



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

March 28, 2016

Nadiya M Terletska
NADIYA ADULT FAMILY HOME
325 5TH AVE N
ALGONA, WA 98001

RE: NADIYA ADULT FAMILY HOME License #751625

Dear Provider:

On March 25, 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 February 9, 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:
Jocelyn Cruz, Licensor

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Delores Usea, Field Manager
Region 2, Unit G
Residential Care Services



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Statement of Deficiencies	License #: 751625	Completion Date
Plan of Correction	NADIYA ADULT FAMILY HOME	February 9, 2016
Page 1 of 2	Licensee: NADIYA ADULT	

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:
 2/9/2016

NADIYA ADULT FAMILY HOME
 325 5TH AVE N
 ALGONA, WA 98001

The department staff that inspected the adult family home:
 Jocelyn Cruz, RN, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6007

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

2/16/16

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.

Nadiya Terletska

Provider (or Representative)

2/24/16

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 Adult Family Home (AFH) failed to ensure the home's written medication disposal policy was implemented when expired medication belonging to one of one resident (Residents #1) was not disposed of according to the AFH's medication disposal policy. This failure placed Resident #1 at risk for accidental ingestion of expired medication.

All observation, interview and record review occurred on 02/09/2016 unless otherwise noted.

Findings include:

Observation during the audit of Resident #1's medications revealed a medication bingo card labeled [redacted] tablet 8.6mg, give 2 tabs orally once daily as needed for constipation, discard after 01/06/2016."

Record review of Resident #6's Medication Administration Record (MAR) revealed an order for [redacted] tablet 8.6mg, give two tablets orally once daily as needed for constipation.

The Provider stated she dispensed the medication from the bingo card [redacted] that says discard after 01/06/2016) in case Resident #4 needed medication for constipation.

Review of the home's Medication Disposal Policy revealed "All expired or unused medicine needs to be dispose. If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash," and instruction was stated on how to dispose the drugs appropriately.

When the Provider was made aware of the expiration date of [redacted] she did not offer any explanation but stated she will call the pharmacy to deliver new medication.

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, NADIYA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 02/09/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

DSHS/ADSNARCS
FEB 29 2016
RECEIVED

Nadiya Terletska
Provider (or Representative)

2/24/16
Date