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

LUXURY LIVING ADULT FAMILY HOME INC
LUXURY LIVING ADULT FAMILY HOME INC
2010 S 312TH ST
FEDERAL WAY, WA 98003

RE LUXURY LIVING ADULT FAMILY HOME INC License # 752309

Dear Provider

This letter addresses Compliance Determination(s) 24261 (Completion Date 05/22/2023) and 20865 (Completion Date 03/10/2023)

The Department completed a follow-up inspection of your Adult Family Home on 05/22/2023 and found that you have corrected the violations listed in the Follow up report dated 03/10/2023 Your home is back in compliance as of 04/15/2023 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

The Department staff who did the on-site verification
Michele Grumke, AFH Licensor

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

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 an unannounced on-site follow-up on 03/08/2023 and 03/08/2023 of:

LUXURY LIVING ADULT FAMILY HOME INC
2010 S 312TH ST
FEDERAL WAY, WA 98003

This document references the following SOD dated: 03/10/2023

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

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH 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

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.

Provider (or Representative) 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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) provider failed to ensure Medication Administration Records (MAR) for 3 of 5 residents (Residents 2, 4, and 5) were up to date. This failure placed Residents 2, 4, and 5 at risk of medication errors.

Findings included…

During a follow-up visit on 03/08/2023 at 1:24 PM, observation showed Residents 2, 4, and 5 lived in and received care from the AFH.

Resident 2
A review of Resident 2's March 2023 pharmacy-generated MAR showed they were prescribed, Eucerin Cream (for dry skin), apply topically to feet nightly at bedtime.

Observation on 03/08/2023 at 2:00 PM showed Resident 2 did not have Eucerin Cream in their medication drawer.

Further review of Resident 2's March 2023 pharmacy-generated MAR showed the entry for 03/08/2023 at "2000" (military time for 8:00 PM) had been initialed as given.

In a follow up phone interview on 03/10/2023 at 2:34 PM, Staff A, Entity Representative/Resident Manager, stated that staff had put cream on Resident 2's feet in the afternoon since the resident was in bed. Staff A stated that they had spoken to staff and explained the cream was to be applied to Resident 2's feet at 8:00 PM.

Resident 5
A review of Resident 5's March 2023 pharmacy-generated MAR showed the following entries:

-Docu Liquid 50 milligram (mg)/5 milliliters (ml), give 10 ml (100 mg) per feeding tube

(used to provide nutrition to people who cannot obtain nutrition by mouth) twice daily as needed for constipation. The pharmacy had indicated on Resident 5's MAR that the medication was to be given at 8:00 AM and 5:00 PM. Resident 5's MAR showed the entries from 03/01/2023-03/07/2023 and the 8 AM dose on 03/08/2023 had all been initialed as given.

-Docu Liquid 50 mg/5 ml, give 10 ml (100 mg) per feeding tube twice daily as needed for constipation. The pharmacy had indicated on Resident 5's MAR that the medication was PRN (as needed).

In an interview on 03/08/2023 at 2:45 PM, Staff A, stated that Resident 5's Docu Liquid was a routine order of 8:00 AM and 5:00 PM and should not have included "as needed" in the medication entry.

Further review of Resident 5's March 2023 pharmacy-generated MAR showed the following entries:
-"Centrum Multivit-Mineral Liq", give 15 ml per [feeding] tube once a day.

-Dantrolene Sodium 25 mg, give 1 capsule via tube twice daily in the evening and bedtime.

-Nutren 1.0 Fiber, give 250 ml per feeding tube once daily.

-Lamotrigine 200 mg, give 1 tablet via tube twice daily.

-Methylphenidate 10 mg, give 1 tablet per feeding tube twice daily.

-Canola Oil, give 15 ml via feeding tube once daily.

-For Supplement via feeding tube, give Vivonex 333 ml with each feeding 3 x's daily.

-For nutritional feeding, give Nutrisource with fiber 1 scoop mixed in water 2 x's daily via feeding tube.

In a telephone interview on 03/10/2023 at 2:24 PM, Staff A stated that Resident 5 no longer took medication by feeding tube and that the feeding tube had been discontinued years ago. Staff A stated that the only thing that happened with the feeding tube was water flushes.

Resident 4
A review of Resident 4's March 2023 pharmacy-generated MAR showed the following

entries:

-"Bisacodyl Gentle Lax" 5 mg, give 1 tablet by mouth as needed for constipation.
The MAR showed the pharmacy had indicated the medication was to be given at 8:00 AM. Resident 4's MAR further showed all entries from 03/01/2023-03/08/2023 for the 8:00 AM dose had all been initialed as given.

