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 16, 2019

Sebelewongel T Zeleke
AMEN FAMILY HOME
7010 188TH PL SW
LYNNWOOD, WA 98036

RE: AMEN FAMILY HOME License #752010

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on October 11, 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:
Katherine Webb, Complaint Investigator

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

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

Residential Care Services

Investigation Summary Report

Provider/Facility: AMEN FAMILY HOME (689207) **Intake ID(s):** 3660863

License/Cert. #: AF752010

Investigator: Webb, Katherine **Region/Unit:** RCS Region 2/Unit B **Investigation Date(s):** 08/02/2019 through 09/13/2019

Complainant Contact Date(s): 08/01/2019, 09/13/2019

Allegations:

1: The named resident reported that someone at the AFH was hurting him/her and cut his/her buttocks and did not say if it was another resident or staff.
2: The named resident said he/she and another resident were outside smoking late one night and they were locked out of the AFH and had to crawl through the widow to get back inside.

Investigation Methods:

[X] **Sample:**	6 Residents.	[X] **Observations:**	Tour of facility/environment, safety monitoring devices; staff and residents and their interactions with each other; supervision of residents requiring supervision; care provision; call lights working; pre-poured medications in the medication cabinet for six residents for the next two medication times of 8 PM the day of the onsite visit and 8 AM the following day.
[X] **Interviews:**	Named Resident; Residents; Facility Staff; Resident Manager; Case Manager; Others not associated with facility.	[X] **Record Reviews:**	Resident records including assessments, care plans, behavioral support plan, medication administration records,

Residential Care Services

Investigation Summary Report

physician orders.

Allegation Summary:

1: The named resident was very complementary about the staff and said he/she could participate in activities and appreciated getting mental health treatments. He/she said that he/she was well taken care of, felt safe and no one at the AFH had hurt him/her.
2: The named resident denied that he/she and another resident was outside smoking and had to come back into the AFH through the window. He/she said that he/she never went for a walk outside at night and was never unable to get back into the AFH through the door.

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

Medications observed pre-poured in unlabeled containers.

Conclusion / Action: ☒ **Failed Provider Practice Identified / Citation(s) Written** ☐ **Failed Provider Practice Not Identified / No Citation Written**

388-76-10485 Medication storage. (2) requires the AFH to keep the medications in the original containers with labels.

Residential Care Services

Investigation Summary Report

Provider/Facility: AMEN FAMILY HOME (689207) **Intake ID(s):** 3660809

License/Cert. #: AF752010

Investigator: Webb, Katherine **Region/Unit:** RCS Region 2/Unit B **Investigation Date(s):** 08/02/2019 through 09/13/2019

Complainant Contact Date(s): 08/01/2019, 09/13/2019

Allegations:

1: The named resident reported being violated but would not give any detail.

Investigation Methods:

[X] **Sample:**	6 Residents.	[X] **Observations:**	Tour of facility/environment, safety monitoring devices; staff and residents and their interactions with each other; supervision of residents requiring supervision; care provision; call lights working; pre-poured medications in the medication cabinet for six residents for the next two medication times of 8 PM the day of the onsite visit and 8 AM the following day.
[X] **Interviews:**	Named Resident; Residents; Facility Staff; Resident Manager; Case Manager; Others not associated with facility.	[X] **Record Reviews:**	Resident records including assessments, care plans, behavioral support plan, medication administration records, physician orders.

Residential Care Services

Investigation Summary Report

Allegation Summary:

1: The named resident was very complementary about the staff and said he/she could participate in activities and appreciated getting mental health treatments. He/she said that he/she was well taken care of, felt safe and no one at the AFH had hurt him/her.

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

Medications observed pre-poured in unlabeled containers

Conclusion / Action: ☒ **Failed Provider Practice Identified / Citation(s) Written** ☐ **Failed Provider Practice Not Identified / No Citation Written**

388-76-10485 Medication storage. (2) requires the AFH to keep the medications in the original containers with labels.

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

Statement of Deficiencies	License #: 752010	Completion Date
Plan of Correction	AMEN FAMILY HOME	September 13, 2019
Page 1 of 4	Licensee: SEBELEWONGEL ZELEKE	

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: 8/2/2019 and 8/22/2019

AMEN FAMILY HOME
7010 188TH PL SW
LYNNWOOD, WA 98036

This document references the following complaint numbers: 3660863 , 3660809

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

Katherine Webb, RN, BSN, Complaint Investigator

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

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.

Jennifer Watson — 9/18/19

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.

X _____ — X 9/30/19

Provider (or Representative) — Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:
(2) In the original container with legible and original labels; and

This requirement was not met as evidenced by:
Based on observation, interview and record review, the adult family home (AFH) had pre-poured medications into unlabeled containers and failed to ensure medications for five of six residents (Residents #1, 2, 3, 4 and 5) were stored in the original containers. This failure potentially placed Residents #1, 3, 4 and 5 at risk of receiving the wrong medications.

Findings included

During the onsite visit to the AFH on 08/22/19, between 1:43 PM and 2:40 PM, medications for five residents (Residents #1, 2, 3, 4 and 5) were observed to be pre-poured for two upcoming times of medication delivery. The medications for Residents #1, 2, 3, 4 and 5 were in clear, unlabeled containers in the medication cabinet. On 08/22/19 at approximately 1:50 PM, Staff C (Caregiver) stated that he had put the medications for 08/22/19 at 8:00 PM and the medications for 08/23/19 at 8:00 AM, in the clear containers. For each Resident #1, 2, 3, 4 and 5, he showed that he had put the clear, unlabeled containers for the 8:00 PM time on top of the medications for the 8:00 AM time, on the shelves in the medication cupboard by each resident's box of medications.

