



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

Abundance Care Adult Family Home LLC
Abundance Care Adult Family Home LLC
22645 28th Ave S
Des Moines, WA 98198

RE: Abundance Care Adult Family Home LLC License # 754140

Dear Provider:

This letter addresses Compliance Determination(s) 40502 (Completion Date 04/30/2024) and 33888 (Completion Date 02/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/30/2024 and found that you have corrected the violations listed in the Full report dated 02/15/2024. Your home is back in compliance as of 02/27/2024 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 388-76-10485-1, WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10430-2

The Department staff who did the on-site verification:
Marites Gatan, NCI

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



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 20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 754140	Compliance Determination # 33888
Plan of Correction	Abundance Care Adult Family Home LLC	Completion Date
Page 1 of 5	Licensee: Abundance Care Adult Family Home LLC	02/15/2024

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 12/12/2023 and 12/12/2023 of:

Abundance Care Adult Family Home LLC
 22645 28th Ave S
 Des Moines, WA 98198

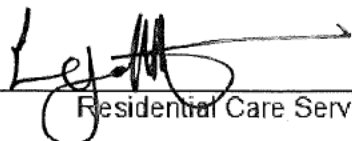
The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

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.

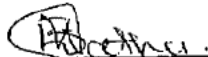

 Residential Care Services

2/22/2024
 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.

Statement of Deficiencies	License #: 754140	Compliance Determination # 33888
Plan of Correction	Abundance Care Adult Family Home LLC	Completion Date
Page 2 of 5	Licenses: Abundance Care Adult Family Home LLC	02/15/2024


 Provider (or Representative)

2/27/24
 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) failed to ensure medications for 5 of 5 residents (Residents 1, 2, 3, 4, and 5) were stored in a locked storage. This failure placed 4 of 5 residents (Residents 1, 3, 4, and 5) who could independently move around the AFH at risk of harm had they accessed and inappropriately taken and/or used a medication that was not prescribed for them.

Findings included...

Observation on 12/12/2023 at 9:26 AM showed three residents (Residents, 2, 4 and 5) in the home, with Staff B, Caregiver, Staff C, Caregiver and Staff D, Caregiver providing their care needs.

In an interview at 9:27 AM on 12/12/2024, Staff C stated that there were five residents who lived and received care from the AFH, and that Resident 1 and Resident 3 were currently out of the home.

Observation on 12/12/2023 at 9:29 AM, showed Resident 5 walked into the kitchen area and informed department staff that they had eaten their breakfast.

During an interview on 12/12/2023 at 9:56 AM, Staff B, stated that Residents 1, 3, 4 and 5 were independent with transfers and were ambulatory.

Observation on 12/12/2023 at 10:16 AM showed Resident 2 sat in wheelchair and wheeled self out of their bedroom to the living room area to watch TV.

Observation on 12/12/2023 at 11:46 AM showed Staff D, went to the unlocked medicine cabinet located in between the dining room and the living room area. Staff D removed medication from the pharmacy dispensed bubble (medications placed within small, clear plastic bubbles secured by a strong, paper-backed foil that protects the pills until dispensed) pack card, then walked away leaving the cabinet unlocked and gave the medication to Resident 2.

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

the AFH staff.

Resident 2

Observation on 12/12/2023 at 10:16 AM showed Resident 2 sat in wheelchair and wheeled self out of their bedroom to the living room area to watch TV.

Record review of Resident 2's December 2023 medication log showed they were prescribed Magnesium Oxide (supplement for low magnesium levels) 400 milligram (mg) one tablet every morning and Robafen (helps to relieve chest congestion, thins, and loosens mucus) 10 milliliter [ml (20 mg)] every four hours PRN. The medication log showed Magnesium was initiated as given from 12/01/2023 to 12/11/2023.

Observation on 12/12/2023 at 12:17 PM of Resident 2's medication supply showed Magnesium and Robafen were not available.

In an interview on 12/12/2023 at 12:21 PM, Staff C stated that Robafen was discontinued. The AFH had no physician order showing this discontinuation. Staff C added that the Magnesium tablets were included in the pharmacy dispensed bubble pack card.

In an interview on 12/12/2023 at 12:24 PM, Staff B, Caregiver and Staff C after examining the bubble packet, agreed they did not have the Magnesium.

Resident 4

Observation on 12/12/2023 at 9:32 AM showed Resident 4 sat up in bed and stated that they were cross stitching.

Record review of Resident 4's December 2023 medication log showed they were prescribed Senna 8.6 mg (medication used to treat constipation) one tablet once daily at bedtime as needed.

Observation on 12/12/2023 at 12:41 PM showed Resident 2's medication supply did not include Senna tablets.

In an interview on 12/12/2023 at 12:42 PM, Staff B had no response when informed they were missing Senna medication.

In a telephone conversation on 01/17/2024 at 8:27 AM, Collateral Contact (CC 1) stated that Resident 2's Magnesium Oxide prescribed on 07/28/2023 was not covered by their

Statement of Deficiencies	License # 754140	Compliance Determination # 33586
Plan of Correction	Abundance Care Adult Family Home LLC	Completion Date
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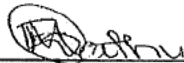
insurance. CC 1 stated that it was written in their medication log enclosed in parentheses that it was not covered, and they had informed the provider when they first supplied the routine medications. In addition, CC 1 stated that over the counter medications that were not covered by insurance or supplied by family, were also listed as such in the medication log.

In a telephone conversation on 01/17/2024 at 8:46 AM, a second Collateral Contact (CC 2) stated that Resident 2's Robafen was covered by insurance and was recently refilled on 12/13/2023 (day after the inspection of the home). In addition, CC 2 stated that Resident 4's Senna medication was covered by their insurance and was delivered on 10/18/2023. CC 2 stated that PRN medications were not delivered automatically and had to be requested by the AFH..

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, Abundance Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/27/24.

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



Provider (or Representative)

2/27/24

Date