



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

MCAFH INCORPORATED
MACADAM COURT
13534 MacAdam Rd S
Tukwila, WA 98168

RE: MACADAM COURT License # 751976

Dear Provider:

This letter addresses Compliance Determination(s) 51708 (Completion Date 12/13/2024) and 50679 (Completion Date 11/25/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/13/2024 and found that you have corrected the violations listed in the Full report dated 11/25/2024. Your home is back in compliance as of 12/05/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10430-2, WAC 388-76-10430-2-d, WAC 388-76-10285, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Ivy Mordo, Nursing Consultant Institutional

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

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services



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

Statement of Deficiencies	License # 751978	Compliance Determination # 50679
Plan of Correction	MACADAM COURT	Completion Date
Page 1 of 4	Licensee: MCAFH INCORPORATED	11/25/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 11/21/2024 and 11/21/2024 of:

MACADAM COURT
13534 MacAdam Rd S
Tukwila, WA 98168

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Susan Aromi, 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

As a result of the on-site visit(s), 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

11/26/2024
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.

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
 20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 751976	Compliance Determination # 50679
Plan of Correction	MACADAM COURT	Completion Date
Page 1 of 4	Licensee: MCAFH INCORPORATED	11/25/2024

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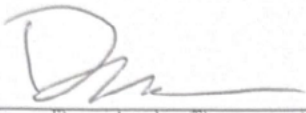
 Residential Care Services

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Statement of Deficiencies	License #: 751976	Compliance Determination # 50679
Plan of Correction	MACADAM COURT	Completion Date
Page 2 of 4	Licensee: MCAFH INCORPORATED	11/25/2024



 Provider (or Representative)

12/5/2024

 Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to give a prescribed medication to 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of medical decline.

Findings included...

In an interview on 11/21/2024 at 9:59 AM, Staff B, Caregiver, said Resident 4 had diagnoses that included [REDACTED] and [REDACTED]. Staff B said they assisted Resident 4 with their medications.

Observation on 11/21/2024 at 11:22 AM showed Resident 4's medications in bubble packs. The resident had a full bubble pack (31 tablets) of Metoprolol (a prescribed medication for high BP).

Review of Resident 1's November 2024 medication log showed the following: Metoprolol 50 milligram (mg) tablet, take one tablet by mouth every morning. Hold if systolic BP (the top number in a BP reading, which measures the force of blood flowing out of the heart when it pumps) is lower than 100 or if heart rate is less than 60 per minute. The AFH staff initiated the resident's BP medication as given on 11/01/2024. There was a handwritten "H" (Hold) in the center of the medication log, and a line next to the BP medication, across the November date columns. The BP medication was not initiated as given from 11/02/2024 to 11/21/2024. The resident's November 2024 systolic BPs on 11/07/2024 was 97 and 98 on 11/19/2024. The rest of the resident's systolic BPs from 11/01/2024 to 11/21/2024 were above 100. Resident 3's heart rates from 11/01/2024 to 11/21/2024 were 68 and above, per minute.

In an interview on 11/21/2024 at 11:30 AM, Staff B said Resident 2 used to have "unusually low" BPs and now, their BP was stable. Staff B said Staff D, Caregiver, wrote "H" next to the BP medication on the November 2024 medication log. When asked if they had a new doctor's order to hold the Metoprolol the whole month of November 2024, Staff B searched Resident 4's records, then said they did not find any.

Provider (or Representative)

Date

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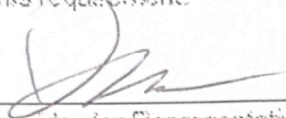
Statement of Deficiencies	License #: 751376	Compliance Determination # 50679
Plan of Correction	MACADAM COURT	Completion Date
Page 3 of 4	Licenses: MCAFH INCORPORATED	11/25/2024

In an interview on 11/21/2024 at 11:33 AM, Staff A (Entity Representative/Resident Manager) said they did not "catch" the medication error.

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, MACADAM COURT is or will be in compliance with this law and / or regulation on (Date) 12/5/2024.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.


12/5/2024

 Provider (or Representative) Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have 1 of 2 sampled staff (Staff B, Caregiver) complete their Tuberculosis (TB, a communicable lung disease) testing. This failure placed all the residents at risk of contracting TB, in the event Staff B tested positive with the second TB test.

Findings included...

Observation on 11/21/2024 at 9:50 AM showed Staff B in the AFH with five residents (Residents 1, 2, 3, 4 and 5).

In an interview on 11/21/2024 at 10:22 AM, Staff B said they worked full time at the AFH.

Review of Staff B's records showed a hire date of 08/30/2023 and a TB skin test read as negative on 08/18/2023. There was no other TB test record found for Staff B.

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

In an interview on 11/21/2024 at 11:33 AM, Staff A (Entity Representative/Resident Manager) said they did not “catch” the medication error.

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Review of Staff B’s records showed a hire date of 08/20/2023 and a TB skin test read as negative on 08/18/2023. There was no other TB test record found for Staff B.

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Statement of Deficiencies	License #: 751976	Compliance Determination # 50579
Plan of Correction	MACADAM COURT	Completion Date
Page 4 of 4	Licenses: MCAFH INCORPORATED	11/25/2024

In further interview on 11/21/2024 at 1:18 PM, Staff B said they did not have a second TB test.

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Provider (or Representative)

12/5/2024

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Provider (or Representative)

Date

To: DSHS Aging and Long Term Support Administration

From: Daryl Chu

RE: Plan of Correction

Inspection Completion 11/25/2024


Statement of Deficiencies

1) WAC 388-76-10430 Medication Systems

Provider contacted Residents PCP to inform of medication being held. Provider has notified staff that alterations to any MAR is prohibited unless ordered by MD. Provider will also check all resident MAR's routinely for accuracy and compliance.

2) WAC 388-76-10285 Tuberculosis

Provider has notified Staff B of failed requirement. Staff has scheduled and in process of completing 2 step testing. Provider has notified all staff of this WAC and will be included in New Hire paperwork. Staff are made aware they are not eligible for employment if they do not meet the requirement.

 (12/5/2024)