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

Geomil Adult Family Home LLC

Geomil Adult Family Home LLC
710 Madison St
Everett, WA 98203

RE: Geomil Adult Family Home LLC License # 757262

Dear Provider:

This letter addresses Compliance Determination(s) 48134 (Completion Date 10/02/2024) and 45518 (Completion Date 08/21/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/02/2024 and found that you have corrected the violations listed in the Complaint report dated 08/21/2024. Your home is back in compliance as of 09/15/2024 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 388-76-10400-1, WAC 388-76-10400-2, WAC 388-76-10400-3-a, WAC 388-76-10400-3-b, WAC 388-76-10360

The Department staff who did the on-site verification:
Patricia Young, Community Complaint Investigator

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown, 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 08/13/2024 and 08/13/2024 of:

Geomil Adult Family Home LLC
710 Madison St
Everett, WA 98203

This document references the following complaint number(s): 139027

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:

Patricia Young, 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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(1) The care and services identified in the negotiated care plan.

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

(3) The care and services in a manner and in an environment that:

(a) Actively supports, maintains or improves each resident's quality of life;

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the Adult Family Home (AFH) failed to ensure 1 of 6 residents (Resident 1) was repositioned in bed every two hours as required per their Negotiated Care Plan (NCP) and assessment. This failure contributed to worsening of a pressure injury (open areas to the skin from continuous pressure) to Resident 1's skin and a decreased state of well-being.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses including [redacted] and [redacted]. Review of Resident 1's undated NCP showed caregivers were required to assist Resident 1 to change positions at least every two hours.

Review of Resident 1's assessment, dated 03/12/2024, showed Resident 1 required physical assistance from one person to reposition themselves. The assessment showed caregivers were required to assist Resident 1 to reposition or turn every two hours.

Record review of Resident 1's hospital medical records, dated [redacted]/2024, showed that Resident 1 was transported to the emergency room and admitted to the hospital for osteomyelitis of the sacrum (inflammation or swelling related to an infection in the bone at the base of the spine, lower back) due to a chronic, stage 4 pressure injury (a full-thickness skin loss that extends to the bone) of the sacrum and a bacterial infection of the blood.

During an interview on 08/13/2024 at 9:45 AM, Resident 1 stated that they were hospitalized for a few weeks for an infection in their tailbone (sacrum or lower back area) starting on [redacted]/2024. Resident 1 stated that the caregivers were not turning them in bed overnight at all until they came back from the hospital a week ago ([redacted]/2024). Resident 1 stated that the caregivers turn them at 1:00 AM and again at 5:00 AM or 6:00 AM. Resident 1 stated that they were supposed to be turned every 2 hours because of the wound. Resident 1 stated that caregivers wrote down the times they helped them turn on notes that they hung on the wall with a thumbtack.

Observation on 08/13/2024 at 9:45 AM, showed the following notes were in Resident 1's room tacked to the wall and handwritten by a caregiver:

- 08/09/2024, Resident 1 was up at 9:00 AM, not in the AFH from 12:15 PM, down at 2:23 PM, up at 5:00 PM, bed 10:00 PM, turn 1:00 AM and turn 6:45 AM.
- 08/10/2024, Resident 1 was up at 9:06 AM, down at 3:00 PM, up at 5:00 PM, bed at 9:15 PM, turn 1:00 AM and turn 6:00 AM.
- 08/11/2024, Resident 1 was up at 8:45 AM, down at 2:15 PM, up at 4:30 PM, bed at 10:30 PM, turn at 1:34 AM and turn at 7:04 AM.
- 08/12/2024, Resident 1 was up at 9:12 AM and then gone from the AFH from 12:00 PM.

During an interview on 08/13/2024 at 10:35 AM, Staff A (Provider) stated that Resident 1 discharged from the hospital a week ago ([redacted]/2024) with home health care for wound care. Staff A stated that Resident 1 needed assistance to turn and reposition every 2 hours while in their chair or in bed since they were admitted to the AFH. Staff A stated that during the day caregivers helped to reposition Resident 1 in their chair every 2 hours when Resident 1 was home. Staff A stated that Resident 1 left the AFH every day and sometimes overnight. Staff A stated that caregivers helped turn Resident 1 in bed every 3 hours overnight. Staff A stated that caregivers helped turn Resident 1 at 1:00 AM and at 6:00 AM overnight when Resident 1 was home. Staff A stated that Resident 1's sacral wound began in April 2024. Staff A stated that a home health care agency visited Resident 1 three times per week for wound care, but that home health care agency discharged Resident 1 for not complying with repositioning. Staff A stated that another home care agency admitted Resident 1 for wound care after they were discharged from the hospital on [redacted]/2024 and returned to the AFH.

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, Geomil 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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to develop a written negotiated care plan (NCP) for 1 out of 4 residents (Resident 2). This failure placed Resident 2 at risk of unrecognized and unmet care needs and decreased quality of life.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses. Review of Resident 2's assessment, dated 07/17/2024, showed that Resident 2 required caregiver assistance with bathing, repositioning in bed, toileting, dressing, meals, transferring out of bed, activities of daily living, and medications. Review of Resident 2's AFH records showed that Resident 2 did not have a written NCP.

During an interview on 08/13/2024 at 10:15 AM, Resident 2 stated that they felt their needs were being met but that they would like more attention from the caregivers. Resident 2 stated that caregivers helped them with medication, transferring out of bed, showers, and meals.

During an interview on 08/13/2024 at 10:35 AM, Staff A (Provider) stated that the AFH admitted Resident 2 in [redacted]. Staff A stated that Resident 2's NCP had not been finalized, and the printer did not work that morning so Staff A could not print it out to put in Resident 2's chart. Staff A stated that they did not review the NCP with Resident 2 yet because they had some communication difficulties.

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, Geomil 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