-"Bisacodyl Gentle Lax" 5 mg, give 1 tablet by mouth as needed for constipation.
The MAR showed the pharmacy had indicated the medication was PRN. Resident 4's MAR further showed the entry for 03/06/2023 was initialed as given.

-Milk of Magnesia, give 30 ml by mouth as needed for constipation. The MAR showed the pharmacy had indicated the medication was to be given at 8:00 AM but PRN had been handwritten over the indicated time. The MAR further showed the entry on 03/01/2023 was initialed twice and the entry on 03/06/2023 was initialed once as given.

- Milk of Magnesia, give 30 ml by mouth as needed for constipation. Resident 4's MAR showed the pharmacy had indicated the medication was PRN.

-Murine 6.5 percent (%) Ear Drops, instill 5 drops in both ears twice daily as needed for earwax buildup. The MAR showed the pharmacy had indicated 2 specific times the medication was to be given but PRN had been handwritten over the times.

- Murine 6.5% Ear Drops, instill 5 drops in both ears twice daily as needed for earwax buildup. The MAR showed the pharmacy had indicated the medication was PRN.

-"Ondansetron HCL" 4mg, give 1 tablet by mouth every 8 hours as needed for nausea and vomiting. The MAR showed the pharmacy had indicated 3 specific times the medication was to be given but PRN was handwritten over those times.

-"Ondansetron HCL" 4mg, give 1 tablet by mouth every 8 hours as needed for nausea and vomiting. The MAR showed the pharmacy had indicated the medication was PRN.

-Oxycodone Immediate 5 mg, give 1 tablet by mouth every 6 hours as needed for pain. The MAR showed the pharmacy had indicated 4 specific times the medication was to be given but PRN was handwritten over those times.

- Oxycodone Immediate 5 mg, give 1 tablet by mouth every 6 hours as needed for pain. The MAR showed the pharmacy had indicated the medication was PRN.

-Enema, insert 118 ml rectally once daily as needed for constipation. The MAR showed the

pharmacy had indicated a specific time the medication was to be given but PRN had been handwritten over that time.

-Enema, insert 118 ml rectally once daily as needed for constipation. The MAR showed the pharmacy had indicated the medication was PRN.

In an interview on 03/08/2023 at 2:50 PM, Staff A stated that they usually caught duplicate entries on the resident MAR's. Staff A further stated that they conducted audits of resident medication every month and did not know why there were so many duplicate entries on Resident 4's MAR.

Observation on 03/08/2023 at 2:30 PM showed the following bubble pack in Resident 4's medication drawer:

-Oxycodone 5 mg, give 2 tablets (10 mg) by mouth every 8 hours as needed. The bubble pack showed each push through packet contained 1 pill. The bubble pack showed the initials of staff who provided the medication to Resident 4 and the date given next to each empty packet. The bubble pack showed one empty packet was initialed on 02/25/2023 at 8:00 AM. The next 2 empty packets were both initialed and dated on 02/26/2023. The next 2 empty packets were both initialed on 02/27/2023.

Further review of Resident 4's March 2023 pharmacy-generated MAR showed no entry for Oxycodone 5 mg, give 2 tablets (10 mg) by mouth every 8 hours as needed.

In an interview on 03/08/2023 at 2:31 PM, Staff A stated that they saw no entry on Resident 4's MAR for Oxycodone 5 mg, give 2 tablets (10 mg) by mouth every 8 hours as needed.

In a phone interview on 03/10/2023 at 1:49 PM, Collateral Contact (CC), stated that Resident 4's Oxycodone 5 mg, give 2 tablets (10 mg) by mouth every 8 hours as needed had been filled on 12/21/2022.

In a follow up phone interview on 03/10/2023 at 2:34 PM, Staff A stated that they had handwritten PRN over medication times on Resident 4's MARs to prevent medication errors. Staff A also stated that the pharmacy faxed a form every month to assist with ensuring resident MARs were correct. Staff A further stated that they completed the form every month but that the pharmacy had still not removed old or unnecessary entries from resident MAR's. Additionally, Staff A stated that Resident 4 called different doctor's and requested pain medication. Staff A further stated that the doctor's would fax an order to the pharmacy who would then send the medication to the AFH. Staff A stated that it had become very confusing dealing with Resident 4 and their medication.

This is an uncorrected deficiency previously cited on 12/21/2022.

