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

02/28/2025

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

RE: Geomil Adult Family Home LLC # 757262

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 55589 (Completion Date 02/28/2025) and 52317 (Completion Date 01/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/28/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10315 Resident record Required. The adult family home must:

(2) Ensure staff has access to the parts of residents' records needed by staff to provide care and services; and

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

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 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, AFH 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 12/30/2024 and 12/30/2024 of:

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

This document references the following complaint number(s): 158609

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator
Dahl Kim, Field Manager

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.

Dahl Kim
Residential Care Services

1/17/2025
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 388-76-10315 Resident record Required. The adult family home must:

(2) Ensure staff has access to the parts of residents' records needed by staff to provide care and services; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 3 of 3 residents' (Resident 1, 2 & 3) record containing their negotiated care plan (NCP) remained accessible for staff to access. This failure placed Resident 1, 2 & 3 at risk for unrecognized and unmet care needs.

Findings included…

Observation, on 12/30/2024 at 10:32 AM showed three residents lived at the AFH (Resident 1, 2 & 3).

Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted] ([redacted]). Review of Resident 1's assessment, dated 03/12/2024, showed Resident 1 required caregiver assistance with activities of daily living.

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted] ([redacted]). Review of Resident 2's assessment, dated 10/30/2024, showed Resident 2 required caregiver assistance with activities of daily living.

Record review showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted]. Review of Resident 3's assessment, dated 07/17/2024, showed Resident 3 required caregiver assistance with activities of daily living.

In an interview, on 12/30/2024 at 10:58 AM, Staff B (Caregiver) stated that they did not have a key or access to the resident files that contained their NCPs since they had only worked at the AFH for three days.

In an interview, on 12/30/2024 at 11:15 AM, Staff A, (Entity Representative) stated that Staff B did not have access to the resident records that contained their NCPs because Staff B was just filling in, so Staff B just looked at the NCPs when Staff A was on site at 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 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 5 staff (Staff C, Caregiver and Staff D, Caregiver) had documentation of a valid Washington state name and date of birth background check (WNDOB) and a national fingerprint background check (FBC). This failure placed 3 of 3 current residents (Resident 1, 2 & 3) and future residents at risk of being cared for by caregivers with unknown background check results.

Findings included…

Observation, on 12/30/2024 at 10:32 AM, showed three residents lived at the AFH.

Record review of staff records, on 12/30/2024 at 1:00 PM, showed the AFH hired Staff C on 10/21/2024. There was no documentation of a WNDOB or FBC for Staff C.

Record review of staff records, on 12/30/2024 at 1:00 PM, showed the AFH hired Staff D on 04/02/2024. There was no documentation of a WNDOB or a FBC for Staff D.

In an interview, on 12/30/2024 at 12:46 PM, Staff A (Entity Representative) stated that Staff C and Staff D worked at the AFH. Staff A stated that they could not find Staff C's documentation of their WNDOB or pending FBC and thought Staff C may have taken them off site to use at another job. Staff A stated that they did not know where Staff D's documentation of their WNDOB or their FBC was.

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 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the home was maintained in good repair. This failure placed 3 of 3 residents (Residents 1, 2 & 3) in a home that was poorly maintained, unsafe, and at risk for a decreased quality of life.

Findings included…

Observation, on 12/30/2024 at 10:32 AM showed three residents lived at the AFH (Resident 1, 2 & 3).

Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted] ([redacted]). Review of Resident 1's assessment, dated 03/12/2024, showed Resident 1 required caregiver assistance with activities of daily living.

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted] ([redacted]). Review of Resident 2's assessment, dated 10/30/2024, showed Resident 2 required caregiver assistance with activities of daily living.

Record review showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted]. Review of Resident 3's assessment, dated 07/17/2024, showed Resident 3 required caregiver assistance with activities of daily living.

Observation, on 12/30/2024 at 10:32 AM, showed the front door entryway flooring, Resident 1's bedroom flooring, the living room flooring and the kitchen flooring had cracks that were lifting.

In an interview, on 12/30/2024 at 12:00 PM, Staff A (Entity Representative) stated that they thought Resident 1's [redacted] wheelchair may have caused the flooring to crack and lift.

