk of not being fully aware of their rights.

Finding included ..

Record review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2024. Resident 2's record had not included a policy on the AFH accepting Medicaid as payment source.

Record review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2024. Resident 3's record had not included a policy on the AFH accepting Medicaid as payment source.

In an interview, on 03/27/2024 at 1:00PM, Staff A, Provider, stated that they forgot to complete the admission paperwork.

Attestation Statement

Statement of Deficiencies	License #: 756474	Compliance Determination # 38382
Plan of Correction	Golden Age Edmonds LLC	Completion Date
Page 6 of 8	Licensee: Golden Age Edmonds LLC	04/04/2024

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, Golden Age Edmonds LLC is or will be in compliance with this law and / or regulation on (Date) 5/19/24

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

Provider (or Representative) 4/22/24 Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number; and

(iii) To the local law enforcement agency when required by RCW 74.34.035 .

This requirement was not met as evidenced by:

Based on observation and interview the adult family home (AFH) failed to notify the Complaint Resolution Unit (CRU) when 1 of 4 residents (Resident 1) sustained an unwitnessed fall with injury.

Findings included... .

Observation of Resident 1, on 03/27/2024 at 10:00 AM, showed Resident 1 had bruising to right eye and a 3 cm(centimeter) stitched laceration (cut) to their right eye lid.

In an interview, on 03/27/2024 at 1:00 PM, Staff A, Provider, stated that Resident 1 sustained an unwitnessed fall on 03/25/2024 at 3:00 PM. Staff A stated they made all other notifications and didn't know they had to report the incident to the CRU.

Attestation Statement

Statement of Deficiencies Plan of Correction Page 7 of 8	License #: 756474 Golden Age Edmonds LLC Licensee: Golden Age Edmonds LLC	Compliance Determination # 38982 Completion Date 04/04/2024

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, Golden Age Edmonds LLC is or will be in compliance with this law and / or regulation on (Date) 5/19/24.

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

Provider (or Representative) — Date: 4/22/24

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 3 Staff (Staff C, Caregiver) obtained Tuberculosis (TB) (a disease that affects the lungs) testing within three days of hire. This failure placed 4 of 4 residents (Resident 1, 2, 3, and 4) at risk for exposure to an infectious disease.

Findings included...

Record review of Staff C's employee file showed Staff C had not included their TB testing result.

In an interview, on 03/27/2024 at 1:00 PM, Staff A, Provider, stated that Staff C were hired when the AFH opened on 01/01/2024.

In an interview, on 03/27/2024 at 1:00PM, Staff A stated that they were not able to locate the TB test results for Staff C.

Review of email communication, dated 04/03/2024, Staff A stated that Staff C completed TB blood test on 04/01/2024.

Attestation Statement

Statement of Deficiencies	License #: 756474	Compliance Determination # 38982
Plan of Correction	Golden Age Edmonds LLC	Completion Date
Page 8 of 8	Licensee: Golden Age Edmonds LLC	04/04/2024

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, Golden Age Edmonds LLC is or will be in compliance with this law and / or regulation on (Date) 5/31/24

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

Provider (or Representative) — Date: 4/22/24

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

04/17/2024

Golden Age Edmonds LLC
Golden Age Edmonds LLC
8406 225th Pl SW
Edmonds, WA 98026

RE: Golden Age Edmonds LLC # 756474

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 04/04/2024 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services

Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• 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 388-76-10430 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 ;

The Adult Family Home AFH) failed to ensure they had a medication system in place for accurate medications logs, and training from a Registered Nurse Delegator (RND) for Resident 1 and 2. The AFH Provider stated that some of the medications had not been used yet, and they (AFH Provider) would contact the RND for training.

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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

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

Based on interview, and record review, the Adult Family Home (AFH) failed to have system in place to ensure 4 of 4 staff (Staff A, B, C, and D) records were readily available for review and had contained a complete orientation, food handlers training, tuberculosis screening, and background check records. Staff A, Provider stated that the records were submitted during initial licensing visit, and they just needed to print and send them.

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)814-6042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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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