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

Brier Village Senior Care LLC

Brier Village Senior Care LLC
23213 32nd Ave W
Brier, WA 98036

RE: Brier Village Senior Care LLC License # 756718

Dear Provider:

This letter addresses Compliance Determination(s) 52515 (Completion Date 01/03/2025) and 51246 (Completion Date 12/09/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/03/2025 and found that you have corrected the violations listed in the Complaint report dated 12/09/2024. Your home is back in compliance as of 12/23/2024 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 388-76-10350-4, WAC 388-76-10375-1, WAC 388-76-10380-4, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

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

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 #: 756718	Compliance Determination # 51246
Plan of Correction	Brier Village Senior Care LLC	Completion Date
Page 1 of 5	Licensee: Brier Village Senior Care LLC	12/09/2024

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 12/05/2024 and 12/05/2024 of:

Brier Village Senior Care LLC
23213 32nd Ave W
Brier, WA 98036

This document references the following complaint number(s): 156544

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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.

Alycia Brown
Residential Care Services

12/13/2024
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.

Provider (or Representative) Date

WAC 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences 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 1 of 3 resident's (Resident 2) assessment was updated at least every twelve months as required. This failure placed Resident 2 at risk for unmet care needs and a decreased quality of life.

Findings included...

Review of Resident 2's undated demographic page showed Resident 2 was admitted to the AFH on [redacted]2023 with multiple medical diagnoses.

Review of Resident 2's latest assessment showed it was completed on 10/17/2023. Further review showed there was no updated assessment in Resident 2's medical chart. Resident 2 had been overdue for an updated assessment by one month and 19 days.

In an interview, on 12/05/2024 at 12:27 PM, Staff A, Provider, stated that assessments would need to be completed every two years. Staff A stated they were not aware that assessments needed to be completed annually. Staff A acknowledged that Resident 2's assessment was last completed on 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, Brier Village Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/2024.

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

Provider (or Representative) 12/18/24 Date

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

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 residents (Resident 2) had a Negotiated Care Plans (NCP) that was signed and dated at least every twelve months. This failure placed Resident 2 at risk of unmet and unrecognized care needs.

Findings included...

Review of Resident 2's NCP dated 11/20/2023, showed Resident 2 was admitted to the AFH on [redacted]2023 with multiple medical diagnoses. Review of Resident 2's NCP showed there were no signatures and dates indicating that Resident 2's NCP was reviewed with either Resident 2 or their representative.

In an interview, on 12/05/2024 at 12:27 PM, Staff A, Provider, stated that the NCP should be reviewed with the residents or their representatives annually and as needed. Staff A stated that Resident 2's NCP had not been signed by Resident 2's representative.

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, Brier Village Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/24 .

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

Provider (or Representative) [signature] Date 12/18/24

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 interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 2) had a Negotiated Care Plan (NCP) that was reviewed and revised at least every twelve months. This failure placed Resident 2 at risk of unmet care needs.

Findings included...

Review of Resident 2's NCP dated 11/20/2023, showed Resident 2 was admitted to the AFH on [redacted]2023 with multiple medical diagnoses. Further review showed Resident 2 did not have an updated NCP in their medical chart. Resident 2 had been overdue for an updated NCP by 2 weeks and 2 days.

In an interview, on 12/05/2024 at 12:27 PM, Staff A, Provider, stated that the NCP should be completed as needed and annually. Staff A acknowledged that Resident 2's NCP should have been updated.

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, Brier Village Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/24 .

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

Provider (or Representative) 12/18/24 Date

WAC 388-76-10430 Medication system.

(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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 residents (Resident 1) received medications according to physician's orders and documentation in the medication log was up to date. This failure placed Resident 1 at risk for harm related to medication errors, medical complications, and unmet care needs.

Findings included...

Review of Resident 1's Negotiated Care Plan (NCP) dated April 2024, showed Resident 1 was admitted to the AFH on [redacted]2024 with multiple medical diagnoses. Further review showed Resident 1 received nursing assistance with medication administration.

Review of Resident 1's Medication Logs (ML), dated November 2024, showed the following:
-Pure magnesium (a mineral supplement that helps functions in the body) oil spray, spray on both legs and bottom of feet every evening with a start date of 09/30/2024. Records showed Resident 1 did not receive pure magnesium oil spray on 11/01/2024, 11/03/2024 through 11/20/2024 (19 days).

In an interview, on 12/06/2024 at 1:00 PM, Staff A, Provider, stated that they didn't have Resident 1's pure magnesium oil spray, and it was a family supply. Staff A acknowledged that there was no documentation noted in Resident 1's November 2024 medication log. Staff A stated that they should have noted it in the medication log.

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, Brier Village Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/24 .

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

Provider (or Representative) 12/18/24 Date

PLAN OF CORRECTION

12/15/2024

Brier Village Senior Care LLC
23213 32nd Avenue West
Brier, WA 98036

Failure to update Assessment and Negotiated Care plan for a resident sampled in the survey. Per WAC 388-76-10350, WAC 3888-76-10375, and WAC 388-76-10380 the home failed to meet the yearly review and update of residents' assessment, obtain signature, and conduct the timely review and revisions of the negotiated care plan respectively. Assessments and care plans have to be reviewed and discussed with the resident and the resident family members. The home failed to obtain the signature of the DPOA after the completion of the initial negotiated care plan. Also, the home failed to meet the timely completion of the yearly assessment and care plan review and update. The correction is made and the assessment and negotiated care plan are reviewed, updated, and signed. The family member or DPOA signed on the assessment and care plan accordingly. The home will in the future tackle such problems by developing a plan to review assessments and care plans every 6 months.

Failure to keep medication log current as required in WAC 388-76-10475. Per WAC 388-76-10430 the Home will ensure the medication needs of the residents are met according to the laws and rules regulating medication administration. The Brier Village Senior Home plans to ensure that all medications are available at all times and are administered according to the order. The home will also ensure that medication administration logs are signed as medications are given. Future issues in this regard will be handled with the notion that medication review must be done and conducted daily during medication administration and also monthly during recap.

Aster Zewedie