



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

August 26, 2019

Golfview Residential Care Facility, LLC  
Golfview Residential Care Facility LLC  
5611 Colby Ave  
Everett, WA 98203

RE: Golfview Residential Care Facility LLC License #753169

Dear Provider:

On August 23, 2019 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated July 29, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:  
Megan Wylie, Licensor

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

Sincerely,

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



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Statement of Deficiencies	License #: 753169	Completion Date
Plan of Correction	Golfview Residential Care Facility LLC	July 29, 2019
Page 1 of 3	Licensee: Golfview Residential Care Facility, 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 full inspection of:  
 7/23/2019

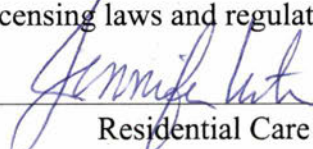
Golfview Residential Care Facility LLC  
 5611 Colby Ave  
 Everett, WA 98203

The department staff that inspected the adult family home:  
 Megan Wylie, BSN, Licensor

RECEIVED  
 AUG 15 2019  
 ADSA/RCS  
 Smokey Point

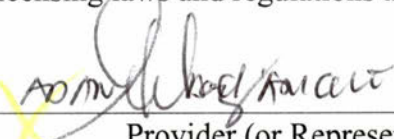
From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit B  
 3906-172nd St NE, Suite #100  
 Arlington, WA 98223  
 (360)651-6872

As a result of the on-site full inspection 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

7/29/19  
 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)

8/12/19  
 Date

**WAC 388-76-10265 Tuberculosis Testing Required.**

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

**This requirement was not met as evidenced by:**


Based on interview and record review the Staff A (Provider) failed to ensure one of one sampled caregivers (Staff B) had a one step TB test within 3 days of hire. This failure placed the residents in the home at risk for exposure to a communicable disease.

Findings included...

Staff B was hired on 02/27/19. Record review revealed Staff B had multiple negative two step TB tests with the most recent test being in 2009. Staff B also had a negative one step tb test in 2016. Staff B stated she did not get a TB test upon hire and was not aware she was required to get one. Staff A and C stated, at 12:20 PM that they were not aware she needed another TB test upon hire.

**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, Golfview Residential Care Facility LLC is or will be in compliance with this law and / or regulation on (Date) 8/12/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 \_\_\_\_\_  
 Provider (or Representative)

8/12/19  
 \_\_\_\_\_  
 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.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

**This requirement was not met as evidenced by:**

Based on observation, interview and record review Staff A (Provider) failed to ensure the medication log contained all medications the resident received for one of two sampled residents (Resident #3). This failure placed Resident #3 at risk for unmet pain control needs and medication errors.

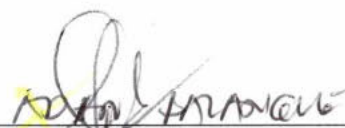
Findings included...

Record review showed Resident #3 was admitted to the home on [redacted] 18 with multiple diagnoses. Resident #3's assessment, dated 09/11/18, stated the resident required assistance with medications and the negotiated care plan, dated 09/18/18, directed caregivers to assist with medication management.

Record review, on 07/23/19, revealed a medication log for the months of June and July of 2019 and a medication list, signed by the Physician on 06/05/19. The medication list was reviewed and reconciled with the medication log. An over the counter medication for pain management, acetaminophen, was ordered on the medication list to be given three times a day. At approximately 2:30 PM the medication was observed in the box with Resident #3's other medications. Staff A stated that the family purchased it and delivered it to the home. The medication bottle had a hand written note on the side that stated to give at 8:00 AM, 12:00 PM and 8:00 PM, which matched the physicians signed order. Resident #3's medication log for both June and July was reviewed and found to not have the acetaminophen as a medication the resident received. Staff A stated, at 2:40 PM, he must have forgot to transcribe the acetaminophen order onto the medication log, but also stated that the resident did receive the medication as ordered, it just was not documented as given. Resident #3 stated at 2:15 PM on 07/23/19, that she received her medications, including the acetaminophen, on time.

**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, Golfview Residential Care Facility LLC is or will be in compliance with this law and / or regulation on (Date) 8/12/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

8/12/19  
\_\_\_\_\_  
Date