



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

GENRIETTA KATSMAN
OLGINO 2 ADULT FAMILY HOME
23228 49TH AVE SE
BOTHELL, WA 98021

RE: OLGINO 2 ADULT FAMILY HOME License # 752048

Dear Provider:

This letter addresses Compliance Determination(s) 22092 (Completion Date 04/05/2023) and 20032 (Completion Date 02/21/2023).

The Department completed a follow-up inspection of your Adult Family Home on 04/05/2023 and found that you have corrected the violations listed in the Full report dated 02/21/2023. Your home is back in compliance as of 03/31/2023 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 388-76-10475-1, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10532-2-c, WAC 388-76-10250, WAC 388-76-10250-1, WAC 388-76-10250-1-a, WAC 388-76-10250-1-b, WAC 388-76-10250-1-b-i, WAC 388-76-10250-1-b-ii, WAC 388-76-10250-1-b-iii, WAC 388-76-10250-2, WAC 388-76-10250-2-a, WAC 388-76-10250-2-b, WAC 388-76-10250-3, WAC 388-76-10250-4, WAC 388-76-10250-4-a, WAC 388-76-10250-4-b, WAC 388-76-10198-4

The Department staff who did the off-site verification:

Hang Lu, Licensors

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee Bourque

OLGINO 2 ADULT FAMILY HOME # 752048

04/05/2023

Page 2 of 2

Renee Bourque, Field Manager

Region 2, Unit I

Residential Care Services

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



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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 752048	Compliance Determination # 20032
Plan of Correction	OLGINO 2 ADULT FAMILY HOME	Completion Date
Page 1 of 6	Licensee: GENRIETTA KATSMAN	02/21/2023

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 02/16/2023 and 02/16/2023 of:

OLGINO 2 ADULT FAMILY HOME
23228 49TH AVE SE
BOTHELL, WA 98021

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

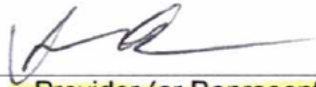
As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jeb Korzilius
Residential Care Services

02/27/2023
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.

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



Provider (or Representative)

3/3/2023

Date

WAC 388-76-10475 Medication Log. The adult family home must:

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (2) Include in each medication log the:
 - (b) Name of all prescribed and over-the-counter medications;
 - (c) Dosage of the medication;
 - (d) Frequency which the medications are taken; and
 - (e) Approximate time the resident must take each medication.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the Medication Log (ML) for 1 of 2 sampled residents (Resident 1) was up to date to include all prescribed medications. This failure placed Resident 1 at risk for not receiving all medications prescribed to them and medication errors.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [REDACTED] 2021. Resident 1 was receiving hospice care.


Observation, on 02/16/2023 at 2:50 PM, showed there was a bag labeled as a Comfort Kit (CK) in Resident 1's medication supply. The CK bag contained medications that were prescribed by the hospice provider and to be given to manage end of life comfort. The CK medications included: Haloperidol (a medication used for agitation), Morphine Sulfate (a medication used to treat pain), Hyoscyamine Sulfate (a medication used to reduce airway secretions), Lorazepam (a medication used to treat anxiety), and Bisacodyl (a medication used to treat constipation).

Review of the CK Authorization, dated 01/17/2022, showed Haloperidol, Morphine Sulfate, Hyoscyamine, Lorazepam, and Bisacodyl were to be given as needed. Review of Resident 1's February 2023 ML showed the hospice CK medications were not listed.

Interview, on 02/16/2023 at 2:55 PM, showed Staff A, Provider, acknowledged the CK medications were not included on Resident 1's February ML. Staff A stated that she would

look to see if the hospice pharmacy had sent a ML that included the CK medications last month.

Review of documents received by the Department, on 02/21/2023, showed the AFH had created a new ML that included all hospice CK medications for Resident 1.

Attestation Statement	
<p>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, OLGINO 2 ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) <u>2/17/2023</u>.</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 _____ Provider (or Representative)	<u>3/31/2023</u> _____ Date

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

- (2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:
- (c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a signed and dated Disclosure of Charges (DOC) forms on file for 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk for not being aware of all the services and fees.

Findings included...