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 388-76-10430 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 ;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure they had a medication system in place that met all the rules related to medications when the AFH had Staff A (Entity Representative) set up resident medications in an unlabeled medication organizer, Staff B (Caregiver) or another staff gave the medications to residents and Staff A then documented them on the medication log (ML) for 3 of 3 residents (Resident 1, 2, & 3). The AFH failed to ensure the ML for 3 of 3 residents (Resident 1, 2 & 3) was up to date with documented staff initials of who gave residents their medications and failed to ensure the ML for 2 of 3 residents (Resident 1 & 2) included the date of a medication change, a logged call requesting the change or a copy of written verification of the change. These failures placed Resident 1, 2 & 3 at risk for harm and medication errors.

Findings included…

Resident 1

Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted] ([redacted]). Review of Resident 1's assessment, dated 03/12/2024, showed Resident 1 required caregiver assistance with medications.

Review of Resident 1's pharmacy printed ML, dated 12/01/2024 – 12/31/2024, showed they had the following prescribed medications:

- Acetaminophen (a medication used to treat pain or fever) 500 milligrams (mg) to be given three times daily at 8:00 AM, 2:00 PM and 8:00 PM

- Arnuity Ellipta (a medication used to treat breathing disorders) 100 micrograms per inhalation to be given once daily at 8:00 AM

- Aspirin (a medication used to reduce pain or fever or help prevent heart conditions) 81 mg to be given once daily at 8:00 AM

- Baclofen (a medication used to relax muscles) five mg to be given twice daily at 8:00 AM and 8:00 PM

- Belbuca Film (a medication used to manage severe and persistent pain) 600 mg to be given twice daily at 8:00 AM and 8:00 PM

- Bisacodyl (a medication used to regulate bowels) five mg to be given once daily at 8:00 AM

- Buspirone (a medication used to treat anxiety) five mg to be given three times daily at 8:00 AM, 2:00 PM and 8:00 PM

- Fluoxetine (a medication used to treat persistent low mood) 20 mg to be given once daily at 8:00 AM

- Hydrocortisone Cream (a medication used to treat skin conditions) 2.5 percent to be given twice daily at 8:00 AM and 8:00 PM

- Loratadine (a medication used to treat allergies) 10 mg to be given once daily at 8:00 AM

- Metoprolol Tartrate (a medication used to lower blood pressure) 12.5 mg to be given twice daily at 8:00 AM and 5:00 PM

- MiraLAX powder (a medication that aid bowel regulation) 17 grams to be given daily at 8:00 AM

- Nicotine Patch (a medication used to help stop smoking) seven mg to be given once daily at 8:00 AM

- Pregabalin (a medication used to treat nerve and muscle pain) 150 mg to be given twice daily at 8:00 AM and 8:00 PM

- Procto-Med HC Cream (a medication used to treat problems in the anal area) 2.5 percent to be given twice daily at 8:00 AM and 8:00 PM

- Senna (a medication used to regulate bowels) 8.6 mg to be given twice daily at 8:00 AM and 8:00 PM

- Simethicone (a medication used to treat gas) 80 mg to be given three times daily at 8:00 AM, 12:00 PM and 5:00 PM

- Vitamin A and D Ointment (a medication used to treat or prevent skin irritations) a thin layer to be applied twice daily at 8:00 AM and 8:00 PM

- A hand-written entry for Quetiapine (a medication used to treat certain mental disorders) 300 mg to be given once daily at 8:00 PM written on both page five and

seven of Resident 1's ML, dated 12/01/2024 – 12/31/2024

Resident 1's ML, dated 12/01/2024 – 12/31/2024, showed that the caregiver did not document their initials to indicate the assistance of Resident 1's 5:00 PM Metoprolol dose 12/24/2024 through 12/29/2024, or the remainder of the pharmacy printed prescribed medications 12/23/2024 through 12/29/2024.

Resident 1's ML, dated 12/01/2024 – 12/31/2024, showed the hand-written entry for Quetiapine on page five had caregiver initials documented indicating Resident 1 was given Quetiapine 300 mg 12/01/2024 through 12/15/2024 with a hand-written line saying discontinue over the dates 12/16/2024 through 12/31/2024. There was no documented date of the change in Quetiapine.

