STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Skagit Valley Adult Family Home LLC
SKAGIT VALLEY ADULT FAMILY HOME LLC
1931 EAST FIR STREET
Mount Vernon, WA 98273

RE: SKAGIT VALLEY ADULT FAMILY HOME LLC License # 757067

Dear Provider:

This letter addresses Compliance Determination(s) 45844 (Completion Date 08/19/2024) and 43183 (Completion Date 06/28/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/19/2024 and found that you have corrected the violations listed in the Complaint report dated 06/28/2024. Your home is back in compliance as of 06/28/2024 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 388-76-10430-2-d, WAC 388-76-10475-1, WAC 388-76-10475-3-a, WAC 388-76-10485-1, WAC 388-76-10485-3

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 06/25/2024 and 06/25/2024 of:

SKAGIT VALLEY ADULT FAMILY HOME LLC
1931 EAST FIR STREET
Mount Vernon, WA 98273

This document references the following complaint number(s): 134217

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

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 388-76-10430 Medication system.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure caregivers gave pain medication as required for 1 of 2 residents (Resident 1). This failure resulted in the increased risk of over sedation of Resident 1 from receiving more pain medication than prescribed. This failure also placed Resident 1 at risk of untreated and increased pain from running out of pain medication sooner than they should have.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses that included [redacted]) and [redacted]).
Review of Resident 1's assessment, dated 02/29/2024, showed Resident 1 required caregiver assistance with medications.

Review of Resident 1's current physician orders from their pharmacy, dated 05/24/2024, showed Resident 1 had an order for Percocet (a medication used to treat pain) 5-325 milligrams to be given twice daily as needed.

Record review of Resident 1's medication log (ML), dated June 06/01/2024 – 06/30/2024, showed that caregivers documented their initials indicating Resident 1 received their Percocet one to two times daily, 06/01/2024 through 06/22/2024.

Observation, on 06/25/2024 at 3:17 PM, showed the AFH's medication supply did not include Percocet for Resident 1.

In an interview, on 06/25/2024 at 3:29 PM, Staff A (Entity Representative) stated that caregivers gave Percocet three times daily on unknown dates within the last month in error to Resident 1. Staff A stated that the supply of Percocet supply ran out earlier than it should have for Resident 1. Staff A stated that Resident 1 did not have any of their Percocet

for the last three days because they were waiting for another refill of the Percocet.

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, SKAGIT VALLEY ADULT FAMILY HOME 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 388-76-10475 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.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the medication log (ML) for 2 of 2 residents (Resident 1 & 2) was up to date and included initials of the staff who gave the medication. These failures resulted in Resident 1 receiving one medication more frequently than they were prescribed and for an unknown amount of time on unknown days and placed Resident 1 and 2 at risk for harm and further medication errors.

Findings included…

Resident 1

Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses that included [redacted] ([redacted]) and [redacted] ([redacted]).
Review of Resident 1's assessment, dated 02/29/2024, showed Resident 1 required caregiver assistance with medications.

Review of Resident 1's current physician orders from their pharmacy, dated 05/24/2024, showed Resident 1 had an order for Percocet (a medication used to treat pain) 5-325

milligrams to be given twice daily as needed. Record review of Resident 1's medication log (ML), dated June 06/01/2024 – 06/30/2024, showed that caregivers documented their initials indicating Resident 1 received their Percocet one to two times daily, 06/01/2024 through 06/22/2024.

Observation, on 06/25/2024 at 3:17 PM, showed Resident 1's medication supply at the AFH did not include their Percocet.

In an interview, on 06/25/2024 at 3:29 PM, Staff A stated Staff B (Caregiver) gave a third dose of Percocet on unknown dates within the last month in error to Resident 1. Staff A stated that Resident 1 ran out of their Percocet earlier than they should have, so Resident 1 did not have any of their Percocet for the last three days. Staff A stated that they were waiting for another refill of the Percocet. Staff A stated Staff B's initials were not on Resident 1's ML because "it was my responsibility" (to pass medications).