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, LUXURY LIVING ADULT FAMILY HOME 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

Residential Care Services
Investigation Summary Report

Provider/Facility: LUXURY LIVING ADULT FAMILY HOME INC
License/Cert.#: 752309
Compliance Determination #: 16901
Investigator: Michele Grumke
Investigation Date(s): 11/18/2022 through 12/21/2022
Complainant Contact Date(s):

Provider Type: Adult Family Home

Intake ID: 60288
Region/Unit #: RCS Region 2 / Unit G

Allegation(s):

1) Adult Family Home (AFH) staff signed medication log for medication not given for Named Resident (NR).
2) Medication was found in an unlocked refrigerator.
3) Medication was not disposed for 1 Former Resident (FR).

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 5 Closed records sample size: 1
Observations:	Home Environment, Residents, Resident Bedrooms, Staff to Resident Interactions
Interviews:	Staff, Collateral Contact (CC1), CC2, CC3
Record Reviews:	Medication Administration Record (MAR) for NR, AFH Medication Disposal Policy

Investigation Summary:

1) Review of NR's MAR found 2 missing medications. CC1 stated that a 28-day supply of one medication was sent to the AFH for NR on 05/29/2022 and had not filled. Review of NR's MAR showed staff had signed entries for all 145 days NR went without the medication. CC2 stated that a 56-day supply of another medication was sent to the AFH on 05/29/2022 and had not filled it since. Review of NR's MAR showed staff had signed entries for all 117 days NR went without the medication. CC3 had no issues with resident safety or care. Deficient practice identified and cited under WAC 388-76-10475 Medication Log. Statement of Deficiency dated 12/21/2022.
2) Observation showed an unlocked refrigerator with 1 medication inside and accessible to ambulatory residents. Staff stated that they were unaware medication was inside. CC3 had no issues with resident safety or care. Deficient practice identified and cited under WAC 388-76-10485 Medication Storage. Statement of Deficiency dated 12/21/2022.
3) Observation showed 7 medications for FR in a medication drawer. Staff stated that FR had passed away in [redacted] 2022. CC3 had no issues with resident safety or care. Deficient practice identified and cited under WAC 388-76-10490 Medication Disposal-

Written Policy-Required. Statement of Deficiency dated 12/21/2022.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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 #: 752309	Compliance Determination # 16901
Plan of Correction	LUXURY LIVING ADULT FAMILY HOME INC	Completion Date
Page 1 of 6	Licensee: LUXURY LIVING ADULT FAMILY HOME INC	12/21/2022

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 an unannounced on-site complaint investigation on 11/18/2022, 11/18/2022 and 11/18/2022 of:

LUXURY LIVING ADULT FAMILY HOME INC
2010 S 312TH ST
FEDERAL WAY, WA 98003

This document references the following complaint number(s): 60288

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Michele Grumke, AFH Licensor

RECEIVED
JAN 4 - 2023

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

12/28/2022
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.

S. Sesay
Provider (or Representative)

1-3-23
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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) did not ensure that medication logs for 1 of 5 residents (Resident 5) were up to date. This failure resulted in Resident 5 not receiving medication as required.

Findings included...

During visit on 11/18/2022 at 1:15 PM, observation showed Resident 5 lived in and received care from the AFH.

Review of Resident 5's November 2022 pharmacy generated Medication Administration Record (MAR) showed they were prescribed:
Atorvastatin 20 milligrams (mg), for high cholesterol, give 1 tablet by mouth once a day.
Vitamin D3 25 micrograms (mcg), for vitamin deficiency, give 2 tablets (2000 IU) by mouth once a day.

Observation on 11/18/2022 at 2:10 PM, showed that Resident 5 did not have Atorvastatin 20 mg and Vitamin D3 25 mcg in their medication drawer.

In an interview on 11/18/2022 at 3:10 PM, Staff C, Caregiver, stated that they had given Resident 5 the last dose of Atorvastatin 20 mg and Vitamin D3 25 mcg in the morning. Staff C stated that prior to giving a resident medication they looked at the residents MAR to ensure they were giving the right medication.

In an interview on 11/18/2022 at 3:15 PM, Staff B, AFH Designee, stated that they would call the pharmacy regarding Resident 5's medication. Staff B stated that the pharmacy had provided Resident 5 with an emergency supply of Atorvastatin 20 mg in May 2022 and had not filled the medication since. Staff B stated Resident 5's husband had contacted Resident 5's Primary Care Physician (PCP) repeatedly to get a refill but had not been successful.

In a phone interview on 12/01/2022 at 11:07 AM, Collateral Contact 1 (CC1) stated that on 05/29/2022 the pharmacy sent the AFH 28 tablets of Atorvastatin 20 mg for Resident 5.

Resident 5 would have run out of the 28-day supply on 06/27/2022 and during visit on 11/18/2022 would have gone 145 days without Atorvastatin 20 mg.