Resident 1's ML, dated 12/01/2024 – 12/31/2024, showed the hand-written entry for Quetiapine on page seven had caregiver initials documented indicating Resident 1 was given an additional 300 mg of Quetiapine 12/01/2024 through 12/12/2024 with a hand-written line saying discontinue over the dates 12/13/2024 through 12/31/2024. There was no documented date of the change in Quetiapine.

In an interview, on 12/30/2024 at 11:36 AM, Staff A (Entity Representative) stated that Resident 1 got all their prescribed medications 12/23/2024 through 12/29/2024, but they did not initial them all because they were working by themselves and forgot. Staff A stated that Resident 1 had only one 300 mg dose of Quetiapine, not two, and said the second hand-written entry on page seven was an error duplication. Staff A stated that they were not certain if Resident 1's Quetiapine was discontinued on 12/13/2024 or 12/16/2024, and they did not date the change in Resident 1's Quetiapine on their ML since they could not locate a copy of written verification of the change during the department onsite visit on 12/30/2024.

Record review, on 01/03/2025 at 3:48 PM, showed an email Staff A sent to the department with documentation of an order change from Resident 1's health care provider that indicated Resident 1's Quetiapine was discontinued on 12/13/2024.

Resident 2

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted] ([redacted]). Review of Resident 2's assessment, dated 10/30/2024, showed Resident 2 required caregiver administration with medications.

Review of Resident 2's pharmacy printed ML, dated 12/01/2024 – 12/31/2024, showed they had the following prescribed medications:

- Aripiprazole (a medication used to treat certain mental conditions) 2.5 mg to be given twice daily at 8:00 AM and 8:00 PM

- Atorvastatin (a medication used to decrease fat in the blood stream) 20 mg to be given once daily at 8:00 PM

- Baclofen five mg to be given three times daily at 8:00 AM, 2:00 PM and 8:00 PM

- Duloxetine (a medication used to treat persistent low mood) 60 mg to be given once daily at 8:00 AM

- Hydroxyzine (a medication used to treat anxiety) 25 mg to be given three times daily at 8:00 AM, 2:00 PM and 8:00 PM

- Insulin Aspart (a medication used to lower blood sugar) 23 units to be given three times daily at 8:00 AM, 12:00 PM and 5:00 PM with an additional sliding scale dose based on blood sugar readings of 150-200 one unit, 201-249 two units, 250-299 four units, 300-349 six units, 350-399 eight units and greater than 399 ten units

- Insulin Glargine (a medication used to lower blood sugar) 40 units to be given twice daily at 8:00 AM and 8:00 PM

- Morphine Sulfate (a medication used to treat severe pain) 30 mg to be given twice daily at 8:00 AM and 8:00 PM

- Morphine Sulfate 15 mg to be given three times daily at 6:00 AM, 2:00 PM and 10:00 PM (with conflicting times of administration printed out for 8:00 AM, 4:00 PM and 12:00 AM)

- Ozempic (a medication used to treat Diabetes) one mg to be given once a week

- Pregabalin 200 mg to be given three times daily at 8:00 AM, 2:00 PM and 8:00 PM

- Pantoprazole (a medication used to reduce acid) 40 mg to be given once daily at 8:00 AM

- Trazadone (a medication used to treat persistent low mood) 150 mg to be given once daily at 8:00 PM

- Xarelto (a medication used to prevent blood clots) 20 mg to be given once daily at 5:00 PM

Review of Resident 2's pharmacy printed ML, dated 12/01/2024 – 12/31/2024, showed that the caregiver did not document their initials to indicate the administration of Resident 2's following medication doses:

