



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

April 4, 2016

Dorotea D Ristig  
CARLSON CARE AFH II  
10425 NE 201ST STREET  
BOTHELL, WA 98011

RE: CARLSON CARE AFH II License #751142

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on March 3, 2016 for the deficiency or deficiencies cited in the report/s dated December 15, 2015 and found no deficiencies.

The Department staff who did the inspection:  
Brenda Mooney, 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



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** CARLSON CARE AFH II (688388)      **Intake ID(s):** 3168450  
**License/Cert. #:** AF751142  
**Investigator:** Zeile, Louise      **Region/Unit:** RCS Region 2/Unit E      **Investigation Date(s):** 12/10/2015 through 12/15/2015  
**Complainant Contact Date(s):** 12/09/2015

**Allegations:**

1. Named resident ran out of a medication because she had been given the incorrect dosage.

**Investigation Methods:**

<input checked="" type="checkbox"/> <b>Sample:</b>	4 of 4 current residents.	<input checked="" type="checkbox"/> <b>Observations:</b>	Residents, staff to resident interaction, resident rooms and facility common areas.
<input checked="" type="checkbox"/> <b>Interviews:</b>	Residents, staff and others not associated with the home.	<input checked="" type="checkbox"/> <b>Record Reviews:</b>	Resident records, administrative records.

**Allegation Summary:**

Observation found residents clean and groomed. Observed staff-resident interactions were respectful. Named resident was interviewed and was aware of her medication schedule and reported that she'd only received 1 extra dose of the medication. Interview and record review found that medication administrative procedures of the home were lacking.

**Unalleged Violation(s):**       **Yes**       **No**

The home failed to have a system in place to dispose of expired medications.

**Conclusion:**       **Failed Provider Practice Identified**       **Failed Provider Practice Not Identified**

The home failed to have a medication system in place to prevent double administration of a medication.

**Action:**       **Citation(s) Written**       **No Citation Written**

See Statement of Deficiency dated 12/15/2015.



**Residential Care Services  
Investigation Summary Report**

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**RCPA Action:**  **Recommend Finding**

**Recommend Close Investigation**



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Statement of Deficiencies	License #: 751142	Completion Date
Plan of Correction	CARLSON CARE AFH II	December 15, 2015
Page 1 of 4	Licensee: DOROTEA RISTIG	

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 complaint investigation of: 12/10/2015 and 12/15/2015

CARLSON CARE AFH II  
 20205 107TH NE  
 BOTHELL, WA 98011

This document references the following complaint number: 3168450

The department staff that inspected and investigated the adult family home:

Louise Zeile, BSN, Complaint Investigator

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

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As a result of the on-site complaint investigation 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.

Bennett Phoy  
 Residential Care Services

12/30/2015  
 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.

Dorothea D. Ristig  
 Provider (or Representative)

1-5-16  
 Date

**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.
- (3) Ensure the medication log includes:
  - (a) Initials of the staff who assisted or gave each resident medication(s);

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

Based on observation, interview, and record review, the Provider failed to ensure a medication log was kept up-to-date for 2 of 4 residents (Resident #1 and Resident #2). This failure placed Resident #1 at risk for complications from receiving six extra doses of medication that were not prescribed and placed Residents #1 and #2 at risk for medication errors when staff giving the medication were not the person initialing the medication log. Findings include:

Interview and record review occurred on 12/10/15 and 12/15/2015.

Record review revealed Resident #1 admitted to the home on [REDACTED] 2012 and required assistance with medication.

On 12/10/2015, record review of the November 2015 medication log for Resident #1 revealed [REDACTED] 1 milligram (mg) medication initialed as given twice a day for six days (11/20, 11/21, 11/22, 11/23, 11/24 and 11/25/15). The written order for [REDACTED] was "Take 1 tablet by mouth once daily as needed".

In interview of the Entity Representative (ER), regarding the extra medication doses, the ER said she did not give the dose. The ER said she initialed the medication log for her caregiver #C (CG #C). When asked why she initialed the medication for CG #C, the ER said, "my caregiver at night not signing". The ER stated her night caregiver did not want to sign so, she initialed the MAR.

When asked about the extra dose of [REDACTED] the ER initialed as given, the ER said, "because she want another medication, she cannot sleep".

Record review revealed Resident 2 admitted to the home on [REDACTED] 14 and required assistance with medications.

On 12/15/15, record review of the medication log for Resident #2 revealed the ER initialed the the 12/15/15, 8pm dose of [REDACTED] 40 mg tablet (used to treat [REDACTED]) as given at 1:30pm.

When asked about signing the MAR prior to the giving the medication, the ER said, "Because when I sign it today, people keep calling me and I mess up".

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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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 2-8-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Dorothea R. Ristig  
Provider (or Representative)

1-5-16  
Date

**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:**

(1) Current residents living in the adult family home; and

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

Based on observation, interview, and record review, the provider failed to implement the home's written policy on disposing of unused or expired medications for 2 of 4 residents (Resident #1 and Resident #2). This failure placed 2 of 4 residents at risk of harm from medications that were outdated or no longer prescribed.

## Findings include:

Observation, interview, and record review occurred on 12/10/15 and 12/15/2015, unless otherwise indicated.

Record review revealed Resident #1 was admitted to the home on [REDACTED] 12 with medication assistance from the caregivers. The resident was observed and interviewed in her room, on 12/10/2015. Resident #1 said she received medications from the caregivers. Resident #1 was able to recall her medications by name, when she received different medications and said, "I am aware of how much medication I have".

Record review of Resident #1 prescriptions revealed several were expired, including:

[REDACTED] 4 milligram (mg) tabs with an expiration date of 6/13/15; [REDACTED] expiration date of 7/10/15; [REDACTED] 25 mg, expiration date 6/16/15 and an over the counter medication (OTC) [REDACTED] Oral Anesthetic (Sore Throat Lozenge) exp. 8/2015.

Record review revealed Resident #2 was admitted to the home on [REDACTED] 14 with medication assistance from the caregivers. On 12/15/15, the resident was observed seated in a recliner in her room. Resident #2 said she received her medications from the caregivers, "Yes, they set it up for me" when interviewed.

Record review of Resident #2 prescriptions revealed several were expired, including:

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██████████ 150 mcg tabs with an expiration date of 10/19/15; ██████████ 200 mg tabs with an expiration date of 7/6/15; and ██████████ 650 mg Extended Release with an expiration date of 8/19/15.

Review of the home's "Medication Disposal Policy" found the home would "...2. Return the medication(s) to the pharmacy if a credit to the Resident is possible and pharmacy will accept it. 3. Destroy or discard of the medication(s) personally and in a safe collection/disposal site, in the presence of an eyewitness and document the method, time and place in which it was done."

In interview, ER said she took expired medications to the pharmacy and that she would "watch medications now and I will call pharmacy".

**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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 2-8-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Dorothea D. Ristig  
Provider (or Representative)

1-5-16  
Date

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