In an interview, on 06/25/2024 at 4:07 PM, Staff B stated they do not document any initials on any MLs. Staff B stated that they thought they were giving Resident 1 their Percocet as it was directed when Resident 1 requested it.

Resident 2

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses that included [redacted] ([redacted]) and [redacted] ([redacted]). Review of Resident 2's assessment, dated 02/14/2024, showed Resident 2 required caregiver assistance with medications.

Review of Resident 2's current physician orders from their pharmacy, dated 05/24/2024, showed Resident 2 was prescribed Atorvastatin (a medication used to lower fats in the blood) 20 milligrams to be given once daily at 8:00 PM. Record review of Resident 2's ML, dated June 06/01/2024 – 06/30/2024, showed there was no caregiver initials documented indicating Resident 2 received their Atorvastatin 06/01/2024 through 06/24/2024.

In an interview, on 06/25/2024 at 3:06 PM, Staff A stated Resident 2 did receive their Atorvastatin daily at 8:00 PM 06/01/2024 through 06/24/2024, but Staff A stated they "have no reason why" there was no caregiver initials documented indicating Resident 2 received their Atorvastatin 06/01/2024 through 06/24/2024.

Review of Resident 2's current physician orders from their pharmacy, dated 05/24/2024, showed Resident 2 was prescribed Duloxetine (a medication used to treat Depression) 60 milligrams to be given once daily at 8:00 PM. Record review of Resident 2's ML, dated June 06/01/2024 – 06/30/2024, showed there was no caregiver initials documented indicating Resident 2 received their Duloxetine 06/01/2024 through 06/24/2024.

In an interview, on 06/25/2024 at 3:06 PM, Staff A stated Resident 2 did receive their duloxetine daily at 8:00 PM 06/01/2024 through 06/24/2024, but Staff A stated they "have no reason why" there was no caregiver initials documented indicating Resident 2 received their Duloxetine 06/01/2024 through 06/24/2024.

Review of Resident 2's current physician orders from their pharmacy, dated 05/24/2024, showed Resident 2 was prescribed MiraLAX (a medication used to help regulate bowels) 17 grams to be given once daily at 8:00 PM. Record review of Resident 2's ML, dated June 06/01/2024 – 06/30/2024, showed there was no caregiver initials documented indicating Resident 2 received their MiraLAX 06/01/2024 through 06/24/2024.

In an interview, on 06/25/2024 at 3:06 PM, Staff A stated Resident 2 did receive their MiraLAX daily at 8:00 PM 06/01/2024 through 06/24/2024, but Staff A stated they just overlooked documenting caregiver initials on Resident 2's ML to indicate Resident 2 received their MiraLAX 06/01/2024 through 06/24/2024.

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, SKAGIT VALLEY ADULT FAMILY HOME 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:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have all medications in locked storage. This failure resulted in jeopardizing the safety of 2 of 2 residents (Resident 1 &2) by having access to unsecured medications.

Findings included…

Observation, on 06/25/2024 at 2:18 PM, showed two long term care residents resided at the AFH.

Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses that included [redacted] ([redacted]) and [redacted] ([redacted]). Review of Resident 1's assessment, dated 02/29/2024, showed Resident 1 required caregiver assistance with medications.

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses that included [redacted] ([redacted]) and [redacted] ([redacted]). Review of Resident 2's assessment, dated 02/14/2024, showed Resident 2 required caregiver assistance with medications.

Observation, on 06/25/2024 at 3:17 PM, showed Staff A (Entity Representative) remove an unsecured bin out of an unsecured resident refrigerator that contained multiple vials labeled Toujeo (a medication used to lower blood sugar) and Lispro (a medication used to lower blood sugar). The prescription labels had Resident 1's name on them.

In an interview, on 06/25/2024 at 3:17 PM, Staff A stated that the unsecured medication vials from the resident refrigerator were not secured because the secured box they used to use was too big and difficult to open.

Attestation Statement

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

Provider (or Representative) _____ Date _____