- Aripiprazole 8:00 AM and 8:00 PM doses on 12/23/2024 and 12/24/2024
- Atorvastatin on 12/23/2024 and 12/24/2024
- Duloxetine from 12/18/2024 through 12/30/2024
- Hydroxyzine 8:00 PM doses 12/25/2024 through 12/29/2024
- Morphine Sulfate 30 mg 8:00 PM doses 12/01/2024 through 12/24/2024
- Ozempic on 12/18/2024 and 12/25/2024
- Pregabalin 8:00 PM dose on 12/06/2024 and all doses 12/07/2024 through 12/24/2024
- Pantoprazole on 12/23/2024 and 12/24/2024
- Trazadone on 12/23/2024 and 12/24/2024
- Xarelto on 12/23/2024 and 12/24/2024

In an interview, on 12/30/2024 at 11:36 AM, Staff A stated that Resident 2 got all their prescribed medication doses up to date, but they had an error and missed documenting their initials for all of Resident 2's medication doses.

Review, on 12/30/2024 at 11:15 AM, of Resident 2's pharmacy printed ML, dated 12/01/2024 – 12/31/2024, showed that the caregiver had documented their initials indicating that caregivers had already administered the following medication doses to Resident 2 before they were due:

- Aripiprazole 8:00 PM dose for 12/30/2024

- Atorvastatin 8:00 PM dose for 12/30/2024

- Baclofen 2:00 PM and 8:00 PM doses for 12/30/2024

- Hydroxyzine 2:00 PM dose for 12/30/2024

- Insulin Aspart 23 units doses at 12:00 PM and 5:00 PM for 12/30/2024 and sliding scale doses at 12:00 PM and 5:00 PM for 12/30/2024

- Insulin Glargine 8:00 PM dose for 12/30/2024

- Morphine Sulfate 30 mg 8:00 PM dose for 12/30/2024

- Morphine Sulfate 15 mg 2:00 PM and 10:00 PM (or 4:00 PM and 12:00 AM) doses for 12/30/2024

- Pregabalin 2:00 PM and 8:00 PM doses for 12/30/2024

- Pantoprazole dose for 12/31/2024

- Trazadone dose for 12/30/2024

- Xarelto dose for 12/30/2024

In an interview, on 12/30/2024 at 11:36 AM, Staff A stated that Resident 2 did not yet get any prescribed medication doses earlier than when they were due and did not know why they documented Resident 2's medication doses that were not yet due.

Review of Resident 2's pharmacy printed ML, dated 12/01/2024 – 12/31/2024, showed documentation that Resident 2's Pregabalin doses were documented as not administered due to being discontinued from the 8:00 AM dose on 12/04/2024 through the 8:00 PM dose on 12/24/2024, then had documented initials indicating it was administered again from the 8:00 AM dose on 12/25/2024 through the 8:00 PM dose 12/30/2024.

In an interview, on 12/30/2024 at 11:36 AM, Staff B stated that they thought Resident 2's Pregabalin was discontinued on 12/05/2024. Staff A stated they did not administer Resident 2's Pregabalin 12/25/2024 through 12/30/2024 and that the caregiver initials documented during that time was an error. Staff A stated they did not date the change in Resident 2's Pregabalin on their ML since they could not locate a copy of written verification of the change during the department onsite visit on 12/30/2024.

Record review, on 12/31/2024 at 8:00 AM, showed Staff A sent an email to the department on 12/30/2024 at 7:18 PM with documentation of an order change from Resident 2's health care provider that indicated Resident 2's Pregabalin was discontinued on 12/03/2024.

Resident 3

Record review showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted]. Review of Resident 3's assessment, dated 07/17/2024, showed Resident 3 required caregiver administration with medications.

Review of Resident 3's pharmacy printed ML, dated 12/01/2024 – 12/31/2024, showed they had the following prescribed medications:

- Aripiprazole five mg to be given once daily at 8:00 AM

- Aspercreme Lidocaine patch (a medication used to treat pain) four percent to be given daily at 8:00 AM and removed daily at 8:00 PM

- Chlorhexidine rinse 0.12 percent (a medication used to kill or prevent bacterial growth) to be given twice daily at 8:00 AM and 8:00 PM

- Diltiazem (a medication used to lower blood pressure) 30 mg to be given three times daily at 8:00 AM, 2:00 PM and 8:00 PM

- Fluticasone (a medication used to treat allergy symptoms) 50 micrograms with two sprays to be given once daily at 8:00 AM

