



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

December 24, 2019

A BEAUTIFUL LIVING AFH LLC  
A BEAUTIFUL LIVING II  
4201 164TH ST SW SUITE A  
LYNNWOOD, WA 98087

RE: A BEAUTIFUL LIVING II License #750671

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on December 20, 2019 for the deficiency or deficiencies cited in the report/s dated October 22, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Hang Lu, Licensors

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

A handwritten signature in blue ink, appearing to read "Shelly Scarborough".

Shelly Scarborough, Field Manager  
Region 2, Unit B  
Residential Care Services



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

Statement of Deficiencies	License #: 750671	Completion Date
Plan of Correction	A BEAUTIFUL LIVING II	October 22, 2019
Page 1 of 3	Licensee: A BEAUTIFUL LIVING AFH LLC	

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:  
 10/10/2019  
 A BEAUTIFUL LIVING II  
 4201 164TH ST SW SUITE B  
 LYNNWOOD, WA 98087

The department staff that inspected the adult family home:  
 Hang Lu, BSN, Licensors

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit B  
 3906-172nd St NE, Suite #100  
 Arlington, WA 98223  
 (360)651-6872

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 ADSA/RCS  
 Smokey Point

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.

Jennifer Luttrell  
 Residential Care Services

10/31/19  
 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.

Theresa C. Johnson  
 Provider (or Representative)

Received 11/4/2019  
 Date

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

**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 ;
- (d) Receives medications as required.

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

Based on record review and interview, the adult family home (AFH) failed to ensure one of two sampled residents (Resident #1) received medications as prescribed and the medication log for Resident #2 was accurate. This failure placed the residents at risk of medication errors.

**Findings included...****RESIDENT #1:**

On 10/10/19, record review showed the resident was admitted to the home on [REDACTED] 17. Review of the resident's October 2019 medication log and physician's order (dated 08/01/19) showed she was prescribed "Tumeric 720 mg capsule: Take 1 capsule once daily."

On 10/10/19, review of the medication label on the over the counter (OTC) Tumeric bottle showed each capsule was 500 mg. When interviewed at approximately 2:00 PM, Staff C (Caregiver) stated that she actually gave one and a half capsules daily. When asked how she (Staff C) could give exactly 720 mg daily (as ordered by the doctor), Staff C did not offer an explanation. Staff C stated that the resident's family provided the OTC Tumeric bottle. Staff C stated that she would call the resident's doctor to change the prescription to 500 mg daily instead (to match with the dosage per capsule in the OTC bottle).

On 10/10/19, review of Resident 1's September 2019 medication log and physician's order (dated 08/01/19) showed she was also prescribed "Ascorbic Acid (Vitamin C) 500 mg tablet: Take 1 tablet daily."

On 10/10/19, review of the medication label on the OTC Vitamin C bottle showed each tablet was 1000 mg. The handwritten instructions on the OTC Vitamin C bottle read, "1 tablet daily". At approximately 2:05 PM, Staff C acknowledged the mistake when department staff pointed out the dosage difference between the doctor's order and the OTC bottle and the dosage being doubled when staff gave 1 tablet (1000 mg) of Vitamin C daily. Staff C promptly made the correction by writing "1/2" (tablet daily) on the OTC bottle.

On 10/11/19, copies of new medication orders were received from the home. Review of the new medication orders showed the dosage change for Tumeric (to 500 mg daily) and the Vitamin C order had been rewritten as: "Vitamin C 1000 mg: Take 1/2 tablet (500 mg) by mouth daily."

**RESIDENT #2**

On 10/10/19, record review showed the resident was admitted to the home on [REDACTED] 14. She was currently on hospice. Review of the resident's October 2019 medication log showed duplicate

Statement of Deficiencies

License #: 750671

Completion Date

Plan of Correction

A BEAUTIFUL LIVING II

October 22, 2019

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Licensee: A BEAUTIFUL LIVING AFH LLC

entries for Morphine (for pain), Acephen (Tylenol) suppositories (for pain or fever), Levsin (for excessive secretions) and Bisacodyl (for constipation) medications which were part of her comfort kit.

