



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

EAST HILL ELDER CARE INC  
EAST HILL ELDER CARE INC  
19633 106TH AVE SE  
RENTON, WA 98055

RE: EAST HILL ELDER CARE INC License # 752001

Dear Provider:

This letter addresses Compliance Determination(s) 37737 (Completion Date 03/04/2024) and 35513 (Completion Date 02/05/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/04/2024 and found that you have corrected the violations listed in the Full report dated 02/05/2024. Your home is back in compliance as of 01/23/2024 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-d

The Department staff who did the on-site verification:  
Liza Flowers, AFH Licenser

If you have any questions, please contact me at (253)234-6033.

Sincerely,

A handwritten signature in black ink, appearing to read "Cecile Leano".

Cecile Leano, Field Manager  
Region 2, Unit E  
Residential Care Services



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

Statement of Deficiencies	License #: 752001	Compliance Determination # 35513
Plan of Correction	EAST HILL ELDER CARE INC	Completion Date
Page 1 of 4	Licensee: EAST HILL ELDER CARE INC	02/05/2024

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 01/19/2024 and 01/19/2024 of:  
 EAST HILL ELDER CARE INC  
 19633 106TH AVE SE  
 RENTON, WA 98055

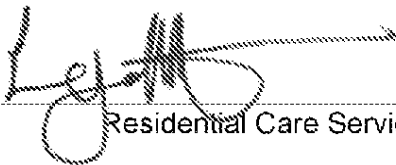
The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licenser

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2 , Unit E  
 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

02/07/2024  
 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.

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

\_\_\_\_\_  
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 ensure prescribed medications ordered for 2 of 2 sampled residents (Residents 1 and 2) were available. This failure placed the Residents 1 and 2 at risk for health complications, and medication error for not receiving the medication when needed due to unavailability of the medications prescribed.

Findings included...

On 01/19/2024 from 10:05 AM to 5:06 PM, observation showed that Staff A, Entity Representative, Staff B, Caregiver, and Staff D, Caregiver, interacted with and provided care to Residents 1 and 2.

In an interview on 01/19/2024 at 11:23 AM, Staff A stated that Residents 1 and 2 received medication assistance from AFH staff.

Resident 1

On 01/19/2024 at 3:30 PM, review of Resident 1's physician orders, medication log, and medications supply showed the following:

A doctor's order dated 05/03/2022 showed; "Furosemide (medication used to treat high blood pressure, heart failure, and buildup of fluid in the body) 40 milligrams (mg) tablet Take 1/2 tablet (20 mg) by mouth once daily as needed for weight gain > (greater than) 2 (pounds) lbs. overnight or > 5 lbs. in one week." A review of the January 2024 medication log showed the Furosemide was listed.

On 01/19/2024 at 3:39 PM, observation showed the prescribed Furosemide was not in Resident 1's medication supply.

In an interview on 01/19/2024 at 3:39 PM, Staff A stated that Resident 1 had not used this medication for months. According to Staff A, they already contacted Resident 's doctor and asked for the discontinuation of the medication, and they had not received the order to discontinue.

In an interview with Ready Meds Pharmacy (The pharmacy who supplied Resident 1's medications) on 02/05/2024 at 12:01 PM, pharmacy staff stated that the above medication order was active until 01/23/2024.

## Resident 2

On 01/19/2024 at 3:51 PM, review of Resident 2's physician orders, medication log, and medications supply showed the following:

-A doctor's order dated 12/11/2020 showed; "Medi-Lyte (a medication used to prevent fluid and electrolyte problems) take 2 tablets by mouth four times daily as needed."

-A doctor's order dated 03/31/2023 showed; "Melatonin 3mg tablet. Take 1 tablet by mouth at bedtime."

-A doctor's order dated 05/03/2023 showed; "C4 Tramadol-Acetaminophen (a medication use to relieve moderate to extreme pain) 37.5/325 mg. Take 1 tablet three times daily as needed for pain."

A subsequent review Resident 2's January 2024 medication log showed the, Medi-Lyte, melatonin, and C4 Tramadol Acetaminophen were listed.

On 12/12/2023 at 3:54 PM, observation showed these three prescribed medications were not in Resident 2's medication supply.

In an interview on 01/19/2024 at 4:06 PM, Staff A stated that the doctor was aware that Resident 2 did not take those medications, but the doctor did not write a discontinuation order.

In an interview with Ready Meds Pharmacy on 02/05/2024 at 12:01 PM, pharmacy staff stated that the orders for the above medications were active until 01/23/2024.

**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, EAST HILL ELDER CARE INC is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_.

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

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

\_\_\_\_\_  
 Date