- Gabapentin (a medication used to control seizures and treat nerve pain) 300 mg to be given twice daily at 8:00 AM and 8:00 PM

- Isosorbide Dinitrate (a medication used to treat and prevent chest pain from not enough blood flow to the heart) 10 mg to be given three times daily at 8:00 AM, 2:00

PM and 8:00 PM

- Melatonin (a supplement used to aid sleep) three mg to be given once daily at 8:00 PM

- Morphine Sulfate 7.5 mg to be given four times daily at 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM

- Pantoprazole 40 mg to be given once daily at 7:30 AM

- Prazosin (a medication used to treat high blood pressure) one mg to be given once daily at 8:00 PM

- Quetiapine 25 mg to be given once daily at 8:00 PM

- Quetiapine 12.5 mg to be given twice daily at 8:00 AM and 2:00 PM

Review of Resident 3's pharmacy printed ML, dated 12/01/2024 – 12/31/2024, showed that the caregiver did not document their initials to indicate the administration of Resident 3's following medication doses:

- Aripiprazole for 12/28/2024 through 12/30/2024

- Aspercreme Lidocaine patch for 8:00 PM removal on 12/27/2024 through 12/29/2024 and for 8:00 AM application 12/28/2024 through 12/30/2024

- Chlorhexidine rinse 8:00 AM on 12/16/2024 through 8:00 AM on 12/30/2024

- Diltiazem 2:00 PM dose on 12/27/2024 through 8:00 AM dose on 12/30/2024

- Fluticasone 12/05/2024 through 12/30/2024

- Gabapentin 8:00 AM dose on 12/27/2024 through 8:00 AM dose on 12/30/2024

- Isosorbide 2:00 PM dose on 12/27/2024 through 8:00 AM dose on 12/30/2024

- Melatonin 12/01/2024 through 12/29/2024

- Morphine Sulfate 12:00 PM dose on 12/27/2024 through 8:00 AM dose on 12/30/2024

- Pantoprazole 12/28/2024 through 12/30/2024

- Prazosin 12/26/2024 through 12/29/2024

- Quetiapine 25 mg doses 12/05/2024 through 12/29/2024

- Quetiapine 12.5 mg doses at 2:00 PM on 12/27/2024 through 8:00 AM dose on 12/30/2024

Observation, on 12/30/2024 at 10:46 AM, showed Staff B administer two pills to Resident 3 who was in their bed in their room.

In an interview, on 12/30/2024 at 10:58 AM, Staff B stated that they had assisted the residents with medications since they began working at the AFH on 12/28/2024. Staff B stated that they give the medications to the residents that Staff A sets out for them, then Staff B tells Staff A they were administered. Staff B stated they did not document their initials on the resident MLs to indicate they gave residents medications because Staff A had the MLs for the residents with them and that Staff A documented all the initials indicating residents were given medications when Staff A came onsite to the AFH.

In an interview, on 12/30/2024 at 11:15 AM, Staff A stated that they “popped Resident 3’s medications out before they left the AFH earlier so Staff B could give them to Resident 3”.

In an interview, on 12/30/2024 at 11:30 AM, Staff B stated they thought the two pills they administered to Resident 3 at 10:46 AM on 12/30/2024 were Resident 3’s routine and as needed Morphine medications, but could not show verification of that since they did not remove the medications from a pharmacy labeled bottle, strip or bubble pack, but instead got them from an unlabeled medication organizer container that Staff A had pre-poured and set out for Staff B to administer to Resident 3.

Observation, on 12/30/2024 at 11:30 AM, showed the secured medication storage contained an unlabeled blue medication organizer that Staff B stated they administered Resident 3’s medications from. The blue organizer did not have a resident name, medication name, medication dose or frequency on it.

In an interview, on 12/30/2024 at 11:36, Staff A stated that Resident 3 received all prescribed medications except for Chlorhexadine. Staff A stated that Resident 3 could not follow the directions for Chlorhexadine so they were asking Resident 3's health care provider for an order change. Staff A stated that they did not document initials to indicate the rest of Resident 3's medications were given yet because the normal caregiver was out sick, and Staff A had taken a break.

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