



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

PATRICIA JACKSON
SUMNER COTTAGE
209 Mtn Circle Dr
Sumner, WA 98390

RE: SUMNER COTTAGE License # 337003

Dear Provider:

This letter addresses Compliance Determination(s) 43445 (Completion Date 07/15/2024) and 37669 (Completion Date 04/08/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/15/2024 and found that you have corrected the violations listed in the Follow up report dated 04/08/2024. Your home is back in compliance as of 04/09/2024 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 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-a, WAC 388-76-10430-2-b, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Lisa Charette, NCI AFH Complaint Investigator

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 337003	Compliance Determination # 37669
Plan of Correction	SUMNER COTTAGE	Completion Date
Page 1 of 3	Licensee: PATRICIA JACKSON	04/08/2024

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 follow-up on 03/05/2024 and 03/05/2024 of:

SUMNER COTTAGE
 209 Mtn Circle Dr
 Sumner, WA 98390

This document references the following SOD dated: 04/08/2024

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

The department staff that inspected the Adult Family Home:

Lisa Charette, NCI AFH Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3 , Unit A
 PO Box 99250
 Lakewood, WA 98496

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.

Lisa Cramer

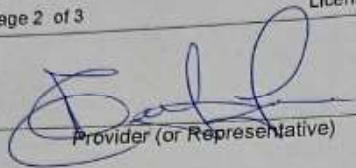
Residential Care Services

04/17/2024

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.

This document was prepared by Residential Care Services for the Locator website.


Provider (or Representative)

04/24
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 observations, interviews, and record review the Adult Family Home (AFH) failed to ensure that 3 of 5 residents (Resident 1, Resident 3, and Resident 4) were receiving medications as ordered by the physician. This failure placed the residents at risk for medication related complications.

Findings included...

Resident 1 (R1)

On 03/05/2024, record review of R1's March 2024 MAR (Medication Administration Record), showed the MAR and the physician's orders did not match for Hydroxyzine (a medication used to treat anxiety) and Haloperidol (an antipsychotic medication used to treat aggressive behavior and agitation). R1's MAR noted Hydroxyzine 25 mg, two tabs PRN (as needed) every six hours with a timeslot for it to be given at HS (bedtime, hours of sleep). The medication was signed as given at this time every night from 03/01-04/2024. There was no documentation on the MAR to show what it was given for, the exact time given, or if the medication was effective. The physician order dated 11/20/2023, read Hydroxyzine 25 mg, two tablets by mouth every six hours as needed for anxiety. R1's MAR dated 03/01-04/2024, noted Haloperidol 5 mg twice daily PRN, time slots for the medication to be given were written at PM (evening) and HS. The physician order dated 11/20/2023, noted "Haloperidol 5 mg twice daily as needed for psychosis or aggressive behavior, ONLY AS NEEDED".

Provider (or Representative)	Date
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Resident 3 (R3)

On 03/05/2024, record review of R3's March 2024 MAR, showed the MAR and the physician's orders did not match. The MAR included an order that read Trazodone (a medication used for sleep) 1-2 tab PRN with the timeslot to be given listed at HS. The medication was signed as being given daily 03/01-04/2024, at HS. There was no dose provided for the tablets in milligrams. There was no documentation on the back of the MAR to indicate if 1 tab or 2 tablets were given, what the medication was given for or if it was effective. The physician's order dated 11/17/2023, read, "Trazodone 100 mg tablet, take 1-2 tablets by oral route every day at bedtime as needed for sleep, start with 1 tablet for a week, and then may increase to 2 tablets at bedtime for insomnia".

Resident 4 (R4)

On 03/04/2024, record review of R4's March 2024 MAR showed the MAR and the physician's orders did not match. R4's MAR did not include orders for Tylenol, PRN or Vitamin D, 1240 mcg (micrograms) each week as were listed in R4's physician's order.

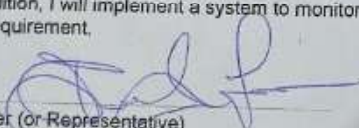
On 03/05/2024 at 12:48 AM in an interview, Staff A (Provider), was asked how they determined how much medication to give R1 if the MAR read PRN but didn't specify a frequency like "every 6 hours" and pointed out the order on the MAR that was for Hydroxyzine. Staff A stated, "If they ask for it, then I give it to them for their anxiety or their sleeping." Staff A was shown R1's MAR noted Hydroxyzine as PRN and didn't include a dose, and R3's MAR noted Trazadone 1 or 2 tablets, PRN. When Staff A was asked how they knew what dose to give or what dose had been given previously, Staff A said, "I just know."

