STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Iris LLC
Orchid
3405 NW McMaster Drive
Camas, WA 98607

RE: Orchid License # 757197

Dear Provider:

This letter addresses Compliance Determination(s) 52033 (Completion Date 12/18/2024) and 50232 (Completion Date 11/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/18/2024 and found that you have corrected the violations listed in the Full report dated 11/15/2024. Your home is back in compliance as of 12/12/2024 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, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-1, WAC 388-76-10430-2-a, WAC 388-76-10430-2-b, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10485-1, WAC 388-76-10485-2, WAC 388-76-10485

The Department staff who did the on-site verification:
Olga Goyzman

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 11/13/2024 and 11/13/2024 of:
Orchid
14045 SE 22nd Cir
Vancouver, WA 98683

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Goyzman

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

11.18.2024
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) — 11/23/2024 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:

(a) Assessment indicates the amount of medication assistance needed by the resident;

(b) Negotiated care plan identifies the medication service that will be provided to the 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 interview and record review the provider failed to ensure 1 of 2 sample residents (Resident 4 (R4)) received medications based on the November 2024 Medication Administration Record (MAR). This failure placed the resident at risk for medical errors.

Findings included...

During an unannounced inspection, on 11/13/2024 at 1:00 PM, Record review showed R4 was admitted to the Adult Family Home (AFH) in [redacted]/24, and that R4 has multiple diagnosis including [redacted] ([redacted]).

R4 assessment, dated 4/21/24, states that caregivers should report any medication refusal and /or suspected negative reaction to R4's Physician. It also states that caregivers should order medications from pharmacy, and that medication should be kept in locked storage. It also states that caregivers should bring medication to the resident at the prescribed time using a cup as an and remind the resident to self-administer.

Provider (or Representative) _____ Date _____

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Record review of R4's MAR for Nov 2024 showed Vitamin B12 500 milligrams (mg) one tablet a day (a medication used to create DNA and red blood cells), as not given Nov 1st-13th 2024 . It also shows Calcium Citrate 1 unit twice a day (medication is used to prevent or treat low blood calcium levels) as not given.

Provider stated that client's family hasn't provided it to Adult Family Home and that they failed to notify R1 physician or pharmacy

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, Orchid is or will be in compliance with this law and / or regulation on (Date) 12/12/2024 .

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

Provider (or Representative) — Date: 11/23/2024

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;

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure medications were secured and/or always locked. This deficient practice placed 5 out of 5 residents (Resident 1 [R1], (Resident 2 [R2], Resident 3 [R3], Resident [R4]) and (Resident 5 [R5] at risk for accidental medication ingestion.

Findings included...

An unannounced inspection was initiated on 11/13/24. During the tour of the AFH at 1:52 PM, a topical cream (Estradiol .01 mg) for Resident 1 were observed unlocked in R1's room on her side table.

Provider stated at 1:54 PM that R1 is able put on the cream on herself.

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Statement of Deficiencies	License #: 757197	Compliance Determination # 50232
Plan of Correction	Orchid	Completion Date
Page 4 of 4	Licensee: Iris LLC	11/15/2024

Review of R1 Assessment dated 3/18/24 states that medication should be kept in locked storage area and caregivers should bring medication to resident at prescribed time using cup as an enabler and cue resident to self-administer. Resident is not aware of medication needs.

On 11/13/24, R2, known to have a diagnosis of [redacted] ([redacted]), was observed wandering and grabbing items in the dining room at times. Provider stated at 12:34PM that R2 also wanders in other residents rooms

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

11/18/2024

Iris LLC
Orchid
3405 NW McMaster Drive
Camas, WA 98607

RE: Orchid # 757197

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/15/2024 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 many 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 Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• 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 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

The adult family home (AFH) failed to have a completed character, competence, and suitability review (CCSR) for Staff A and Staff H. Their CCSR reviews were completed and signed on 11/13/24.

WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(1) Except as provided in this section or in WAC 388-76-10725 , the adult family home must not use the following in the home or on the premises:

(a) Audio monitoring equipment; or

(b) Video monitoring equipment if it includes an audio component.

