



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388**

May 11, 2016

Eden H Flunker  
THE HOME IN MAGNOLIA  
2424 24TH AVE W  
SEATTLE, WA 98199

RE: THE HOME IN MAGNOLIA License #584000

Dear Provider:

On May 10, 2016 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated April 22, 2016.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:  
Sunny Kent, Licensor

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Bennetta Shoop, Field Manager  
Region 2, Unit E  
Residential Care Services



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Statement of Deficiencies	License #: 584000	Completion Date
Plan of Correction	THE HOME IN MAGNOLIA	April 22, 2016
Page 1 of 4	Licensee: EDEN FLUNKER	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of:  
 4/12/2016

THE HOME IN MAGNOLIA  
 2424 24TH AVE W  
 SEATTLE, WA 98199

The department staff that inspected the adult family home:  
 Sunny Kent, BSN, RN, Licensor

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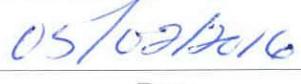
From:

DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit E  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6033

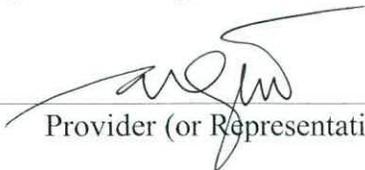
DSHS/ADSARCS

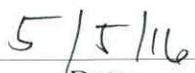
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
 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 388-76-10181 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.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Provider failed to complete a Character, Competence and Suitability (C C & S) Statement for one of three reviewed staff (Resident Manager). This failure placed the home's three residents (#1, #2 and #3) at risk for receiving care from an unqualified caregiver. Findings include:

Observation, interview and record review occurred 4/12/2016 unless otherwise noted.

Record review found the home's resident manager (RM) was hired 3/3/2015. A review of his BGI found a 'C' finding. The finding was not the result of a disqualifying action, as demonstrated by supporting documentation in his file. Further record review did not find a completed C C & S statement documenting the home's decision for retaining the RM.

Observation found the RM providing care to the home's three residents, which included transfers and meal service.

On interview with both the RM and the Provider's designee, it was confirmed they had not completed a C C & S statement for him.

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**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, THE HOME IN MAGNOLIA is or will be in compliance with this law and / or regulation on (Date) 4/12/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

5/5/16  
\_\_\_\_\_  
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 Provider failed to ensure resident medications requiring refrigeration were secured in locked storage. Findings include:

Observation, interview and record review occurred 4/12/2016 unless otherwise noted.

The home tour was conducted by the Provider's designee and the Resident Manager.

Observation during the home tour found two vials of Novolog insulin stored on a shelf in the refrigerator door.

Interview and record review found the insulin was prescribed to a resident (FR #1) who had passed away [REDACTED]. The RM and Provider's designee removed the insulin from the refrigerator and disposed of it by drawing out the insulin and mixing it with coffee grounds.

#### 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, THE HOME IN MAGNOLIA is or will be in compliance with this law and / or regulation on (Date) 4/12/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

5/5/16  
Date

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**WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:**

(2) Residents who have left the home.

#### This requirement was not met as evidenced by:

Based on observation, interview and record review, the Provider failed to ensure medications prescribed for two residents (FR #1, Person #1) who did not reside in the home were disposed of according to the home's medication disposal policy. This placed the residents at risk for accidental ingestion of medications not prescribed for them. Findings include:

Observation, interview and record review occurred 4/12/2016 unless otherwise noted.

The home tour was conducted by the Provider's designee and the Resident Manager.

#### Medications for two Residents in Same Bin

Two medication bins were inspected during the medication audit. Observation of the medication bin for Resident #3 found it contained his medications as well as a number of loose pills, a small Ziploc bag containing a dose pack for one medication and two bubble packs that had been torn away from a larger set. One of the bubble packs contained three tablets, and the other contained

nine tablets. None of the medications were prescribed for Resident #3. The medications were dispensed in 2014.

Interview found the medications were prescribed for a resident who was later identified by staff as someone who had lived in another adult family home owned by the Provider. Record review found the resident had not resided in the adult family home during the last inspection, and was not identified as a current resident by staff.

**Insulin for Resident who Passed Away**

Observation during the home tour found two vials of Novolog insulin stored on a shelf in the refrigerator door.

Interview and record review found the insulin was prescribed to a resident (FR #1) who had passed away [REDACTED]. The RM and Provider's designee removed the insulin from the refrigerator and disposed of it by drawing out the insulin and mixing it with coffee grounds.

The home's policy for disposing of medications was received by the department 4/21/2016. Record review found policy stated that, "unused or expired medications are likewise returned to the pharmacy. Another way of disposing unused meds is through cat litter. Meds are crushed and mix(ed) with cat litter."

**Attestation Statement**

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Provider (or Representative)

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