Resident #1 was admitted on [redacted]18 with multiple medical diagnoses and mental health diagnoses including [redacted]. There were two bedtime medications to be given at 8:00 PM on 08/22/19: Metoprolol Succinate 25 mg (for high blood pressure) and Rexulti 4 mg (antipsychotic), in a clear unlabeled container. The 8:00 AM medications to be given the following morning (08/23/19) that were in another clear unlabeled container included: Furosemide 20 mg (water pill), Hydroxyzine 25 mg (antihistamine), Isosorbide MN ER 60 mg (heart medication), Lisinopril 10 mg (for high blood pressure), and Rosuvastatin Calcium (for high cholesterol and triglyceride levels).

Resident #2 was admitted on [redacted]18 with multiple medical and mental health diagnoses including [redacted] and [redacted]. Five medications to be given at 8:00 p.m. on 08/22/19: Gabapentin 800 mg (for nerve pain), Lamotrigine 100 mg (anti-seizure), Mirtazapine 15 mg (anti-depressant), Phenytoin Sodium 100 mg (anti-seizure) and Propanolol (for high blood pressure), were in an unlabeled container. Four medications to be given at 8:00 a.m. the following morning (08/23/19) that were in another clear unlabeled container included: Loratadine 10 mg (for allergy), Gabapentin 800 mg (for nerve pain), Lamotragine 100 mg (anti-seizure) and Propanolol 40 mg (for high blood pressure).

Resident #3 was admitted on [redacted]16 with multiple medical and mental health diagnoses including [redacted] and [redacted]. The containers for Resident #3 included 4 tablets in the unlabeled container for the 08/22/19 8:00 PM medications and 6 tablets in the unlabeled container for the 08/23/19 8:00 AM medications. Review of the August 2019 MAR showed there were four medications (four tablets) to be given at 8:00 PM and seven medications (seven tablets) to be given at the 8:00 AM time. The 8:00 PM medications included: Baclofen 20 mg (muscle relaxant), Gabapentin 5 mg (for nerve pain), Oxybutynin 5 mg (bladder relaxant) and DOK 250 mg (stool softener). The 8:00 AM medications included: Loratadine 10 mg (for

allergy), Baclofen 20 mg, Certa Plus 1 tablet (vitamin and mineral), Duloxetine HCL 60 mg (for nerve pain), Gabapentin 300 mg, Oxybutynin 5 mg, and DOK 250 mg.

Resident #4 was admitted on [redacted]18 with multiple medical and mental health diagnoses including [redacted] and [redacted]. The containers for Resident #4 included two tablets in the unlabeled container for the 08/22/19 8:00 PM medications and two tablets in the unlabeled container for the 08/23/19 8:00 AM medications. Review of the August 2019 MAR showed there were three medications (three tablets) that were to be given on 08/22/19 at 8:00 PM. The 8:00 PM medications included: Acetaminophen 500 mg (Tylenol), Lorazepam .5 mg (sedative) and Trihexyphenidyl 2 mg (anti-Parkinson). The MAR already included initials at the 8:00 PM time for the Trihexyphenidyl 2 mg, to indicate this medication had already been given earlier than ordered to be given. The medications to be given on 08/23/19 at 8:00 AM included three medications: Acetaminophen 500 mg, Duloxetine 60 mg (for nerve pain) and Olanzapine 15 mg (anti-psychotic).

Resident #5 was admitted on [redacted]18 with several medical and mental health diagnoses including [redacted] and [redacted]. The containers for Resident #5 included eight tablets in the unlabeled container for 08/22/19 at 8 PM and 13 tablets in the unlabeled container for 08/23/19 at 8:00 AM. The August 2019 MAR showed only three medications (four tablets) were to be given at the 8:00 PM time, and 9 medications (12 tablets) were to be given at the 08:00 AM time. The 8:00 PM medications included: Acetaminophen 325 mg, two tablets (Tylenol), Memantine 10 mg (to increase cognition) and Atorvastatin 20 mg (for high cholesterol). The 8:00 AM medications included: two Acetaminophen 325 mg tablets, Amlodipine Besylate 10 mg (calcium channel blocker), two Aquadeks Chewable tablets (vitamin), Ecotrin 81 mg (Aspirin), Memantine 10 mg, Metformin HCL 500 mg (for diabetes), two Senna 8.6 mg (stool softener), Sertraline HCL 100 mg (anti-depressant) and Sertraline HCL 50 mg. These orders equaled 12 tablets to be given at the 8:00 AM time.

On 08/22/19 at approximately 2:30 PM, when Staff B (Resident Manager) observed the pre-poured medications in the medication cupboard, Staff B stated that he was not aware Staff C had been pre-pouring the medications.

On 09/10/19, at approximately 10:48 AM, Staff B stated that Staff C told him that he had prepared the medications for the evening and following morning medication delivery, "right after lunch" on 08/22/19. Staff B also stated that he retrained Staff C related to medication delivery.

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, AMEN FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 9/30/19 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X _____ X 9/30/19

Provider (or Representative) Date