(2) The home may video monitor and video record activities in the home, without an audio component, only in the following areas:

(a) Entrances and exits if the cameras are:

(i) Focused only on the entrance or exit doorways; and

(ii) Not focused on areas where residents gather;

(b) Outdoor areas accessible to both residents and the public, such as, but not limited to, driveways or walkways, provided that the purpose of such monitoring is to prevent theft, property damage, or other crime on the premises;

(c) Outdoor areas not commonly used by residents; and

(d) Designated smoking areas, subject to the following conditions:

(i) Residents are assessed as needing supervision for smoking;

(ii) A staff person watches the video monitor at any time the area is used by such residents;

(iii) The video camera must be clearly visible;

(iv) The video monitor must not be viewable by the general public; and

(3) The home must notify all residents in writing of the video monitoring equipment. The home must:

(a) Identify in the written notification each person or organization with access to electronic monitoring; and

(b) Retain an acknowledgment that has been signed and dated by both the resident and the home that states in writing that the resident has received this notification.

(4) The presence of cameras must not alter the obligation of the home to provide appropriate in-person assistance and monitoring due to individual physical or cognitive limitations.

The adult family home (AFH) had a video camera in the living room area where residents gather. The camera was moved on 11/13/24.

WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

(2) Make the records readily available to the appropriate health authority and licensing agency;

(3) Provide the employee a copy of his/her testing results; and

(4) Retain the records for eighteen months after the date an employee either quits or is terminated.

The Adult Family Home failed to provide documentation of Tuberculosis skin test for Caregiver B, Caregiver C, Caregiver D, Caregiver F, Caregiver G and Caregiver H during the licensing inspection on 11/13/2024. Records were provided on 11/14/24.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 IDR**s 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

Provider Comments Regarding Statement of Deficiencies

Medication System

1. OTC medication policy: The resident assessment indicates that the Facility is responsible for medication management and orders—that is correct. How the Facility orders those medications, who provides those medications, or where they are sourced, varies from resident to resident and follows facility policies as outlined in further detail in our admission agreements. With regard to OTC supplements, specifically, it is the resident or POA's responsibility to fill and deliver, per our medication policy, which has been signed and acknowledged by all relevant parties, as follows:

> 3.3 Medication Policy: The Facility will provide assistance with medications and related services, as identified in the latest NCP, subject to limitations. For several reasons, the Resident is responsible for coordinating all "over-the-counter" (OTC) vitamins and supplements and all medication refills, pick-up, and/or delivery to the Facility in a timely manner so that the Resident does not run out.

2. Processes: In the event that OTC supplements were not filled on time by resident or POA, per agreed upon terms, our first order of operations would ***not*** be to seek a discontinuation order simply because the resident/POA was late in fulfilling the proper medication. Rather, we would mark the medication "not given" and continue to request refills from the responsible party.

If those request attempts continue to fail after a reasonable period of time has been provided (for refilling the supplement) then the facility would reassess and consider amending terms to better assist the resident. Those new terms would be initiated by way of an admission agreement amendment, potentially indicating the facility as the new responsible party and other language about the facility's reimbursement process. We had not reached that point yet, however. *Please note, this is our process for OTC supplements, not prescribed meds that residents rely on for daily health or livelihoods*.

3. In response to the stated use for the supplements in question, the "use" for both of these OTC vitamin supplements is identified in orders as such, "supplement."

4. Correction: These two particular OTC supplements in question are Calcium Citrate and B-12 500mcg that were filled incorrectly (with B-12 1000mcg) by the resident POA, which caused the medication to be "not given" per the MAR. These have since been ordered by the facility.

Medication Storage

1. Locked rooms serve as "locked storage." The WACs do not specify that a locked room cannot serve as locked storage, regardless of whether that room is a resident room or a med room. Our staff do a very good job keeping designated rooms locked considering the behaviors of ***one*** of our former residents who had wandering tendencies. Our other current residents have never wandered into another resident room.

2. Correction: Provider stated more than "resident is able to put cream on herself," and continued to explain that the facility and resident POA had an agreement to allow the resident to keep the medication in their locked room and for staff to cue resident when to self-administer. This was confirmed during the licensor's interview with the resident's POA on the day of the inspection. The negotiated care plan was subsequently changed to reflect this agreement between the facility and the resident. The residents have also received new locked storage container solutions in their respective rooms.