STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

January 10, 2020

Mariama Adult Family Home LLC
Mariama Adult Family Home LLC
10418 ROSEWOOD AVE.
EVERETT, WA 98204

RE: Mariama Adult Family Home LLC License #753056

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on January 9, 2020 for the deficiency or deficiencies cited in the report/s dated November 27, 2019 and found no deficiencies.

The Department staff who did the inspection:
Toni Bolo, Complaint Investigator

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

Sincerely,

Shelly Scarboro, Field Manager
Region 2, Unit B
Residential Care Services

Residential Care Services

Investigation Summary Report

Provider/Facility: Mariama Adult Family Home LLC (941746) **Intake ID(s):** 3672906

License/Cert. #: AF753056

Investigator: Bolo, Toni **Region/Unit:** RCS Region 2/Unit B **Investigation Date(s):** 10/24/2019 through 11/27/2019

Complainant Contact Date(s): 10/22/2019, 11/26/2019

Allegations:

1. The named residents medication log did not reflect the correct orders for his/her sedative medication.

Investigation Methods:

☒ **Sample:**	Five residents including the named residents	☒ **Observations:**	Exterior/interior environment, resident and staff interactions and resident movement in the adult family home (AFH)
☒ **Interviews:**	Residents, staff and others not affiliated with the AFH	☒ **Record Reviews:**	Resident records, medication logs, AFH records and Department records

Allegation Summary:

1. The named resident's August, September and October medication log did not accurately reflect his/her sedative medication orders. Failed Provider practice identified and cited.

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

None

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

WAC 388-76-10475
MedicationLog.
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:
(a) Name of the resident;
(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.
(3) Ensure the medication log includes:
(a) Initials of the staff who assisted or gave each resident medication(s);
(b) If the medication was refused and the reason for the refusal; and
(c) Documentation of any changes or new prescribed medications including:
(i) The change;
(ii) The date of the change;
(iii) A logged call requesting written verification of the change; and
(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

Residential Care Services

Investigation Summary Report

Provider/Facility: Mariama Adult Family Home LLC (941746)
Intake ID(s): 3673593
License/Cert. #: AF753056
Investigator: Bolo, Toni
Region/Unit: RCS Region 2/Unit B
Investigation Date(s): 10/24/2019 through 11/27/2019
Complainant Contact Date(s):

Allegations:

1. The named resident had a change in condition, treatment was sought, but the named resident could not give consent due to dementia.

Investigation Methods:

[X] **Sample:**	Five residents including the named resident	[X] **Observations:**	Exterior/interior environment, resident and staff interactions and resident movement in the adult family home (AFH)
[X] **Interviews:**	Residents, staff and others not affiliated with the AFH	[X] **Record Reviews:**	Resident records, AFH records, 911 records and Department records

Allegation Summary:

1. AFH staff reported to the Provider that the named resident continued to be lethargic and the Provider called 911. Paramedics arrived on scene assessed the resident and did not proceed with taking the named resident to the hospital because he/she did not give consent. AFH staff brought the named resident to an urgent care clinic and the named resident could not give consent for care at the clinic due to dementia. The Provider made all the appropriate notifications and received direction from the named resident's primary care provider (PCP) to monitor condition and vitals for 72hrs. The named resident's family and an AFH staff member brought the named resident to an urgent care clinic where he/she was medically assessed. The Provider and others not affiliated with the AFH stated that they were working with the named resident's family to obtain a power of attorney. No failed Provider practice identified.

Unalleged Violation(s): [X] **Yes** [ ] **No**

The named resident's August, September and October medication log did not accurately reflect his/her sedative medication orders. Failed Provider practice identified and cited.

Residential Care Services

Investigation Summary Report

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

WAC 388-76-10475
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Residential Care Services

Investigation Summary Report

Provider/Facility: Mariama Adult Family Home LLC (941746)
Intake ID(s): 3674385
License/Cert. #: AF753056
Investigator: Bolo, Toni
Region/Unit: RCS Region 2/Unit B
Investigation Date(s): 10/24/2019 through 11/27/2019
Complainant Contact Date(s): 10/22/2019, 11/26/2019

Allegations:

1. Staff did not provide emergency personnel with information regarding the named resident when they responded to a 911 call to the adult family home.

2. The named resident's medication log showed that his/her sedative order was changed.

3. The named resident received the wrong dose of medication.

4. The Provider did not respond to the AFH during a medical emergency.

5. The Provider did not report to the named resident's case manager and primary care provider the named resident's change of condition.

6. The Provider had the named resident's family from out of town bring him/her to the hospital.

Investigation Methods:

[X] **Sample:**	Five residents including the named resident	[X] **Observations:**	Exterior/interior environment, resident and staff interactions and resident movement in the adult family home (AFH)
[X] **Interviews:**	Residents, staff and others not affiliated with the AFH	[X] **Record Reviews:**	Resident records, AFH records, 911 records and Department records

Residential Care Services

Investigation Summary Report

Allegation Summary:

1. The AFH staff stated that the emergency personnel did not ask him any questions and that the Provider called 911 and gave them the information regarding the named resident. The AFH had an appropriate policy on when to contact emergency medical services. No failed Provider practice identified.

2. The named resident's August, September and October medication log did not accurately reflect his/her sedative medication orders. Failed Provider practice identified and cited.

3. The named resident presented as alert and oriented to name. Sampled resident reported no concerns with their medications. The named resident's August, September and October medication log did not accurately reflect his/her sedative medication orders. Failed Provider practice identified and cited.

