



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 22, 2019

JOANNA SORESCO  
CARE SKILLS AFH  
19515 BING RD  
LYNNWOOD, WA 98036

RE: CARE SKILLS AFH License #751029

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on October 21, 2019 for the deficiency or deficiencies cited in the report/s dated September 13, 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,

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



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 3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 751029	Completion Date
Plan of Correction	CARE SKILLS AFH	September 13, 2019
Page 1 of 4	Licensee: JOANNA SORESCO	

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:  
 9/12/2019

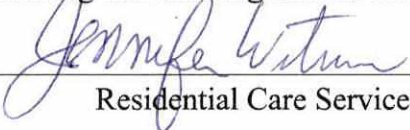
CARE SKILLS AFH  
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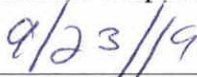
The department staff that inspected the adult family home:  
 Hang Lu, BSN, Licensor

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

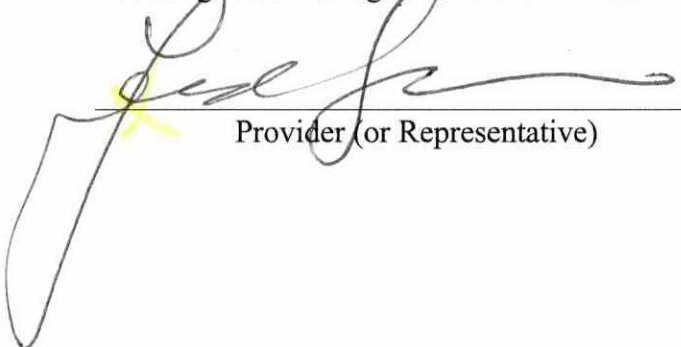
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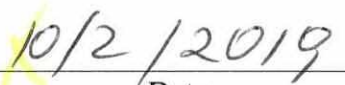
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
 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

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

**WAC 388-76-10430 Medication system.**

- (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.

**WAC 388-76-10475 Medication Log. The adult family home must:**

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (2) Include in each medication log the:
- (e) Approximate time the resident must take each medication.
- (3) Ensure the medication log includes:
- (c) Documentation of any changes or new prescribed medications including:
- (i) The change;
- (ii) The date of the change;

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

Based on observation, record review and interview, the adult family home failed to ensure as needed (PRN) medications were documented as required and medication logs were up-to-date for two of two samples residents (Resident #1 and 2). This failure placed the residents at risk of medication errors.

**Findings included...**

On 09/12/19, record review showed Resident #1 was admitted to the home on [REDACTED] 11. Review of the medication log showed Staff A (Provider) did not indicate the approximate time of medication administration in the back of the medication log when giving a PRN (as needed) cream (Gold Bond) on 09/02/19 and 09/07/19. Further review of the medication log showed Staff A wrote designated hours (of medication administration) for five PRN medications (Diclofenac Sodium cream, Reguloid Powder, Acetaminophen, Clearlax Powder and Clotrimazole-Betamethasone cream). Two PRN medications were given at pre-scheduled times (Acetaminophen at 9:00 AM, 3:00 PM, and 9:00 PM on 09/03/19 and Clotrimazole-Betamethasone cream at 9:00 AM and 9:00 PM on 09/02/19 and 09/06/19) instead of as needed (per the doctor's order). When interviewed at approximately 10:15 AM, Staff A stated that she had stopped documenting in the back of the medication log because the resident had too many (PRN) medications.

On 09/12/19 at approximately 10:45 AM, observation of Resident #1's medication supply showed there was a tube of 1% Silvadene topical cream. When asked at 10:45 AM, Staff A stated that the resident needed to have this medication (Silvadene cream) to be used as needed. Review of the medication log showed Silvadene topical cream was not listed. Record review showed Silvadene cream was included on the doctor's list of current medications (dated 08/06/19) and the order read, "Apply with dressing change daily for the next 7 days." During an interview at approximately 11:30 AM, Staff A stated that she would ask the doctor to rewrite the Silvadene cream order for PRN use and ask the pharmacy to list it on the medication log.

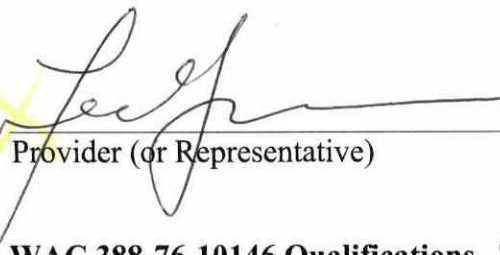
On 09/12/19, record review showed Resident #2 was admitted to the home on [REDACTED] 15. The



Metronidazole cream entry on the medication log read, "Apply topically to affected area of skin twice daily." Review of the medication log showed no staff's initials for administration of Metronidazole cream on 09/02/19, 09/03/19, 09/04/19, 09/06/19 and 09/07/19. During an interview at approximately 11:40 AM, Staff A stated that the order for this medication (Metronidazole cream) had been changed (from routine) to PRN a long time ago. Staff A then showed a copy of the doctor's order (dated 03/27/19) which read, "Continue Metronidazole 0.75% cream PRN". At approximately 11:40 AM, Staff A stated that she would update the medication log (to reflect the order change from routine to PRN) and document properly when giving PRN medications.

#### 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, CARE SKILLS AFH is or will be in compliance with this law and / or regulation on (Date) 9/12/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

10/02/2019  
Date

#### WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112 WAC, including but not limited to:

(e) Continuing education.

#### WAC 388-112A-0610 Who is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) Adult family homes.

(d) Continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 when the long-term worker does not maintain a food handler's permit.

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

Based on observation, record review and interview, the Provider failed to obtain the food safety training (as part of her annual continuing education) from the department approved trainer. This failure placed three of three residents (Resident #1, 2 and 3) at risk of having a caregiver who was not fully qualified.

Findings included...

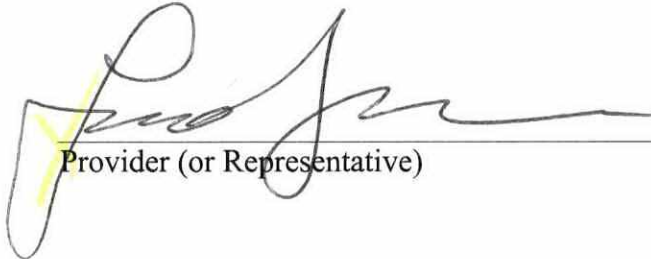
On 09/12/19, record review showed Staff A (Provider) had issued a food safety training certificate to herself on 05/21/19 instead of getting the training from the department approved trainer (refer to WAC 388-112A-1210 [1][a]). When interviewed at approximately 11:00 AM,

Staff A stated that she used to have a food worker's card. Staff A stated that she would get the food safety training (from the approved trainer) soon.

On 09/12/19 at approximately 2:30 PM, the Provider was observed preparing a snack (sandwich) for Resident #1.

**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, CARE SKILLS AFH is or will be in compliance with this law and / or regulation on (Date) 10/02/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

10/02/2019  
\_\_\_\_\_  
Date