



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

December 24, 2019

1st Access Home Care LLC
1st Access Home Care LLC
3920 MAPLE ROAD
LYNNWOOD, WA 98037

RE: 1st Access Home Care LLC License #753582

Dear Provider:

On December 20, 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 November 20, 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:
Kelly Howard, Licensors

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

Sincerely,

A handwritten signature in black ink, appearing to read "Shelly Scarboro".

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

COPY



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Statement of Deficiencies	License #: 753582	Completion Date
Plan of Correction	1st Access Home Care LLC	November 20, 2019
Page 1 of 3	Licensee: 1st Access Home Care 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: 11/18/2019

1st Access Home Care LLC
 3920 MAPLE ROAD
 LYNNWOOD, WA 98037

The department staff that inspected the adult family home:
 Kelly Howard, RN, MSN, Licensor



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.

Jennifer Lester
 Residential Care Services

11/21/19
 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.

X [Signature]
 Provider (or Representative)

X 11/29/19
 Date

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

WAC 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:

- (a) Medication management;
- (b) The amount of medication assistance needed;
- (c) If medication administration is required; or

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the assessments for two of two sampled residents (Resident #2 and 3) included information about the amount of assistance that each resident needed when taking medications. This failure placed the residents at risk for medication errors and unmet care needs.

Findings included...

Record review showed Resident #2 was admitted on [REDACTED] 19 with multiple diagnoses including [REDACTED]. Review of Resident #2's assessment dated 02/09/19 showed no information regarding the type of medication management required by the resident. Review of Resident #2's negotiated care plan, dated 03/15/19, showed that Resident #2 required medication assistance.

When interviewed at 11:00 AM on 11/18/19, Staff B (registered nurse/caregiver) stated that the staff assisted Resident #2 with her medications. Staff B stated that the person who completed Resident #2's assessment did not include medication management information in the assessment.

Record review showed Resident #3 was admitted on [REDACTED] 19 with multiple diagnoses including [REDACTED] and [REDACTED]. Review of physician's orders dated 07/09/19 showed that Resident #3 required blood glucose checks twice daily (before breakfast and dinner) and required long-acting insulin to be administered once daily.

Review of Resident #3's assessment dated 04/15/19 showed Resident #3 required medication administration and nurse delegation for eye drops only. The assessment did not contain any information to indicate Resident #3 required the staff to administer her insulin or check her blood sugar.

When interviewed at 11:00 AM on 11/18/19, Staff B stated that the staff gave Resident #3 her insulin and checked her blood glucose since the resident was unable to perform those tasks herself. Staff B stated that the person who completed the assessment dated 04/15/19 did not include this information in the assessment.

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, 1st Access Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 11-18-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X John S. Lewis
Provider (or Representative)

X 11/29/19
Date

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