



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

KENNYDALE GOLDEN AGE ADULT FAMILY HOME LLC
KENNYDALE GOLDEN AGE ADULT FAMILY HOME LLC
1806 JONES AVE NE
RENTON, WA 98056

RE: KENNYDALE GOLDEN AGE ADULT FAMILY HOME LLC License # 752034

Dear Provider:

This letter addresses Compliance Determination(s) 34804 (Completion Date 01/04/2024) and 31075 (Completion Date 10/31/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/04/2024 and found that you have corrected the violations listed in the Full report dated 10/31/2023. Your home is back in compliance as of 10/13/2023 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 388-76-10715-1, WAC 388-76-10685-2-b, 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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Statement of Deficiencies	License #: 752034	Compliance Determination # 31075
Plan of Correction	KENNYDALE GOLDEN AGE ADULT FAMILY HOME LLC	Completion Date
Page 1 of 5	Licensee: KENNYDALE GOLDEN AGE ADULT FAMILY	10/31/2023

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 10/13/2023 and 10/13/2023 of:

KENNYDALE GOLDEN AGE ADULT FAMILY HOME LLC
 1808 JONES AVE NE
 RENTON, WA 98056

The following sample was selected for review during the unannounced on-site visit: 2 of 7 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

11/01/2023

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.



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Page 1 of 5	Licensee: KENNYDALE GOLDEN AGE ADULT FAMILY	10/31/2023

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The department completed data collection for the unannounced on-site full inspection on 10/13/2023 and 10/13/2023 of:
 KENNYDALE GOLDEN AGE ADULT FAMILY HOME LLC
 1806 JONES AVE NE
 RENTON, WA 98056

The following sample was selected for review during the unannounced on-site visit: 2 of 7 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2 , Unit E
 20425 72nd Avenue S, Suite 400
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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

 Date

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

Statement of Deficiencies	License # 752034	Compliance Determination # 31075
Plan of Correction	KENNYDALE GOLDEN AGE ADULT FAMILY HOME LLC	Completion Date
Page 2 of 5	Licensee: KENNYDALE GOLDEN AGE ADULT FAMILY	10/31/2023

Maria Luta
 Provider (or Representative)

10/13/2023
 Date

WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

- (1) Every bedroom and bathroom door opens from the inside and outside;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 bedroom doors (Bedroom B) used by 1 of 6 Residents (Resident 2) could be opened from the inside. This failure placed the resident at risk of harm if the room was locked from the outside while inside the room.

Findings included...

During an environmental tour with Staff A, Entity Representative, on 10/13/2023 at 12:25 PM, observation showed that bedroom B's door had a doorknob with a built-in lock. When the lock was in a vertical position, the door cannot be opened from the outside.

In an interview on 10/13/2023 at 12:25 PM, Staff A stated that the bedroom was previously used by the caregivers, and she could not find the key for it.

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, KENNYDALE GOLDEN AGE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) <u>10/13/2023</u> . - <i>awhile licenser was present</i>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u>Maria Luta</u> Provider (or Representative)	<u>11/2/2023</u> Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

- (2) Ensure window and door screens:
- (b) Prevent entrance of flies and other insects.

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

 Provider (or Representative) _____
 Date

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(1) Every bedroom and bathroom door opens from the inside and outside;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 bedroom doors (Bedroom B) used by 1 of 6 Residents (Resident 2) could be opened from the inside. This failure placed the resident at risk of harm if the room was locked from the outside while inside the room.

Findings included...

During an environmental tour with Staff A, Entity Representative, on 10/13/2023 at 12:25 PM, observation showed that bedroom B's door had a doorknob with a built-in lock. When the lock was in a vertical position, the door cannot be opened from the outside.

In an interview on 10/13/2023 at 12:25 PM, Staff A stated that the bedroom was previously used by the caregivers, and she could not find the key for it.

Attestation Statement	
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_____ Provider (or Representative)	_____ Date

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This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the door on 1 of 6 residents' bedroom (Bedroom A) had a screen that prevented entrance of flies and other insects. This failure placed 1 of 6 residents (Resident 1) at risk of insect bites and/or insect-borne diseases.

Findings included ...