Review of resident records showed the AFH admitted Resident 1 on [REDACTED] 2021, Resident 2 on [REDACTED] 2014, Resident 3 on [REDACTED] 2020, Resident 4 on [REDACTED] 2022, Resident 5 on [REDACTED] 2022, and Resident 6 on [REDACTED] 2022. Review of each resident record showed there was a copy of a form titled "Yearly Document Review," which indicated the DOC form had been reviewed and signed annually.

In an interview, 02/16/2023 at 11:12 AM, the Department Representative asked Staff A, Provider, to show the actual DOC form that was given and signed by each resident or their representative. Staff A was not able to find any signed and dated DOC forms. Staff A stated that they included all the fees and services in the home's Admission Agreement (Notice of Rights and Services). Staff A stated that she did not think they had the DOC form.

In an interview, on 02/16/2023 at 1:55 PM, Staff A stated that she had found a blank DOC form. Staff A stated that she would fill out the DOC form and have each resident's representative sign and date over the weekend.

Review of documents received by the Department, on 02/22/2023, showed a copy of the completed DOC form that had been signed by Resident 1's representative and dated 02/20/2023.

Review of the email correspondence dated 02/21/2023, Staff A indicated that the rest of the residents' representatives would sign the DOC form in the next couple of days.

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<p>(Date) <u>2/21/2023</u>.</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 _____ Provider (or Representative)	<u>3/3/2023</u> _____ Date

WAC 388-76-10250 Medical emergencies Contacting emergency medical services Required.

(1) The adult family home must develop and implement policies and procedures which require immediate contact of the local emergency medical services when a resident has a medical emergency. This requirement applies:

(a) Unless the caregiver, present at the time of the emergency, is a licensed physician or registered nurse acting within his or her scope of practice;

(b) Whether or not:

(i) Any order exists directing medical care for the resident;

(ii) The resident has provided an advance directive for medical care; or

(iii) The resident has expressed any wishes involving medical care.

(2) If available, the home must immediately give arriving emergency medical services personnel a copy of:

(a) Any order that exists directing medical care for the resident; and

(b) The resident's advance directive for medical care.

- (3) The home must inform the resident of the requirements in this section.
- (4) The home is not required to contact emergency medical services when a resident is receiving hospice care by a licensed hospice agency and the:
 - (a) Emergency relates to the expected hospice death; and
 - (b) Situation is monitored by the hospice agency.

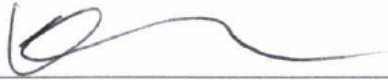
This requirement was not met as evidenced by:

Based record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the home had developed and informed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) of the policy for contacting emergency medical services (EMS). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk for not knowing what actions the AFH would take when a resident had a medical emergency.

Findings included...

Review of resident records showed the AFH admitted Resident 1 on [REDACTED] 2021, Resident 2 on [REDACTED] 2014, Resident 3 on [REDACTED] 2020, Resident 4 on [REDACTED] 2022, Resident 5 on [REDACTED] 2022, and Resident 6 on [REDACTED] 2022. Record review showed there was no evidence the AFH had informed any of the residents regarding the policy for contacting local EMS in the event of a medical emergency.

In an interview, on 02/16/2023 at 11:36 AM, Staff A, Provider, stated that she didn't have a written policy for contacting EMS. Staff A stated that she would work on developing the EMS policy and inform all residents.

Attestation Statement	
<p>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, OLGINO 2 ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) <u>3/10/2023</u>.</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p> _____ Provider (or Representative)</p>	<p><u>3/3/2023</u> _____ Date</p>

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:


Based on record review and interview, the Adult Family Home (AFH) failed to have a copy of the national Fingerprint (FP) Background Check results for all caregivers (Staff D) readily available for review. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk for having a staff member with an unknown criminal background.

Findings included...

Review of staff record showed the AFH hired Staff D, Caregiver, on 07/01/2014. Review of Staff D's record showed there was no copy of the FP BGC results on file.

In an interview, on 02/16/2023 at 2:30 PM, Staff A stated that she would ask Staff D about the FP BGC results. At 2:45 PM, Staff A stated that Staff D's FP BGC was somewhere in the files, but she could not find it.

In an email correspondence dated 02/20/2023, Staff A indicated that sending Staff D's FP BGC to the Department was on her "To Do" list.

Attestation Statement	
<p>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, OLGINO 2 ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on</p>	
<p>(Date) <u>3/31/23</u> .</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 _____	<u>3/3/2023</u> _____
Provider (or Representative)	Date