During an interview on 10/10/19 at approximately 11:45 AM, Staff C did not realize there were duplicate entries on the medication log. Staff C explained that when the comfort kit was expired, the pharmacy sent the new comfort kit with the another medication log. Staff C immediately made the correction by writing "Duplicate" on each of the extra entries (for Morphine, Acephen suppositories, Levsin and Bisacodyl) on the medication log during the inspection.

#### 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, A BEAUTIFUL LIVING II is or will be in compliance with this law and / or regulation on (Date) 12/19/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*Stephanie C. Jones*  
Provider (or Representative)

*Rebecca*  
11/4/2019  
Date

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



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

October 31, 2019

**CERTIFIED MAIL**

9489 0090 0027 6093 3909 49

A BEAUTIFUL LIVING AFH LLC  
A BEAUTIFUL LIVING II  
4201 164TH ST SW SUITE A  
LYNNWOOD, WA 98087

RE: A BEAUTIFUL LIVING II License #750671

Dear Provider:

The Department completed a full inspection of your Adult Family Home on October 22, 2019 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
  - Begin the process of correcting the deficiency or deficiencies immediately; and
  - Complete correction within 45 days, or sooner if directed by the Department; and
  - Sign and date the first page of the enclosed report; and
  - Return the first page with your plan; and
  - Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:**

- (2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112 WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

On 10/10/19, the home did not have nurse delegation and specialty training certificates for three of six caregivers (Staff C, F and G) readily available for review and verification. Staff A (entity representative) stated that she would look for the requested staff documents at her other home and send over by fax during the inspection but the fax did not arrive. On 10/11/19, copies of the caregivers' training certificates were received from the home.

**WAC 388-76-10250 Medical emergencies Contacting emergency medical services Required.**

(1) The adult family home must develop and implement policies and procedures which require immediate contact of the local emergency medical services when a resident has a medical emergency. This requirement applies:

(a) Unless the caregiver, present at the time of the emergency, is a licensed physician or registered nurse acting within his or her scope of practice;

(b) Whether or not:

(i) Any order exists directing medical care for the resident;

(ii) The resident has provided an advance directive for medical care; or

(iii) The resident has expressed any wishes involving medical care.

(2) If available, the home must immediately give arriving emergency medical services personnel a copy of:

(a) Any order that exists directing medical care for the resident; and

(b) The resident's advance directive for medical care.

(3) The home must inform the resident of the requirements in this section.

(4) The home is not required to contact emergency medical services when a resident is receiving hospice care by a licensed hospice agency and the:

(a) Emergency relates to the expected hospice death; and

(b) Situation is monitored by the hospice agency.

On 10/10/19, the adult family home (AFH) did not have evidence of the policy for contacting emergency medical services (EMS) and informing four of four residents (Resident #1, 2, 3, and 4) regarding its EMS policy. When interviewed at approximately 11:30 AM, Staff A (Entity Representative) stated that her policy was to call 911, but she could not find the home's written EMS policy and proof that she had informed all the residents. On 10/11/19, copies of the EMS policy (signed by Resident #3 and the representatives of Residents #1, 2 and 4 on 10/10/19) were received from the AFH.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

**The Department:**

- Expects all deficiencies to be corrected within the timeframe accepted by the

A BEAUTIFUL LIVING AFH LLC  
A BEAUTIFUL LIVING II License #750671  
October 31, 2019  
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department; and

- May inspect the home to determine if you have corrected all deficiencies.

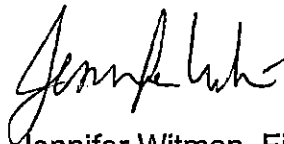
You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an 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.

**If You Have Any Questions:**

- Please contact me at (360) 651-6872.

Sincerely,



Jennifer Witman, Field Manager  
Region 2, Unit B  
Residential Care Services

Enclosure