During a guided tour with Staff A, Entity Representative, on 10/13/2023 at 12:42 PM, observation showed Bedroom A used by Resident 1 had no window. The room had a glass door and a magnetic screen. The screen had a big gap and did not close as it should due to a broken magnet.

In an interview on 10/13/2023 at 12:42 PM, Resident 1 stated that they sometimes left the door open, and the magnetic screen was broken for "awhile".

In an interview on 10/13/2023 at 12:42 PM, Staff A did not offer an explanation as to why the door screen was not immediately fixed when the magnet got broke.

Attestation Statement

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

Maria Pata
Provider (or Representative)

11/2/2023
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:

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure the door on 1 of 6 residents' bedroom (Bedroom A) had a screen that prevented entrance of flies and other insects. This failure placed 1 of 6 residents (Resident 1) at risk of insect bites and/or insect-borne diseases.

Findings included ...

During a guided tour with Staff A, Entity Representative, on 10/13/2023 at 12:42 PM, observation showed Bedroom A used by Resident 1 had no window. The room had a glass door and a magnetic screen. The screen had a big gap and did not close as it should due to a broken magnet.

In an interview on 10/13/2023 at 12:42 PM, Resident 1 stated that they sometimes left the door open, and the magnetic screen was broken for "awhile".

In an interview on 10/13/2023 at 12:42 PM, Staff A did not offer an explanation as to why the door screen was not immediately fixed when the magnet got broke.

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Attestation Statement	
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<p>_____</p> <p>Provider (or Representative)</p>	<p>_____</p> <p>Date</p>

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Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the prescribed PRN (as needed) Siltussen SA (a medication used to treat cough and congestion) ordered for one of two sampled residents (Resident 1) was available and not expired. This failure placed the resident at risk for medication error and/or not receiving the medication when needed due to unavailability of the medication prescribed.

Findings included...

Observation on 10/13/2023 at 1:16 PM, Staff C, Caregiver, prepared and gave an oral medication to Resident 1.

On 10/13/2023 at 11:19 AM, Staff A, Entity Representative, stated that Resident 1 received medication assistance from staff.

On 10/13/2023 at 03:48 PM, review of Resident 1's physician orders, medication log, and medications supply showed the following:

PHYSICIAN'S ORDER:

The doctor's order dated 11/26/2021 showed: "Siltussen SA 100 (milligrams) mg/5 (milliliters) ml syrup. Take 10 ml by mouth every 4 hours as needed."

MEDICATION LOG:

Review of the October 2023 medication log showed the above medication was listed.

MEDICATION SUPPLY:

On 10/13/2023 at 3:48 PM, observation showed the above-prescribed medication was expired on 11/26/2022.

In an interview on 10/13/2023 at 3:53 PM, Staff A stated that they did not call the pharmacy right away for a new medication because the resident did not need and was not using it.

Attestation Statement

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the prescribed PRN (as needed) Siltussen SA (a medication used to treat cough and congestion) ordered for one of two sampled residents (Resident 1) was available and not expired. This failure placed the resident at risk for medication error and/or not receiving the medication when needed due to unavailability of the medication prescribed.

Findings included...

Observation on 10/13/2023 at 1:16 PM, Staff C, Caregiver, prepared and gave an oral medication to Resident 1.

On 10/13/2023 at 11:19 AM, Staff A, Entity Representative, stated that Resident 1 received medication assistance from staff.

On 10/13/2023 at 03:48 PM, review of Resident 1's physician orders, medication log, and medications supply showed the following:

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The doctor's order dated 11/26/2021 showed; "Siltussen SA 100 (milligrams) mg/5 (milliliters) ml syrup. Take 10 ml by mouth every 4 hours as needed."

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Attestation Statement

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Page 5 of 5	Licenses: KENNYDALE GOLDEN AGE ADULT FAMILY	10/31/2023

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, KENNYDALE GOLDEN AGE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 10/13/2023. *Backup was ordered, before inspection was delivered that evening*

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

Martin Pula
 Provider (or Representative)

11/2/2023
 Date

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, KENNYDALE GOLDEN AGE ADULT FAMILY HOME LLC 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.

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Date