Review of Resident 5's pharmacy generated MAR dated 6/27/2022-11/18/2022 showed staff had initialed all entries for Atorvastatin 20 mg.

In a phone interview on 12/05/2022 at 2:36 PM, CC2 stated that on 05/29/2022 the pharmacy sent the AFH 56 tablets of Vitamin D3 25 mcg for Resident 5. Resident 5 would have run out of the 56-day supply on 7/25/2022 and during visit on 11/18/2022 would have gone 117 days without Vitamin D3 25 mcg.

Review of Resident 5's pharmacy generated MAR dated 07/25/2022-11/18/2022 showed staff had initialed all entries for Vitamin D3 25 mcg.

In a phone interview on 12/09/2022 at 11:29 AM, CC3 stated that they had not provided the AFH with a supply of Atorvastatin 20 mg or Vitamin D3 25 mcg for Resident 5.

In a phone interview on 12/16/2022 at 11:52 AM, Staff A, Entity Representative, stated they reviewed Resident 5's medications prior to leaving the Country on November 10, 2022. Staff A stated that both Atorvastatin 20 mg and Vitamin D3 25 mcg had been in the home during the medication review. Staff A stated that the AFH staff were trained to request medication refill when they are 10 days to run out of supply. Staff A additionally stated that Resident 5 may have run out of Atorvastatin 20 mg and Vitamin D3 25 mcg because they were not around (Staff A was out of the Country). Staff A also stated that the pharmacy may had delivered Resident 5's medications to the AFH without charging the resident, so it showed medications had not been delivered since May 2022.

This is an uncorrected deficiency previously cited on 09/15/2022 for subsection (1).

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, LUXURY LIVING ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 2/15/23 .

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

S. Sesay
Provider (or Representative)

1-3-23
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) did not ensure that all prescribed medications were stored in locked storage. This failure placed 2 of 2 ambulatory residents (Resident 1 and Resident 3) at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

During a visit on 11/18/2022 at 1:15 PM, observation showed Resident 1 and Resident 3 lived in and received care from the AFH. Observation further showed Resident 1 and Resident 3 ambulated independently.

On 11/18/2022 at 1:30 PM, observation showed an unlocked small refrigerator next to the medication cabinets in a hallway accessible to Resident 1 and Resident 3. Observation showed one medication inside the unlocked refrigerator was Fluzone Quad 2022-2023, Influenza vaccine (medication to prevent the flu), vial for intramuscular injection (injection into the muscle).

In an interview on 11/18/2022 at 1:32 PM, Staff C, Caregiver, stated that they did not know medication was in the unlocked refrigerator.

In a phone interview on 12/16/2022 at 11:52 AM, Staff A, Entity Representative, stated that they did not know where the vial of flu vaccine had come from. Staff A further stated that they had already administered the flu shot to each resident in the AFH.

This is an uncorrected deficiency previously cited on 09/15/2022 for subsection (1).

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, LUXURY LIVING ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 2/15/23 .

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

S. Sesay
Provider (or Representative)

1-3-23
Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(2) Residents who have left the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) did not follow their own medication disposal policy for 1 of 1 Former resident (FR). This failure placed all 5 current residents (Resident 1, 2, 3, 4, and 5) at risk of being given medication not prescribed for their use.

Findings included...

During a visit on 11/18/2022 at 1:15 PM, observation showed Resident 1, 2, 3, 4, and 5 lived in and received care from the AFH.

On 11/18/2022 at 2:20 PM, observation showed the following medications for FR in the medication cabinet, Hydrochlorothiazide 12.5 Milligrams (mg) (for fluid retention), Clobetasol 0.5 percent (%) ointment (for skin conditions) , Nystatin 100,000 unit/gram powder (for skin conditions), Melatonin 3 mg (for sleeplessness), Lorazepam 0.5 mg (for anxiety), Losartan Potassium 50 mg (for high blood pressure), and Prednisone 10 mg (for inflammation).

In an interview on 11/18/2022 at 2:45 PM, Staff C, Caregiver, stated that FR had passed away in [redacted] 2022. Staff C further stated that the pharmacy had also recently delivered FR's medication to the AFH.

Review of the AFH's undated "Procedure on How to Dispose of Expired or Discontinued Medications" showed that the AFH was to dispose of expired or discontinued medications by returning the medications to the pharmacy.

In a phone interview on 12/16/2022 at 11:52 AM, Staff A, Entity Representative, stated that it was the policy of the AFH to return medication to the pharmacy for residents who no longer lived in the home.

This is an uncorrected deficiency previously cited on 09/15/2022 for subsection (2).

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, LUXURY LIVING ADULT FAMILY HOME 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.

S. Sesay
Provider (or Representative)

2/15/23
Date