This is an uncorrected deficiency previously cited on 01/09/2024.

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, SUMNER COTTAGE is or will be in compliance with this law and / or regulation on (Date) 4/19/24.

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


Provider (or Representative)

6/24
Date

Resident 3 (R3)

On 03/05/2024, record review of R3's March 2024 MAR, showed the MAR and the physician's orders did not match. The MAR included an order that read Trazodone (a medication used for sleep) 1-2 tab PRN with the timeslot to be given listed at HS. The medication was signed as being given daily 03/01-04/2024, at HS. There was no dose provided for the tablets in milligrams. There was no documentation on the back of the MAR to indicate if 1 tab or 2 tablets were given, what the medication was given for or if it was effective. The physician's order dated 11/17/2023, read, "Trazodone 100 mg tablet, take 1-2 tablets by oral route every day at bedtime as needed for sleep, start with 1 tablet for a week, and then may increase to 2 tablets at bedtime for insomnia".

Resident 4 (R4)

On 03/04/2024, record review of R4's March 2024 MAR showed the MAR and the physician's orders did not match. R4's MAR did not include orders for Tylenol, PRN or Vitamin D, 1240 mcg (micrograms) each week as were listed in R4's physician's order.

On 03/05/2024 at 12:46 AM in an interview, Staff A (Provider), was asked how they determined how much medication to give R1 if the MAR read PRN but didn't specify a frequency like "every 6 hours" and pointed out the order on the MAR that was for Hydroxyzine. Staff A stated, "If they ask for it, then I give it to them for their anxiety or their sleeping." Staff A was shown R1's MAR noted Hydroxyzine as PRN and didn't include a dose, and R3's MAR noted Trazadone 1 or 2 tablets, PRN. When Staff A was asked how they knew what dose to give or what dose had been given previously, Staff A said, "I just know."

This is an uncorrected deficiency previously cited on 01/09/2024.

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
 PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 337003	Compliance Determination # 33873
Plan of Correction	SUMNER COTTAGE	Completion Date
Page 1 of 3	Licensee: PATRICIA JACKSON	01/09/2024

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 12/15/2023 and 12/15/2023 of:

SUMNER COTTAGE
 209 Mtn Circle Dr
 Sumner, WA 98390

This document references the following complaint number(s): 108070

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Lisa Charette, NCI AFH Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit A
 PO Box 99250
 Lakewood, WA 98496

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

01/10/2024

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.

This document was prepared by Residential Care Services for the Locator website.

Provider (or Representative)	Date
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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.

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- (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 observations, interviews, and record review the Adult Family Home (AFH) failed to ensure that 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4 and Resident 5) were receiving medications as ordered by the physician or that they were assessed to administer their medications independently. This failure placed the residents at risk of taking medications incorrectly and having unmet care needs.

Findings included...

On 12/15/2023 at 11:03 AM, an observation showed Resident 4 had multiple prescription bottles lined up on their bedside table.

On 12/15/2023 at 11:38 AM in an interview, the Provider stated, "All the guys take their own medications. I don't have any medication orders or Medication Administration Records (MARS). All the residents are independent with their medications." When asked to see the assessments that determined the residents could safely administer their own medications, the Provider said, "The patients are paranoid and won't allow me to administer their medications. They all do their own and I don't even get paperwork from the doctor." When asked how they knew the residents were taking their medications, the Provider said, "I remind them every day."

Rec'd 1/26/24

Statement of Deficiencies	License #: 337003	Compliance Determination # 33873
Plan of Correction	SUMNER COTTAGE	Completion Date
Page 3 of 3	Licensee: PATRICIA JACKSON	01/09/2024

On 12/15/2023, reviews showed Resident 1, Resident 2, Resident 3, Resident 4 and Resident 5's records did not have physician's orders, MARs or individual assessments determining they were able to safely administer their medications independently.

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, SUMNER COTTAGE is or will be in compliance with this law and / or regulation on (Date) 1-18-2024.

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

Patricia Jackson

Provider (or Representative)

1-22-2024

Date

This document was prepared by Residential Care Services for the Locator website.

On 12/15/2023, reviews showed Resident 1, Resident 2, Resident 3, Resident 4 and Resident 5's records did not have physician's orders, MARs or individual assessments determining they were able to safely administer their medications independently.

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, SUMNER COTTAGE 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