4. The Provider and others not affiliated with the AFH reported that the AFH resident manager (RM) responded to the AFH after emergency medical services (EMS) staff did not transport resident to the hospital. No failed Provider practice identified.

5. The Provider made all the appropriate notifications. No failed Provider practice identified.

6. The named resident did not have a durable power of attorney, power of attorney, or guardian and he/she was not able to provide consent for medical care due to his/her dementia. Emergency medical services and the urgent care clinic would not provide medical care without proper consent. The Provider made all the appropriate notifications and the named resident's family member reported he/she would take the named resident to get medical care. The Provider and others not affiliated with the AFH stated that they were working with the named resident's family to obtain a power of attorney. No failed Provider practice identified.

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

None

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

WAC 388-76-10475
Medication Log.
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(c) Dosage of the medication;
(d) Frequency which the medications are taken; and
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(3) Ensure the medication log includes:
(a) Initials of the staff who assisted or gave each resident medication(s);
(b) If the medication was refused and the reason for the refusal; and
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(i) The change;
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Residential Care Services

Investigation Summary Report

Provider/Facility: Mariama Adult Family Home LLC (941746)
Intake ID(s): 3675511
License/Cert. #: AF753056
Investigator: Bolo, Toni
Region/Unit: RCS Region 2/Unit B
Investigation Date(s): 10/24/2019 through 11/27/2019
Complainant Contact Date(s):

Allegations:

1. The named resident was found unresponsive and died at the adult family home.

Investigation Methods:

- [X] **Sample:** Five residents
- [X] **Observations:** Exterior/interior environment, resident and staff interactions and resident movement in the adult family home (AFH)
- [X] **Interviews:** Residents, staff and others not affiliated with the AFH
- [X] **Record Reviews:** Resident records, AFH records, 911 records

Allegation Summary:

1. Others not affiliated with the AFH reported that an autopsy was not done and that the medical examiner noted that death was likely due to a cardiovascular event. The Provider made all the appropriate notifications including a call to 911 and to the Department hotline. No failed Provider practice identified.

Unalleged Violation(s): [X] **Yes** [ ] **No**

The named resident's August, September and October medication log did not accurately reflect his/her sedative medication orders. Failed Provider practice identified and cited.

Conclusion / Action:
- [X] **Failed Provider Practice Identified / Citation(s) Written**
- [ ] **Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10475
Medication Log.
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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 753056	Completion Date
Plan of Correction	Mariama Adult Family Home LLC	November 27, 2019
Page 1 of 3	Licensee: Mariama Adult Family Home LLC	

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: 10/24/2019 and 11/22/2019
Mariama Adult Family Home LLC
13318 61st Ave SE
Everett, WA 98208

This document references the following complaint numbers: 3672906 , 3673593 , 3674385 , 3675511
The department staff that inspected and investigated the adult family home:
Toni Bolo, 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.

Residential Care Services — Date: 12/9/19

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.

Lamin Sanneh
Provider (or Representative) — Date: 12/18/19

WAC 388-76-10475 Medication Log. The adult family home must:
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(a) Name of the resident;
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This requirement was not met as evidenced by:
Based on observations, record review and interview, Staff A (Entity Representative) failed to ensure that medication order changes were reflected on the medication log accurately for one of six residents (Resident #2). This failure placed Resident #2 at risk for medication errors.

Findings included...

Resident #2's assessment dated 06/17/19 showed he was admitted to the adult family home (AFH) on [redacted]'19 with diagnoses including [redacted] and [redacted]. Resident #2's assessment showed he received services to help manage his behaviors and that he required medication assistance.

Resident #2's record showed prescriptions for Clonazepam (a sedative medication). Resident #2's Clonazepam order dated 07/16/19 showed, Clonazepam 0.5 mg one tablet BID (twice a day) PRN (as needed) for anxiety. Resident #2's August 2019 medication log did not show the 07/16/19 Clonazepam order.

Resident #2's Clonazepam order changed on 08/26/19 to, Clonazepam 0.5 mg one tablet BID routinely. Resident #2's August 2019 medication log showed the 08/26/19 order was printed on the log by the pharmacy, but did not show documentation of when the Clonazepam order changed from PRN to BID routinely. AFH staff initialed Clonazepam as given eighteen times on the 8:00 PM dose before the 08/26/19 routine order was received.

Resident #2's September 2019 medication log showed the 07/16/19 Clonazepam PRN order and did not reflect the most current Clonazepam order from 08/26/19 for 0.5 mg BID routinely. No AFH staff initials were shown from 09/01/19 to 09/16/19 reflecting that AFH staff gave Clonazepam as ordered BID routinely.

Resident #2's Clonazepam order changed on 09/17/19 to, Clonazepam 0.5mg one tab daily PRN. Resident #2's September medication log did not show the 09/17/19 order change. September medication log showed Resident #2's 07/16/19 Clonazepam PRN order.

Resident #2's record showed two October 2019 medication logs. One October 2019 medication log showed two Clonazepam medications listed that did not reflect the current 09/17/19 Clonazepam order. The other October 2019 medication log showed the correct and current 09/17/19 Clonazepam order.

On 11/22/19 at 10:12 AM, Staff C (caregiver) stated that it was his fault. He stated that he filled in two October medication logs to try to make it less confusing because the pharmacy sends the AFH a new medication log when a medication order changes.

On 11/22/19 at 11:43 AM, Staff A stated that the pharmacy sent the AFH a new medication log when there were medication changes and that he was not aware of the discrepancies until Resident #2's case manager asked about the October 2019 medication logs.

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, Mariama Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12-18-19 PN. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Lamin Sanneh
Provider (or Representative)

12/18/19
Date