



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Tamila Bigun
Cornerstone
10710 NE 86th Circle
Vancouver, WA 98662

RE: Cornerstone License # 754527

Dear Provider:

This letter addresses Compliance Determination(s) 35212 (Completion Date 01/16/2024) and 33286 (Completion Date 12/14/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/16/2024 and found that you have corrected the violations listed in the Full report dated 12/14/2023. Your home is back in compliance as of 12/19/2023 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 388-76-10650-2-a, WAC 388-76-10490-1, WAC 388-76-10475-1

The Department staff who did the off-site verification:

Sarah Bjork, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License # 754527	Compliance Determination # 33296
Plan of Correction	Cornerstone	Completion Date
Page 1 of 4	Licensee: Tamila Bigun	12/14/2023

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 12/01/2023 and 12/01/2023 of:

Cornerstone
 10710 NE 86th Circle
 Vancouver, WA 98662

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:

Sarah Bjork, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit F
 800 NE 136th Ave, Suite 200
 Vancouver, WA 98684

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

12/15/2023
 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.

Provider (or Representative)

Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to have assessments related to the use of medical devices for two of five residents (Resident 1/R1 and Resident 2/R2) who used [REDACTED]. This failure placed R1 and R2 at risk for not being professionally determined to be appropriate candidates for the devices and placed R1 and R2 at risk for subsequent harm.

Findings included...

An interview with the provider took place at 10:55 AM, during a full inspection of the adult family home on 12/01/2023. The provider stated R1 used a wheelchair and relied on staff assistance for transfers. The provider stated R2 used a walker and relied on standby assistance from staff for transfers.

A tour of the adult family home took place at 11:15 AM on 12/01/2023. R1's bed was observed to have a full [REDACTED] along the side of the bed placed against the wall. R2's bed was observed to have a half [REDACTED]. When asked if an assessment had been completed for the two devices, the provider stated she did not have assessments. The provider stated she thought R1 and R2 did not use the [REDACTED]. The provider stated she would talk to the residents and either remove the [REDACTED] if they were not requested or she would request an assessment.

On 12/04/2023, a DME (durable medical equipment) physician's order was received by fax for R2 which was dated 12/01/2023. As of 12/12/2023, no evidence of medical device assessments has been received.

Attestation Statement

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

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, Cornerstone 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

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.

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:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to ensure the medication log for one of two sampled residents (Resident 2/R2) accurately reflected R2's current medications and medications for R2 that were expired or no longer current were disposed in accordance with the home's medication disposal policy. This failure placed R2 at risk for receiving medications in error.

Findings included...

An interview with the provider took place at 10:55 AM, during a full inspection of the adult family home on 12/01/2023. The provider stated R2 received assistance with medications.

R2's medications were observed and compared to the December and November 2023 medication logs. R2's November 2023 medication log documented the resident was to receive one (20 mg/milligram) tab of Furosemide (a drug used to remove excess water from the body) daily. It had been initialed (to indicate it had been given) on 11/01/2023 and 11/02/2023. No other dates after those doses had been initialed. Two current as-needed (PRN) medications in R2's supply were expired. Four medications were observed in R2's supply that were not documented on R2's December and November 2023 medication log.

In an Interview on 12/01/2023 at 1:10 PM, The provider stated the resident had received

the medication as ordered, and the documentation had been missed in the medication log. The provider stated the PRN medications were no longer current orders and were no longer needed. The provider stated the expired and discontinued medications would be disposed of according to the home's disposal policy, new supplies of the expired currently prescribed medications would be ordered, and R2's medication log would be initialed when medications were given.

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, Cornerstone 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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

12/15/2023

Tamila Bigun
Cornerstone
10710 NE 86th Circle
Vancouver, WA 98662

RE: Cornerstone # 754527

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/14/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

Resident 3's admission agreement was last signed 05/16/2020. A signed copy of Resident 3's admission agreement was received on 12/04/2023.

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

Resident 3's most recent assessment had been completed on 04/27/2020. An updated assessment for Resident 3 (dated 12/02/2023) was received by fax on 12/04/2023.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

The adult family home failed to ensure staff were tested for appropriate fit for respirators as a part of a respiratory protection program. The adult family home did not have Medical Test Site Waiver certification in place.

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;

Staff B, caregiver, was hired on 04/05/2021 and had records for (negative) blood tests for Tuberculosis that took place on 09/12/2020 and 10/28/2022. No evidence of testing within three days of hire was found.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (360)450-1218.

Sincerely,



Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

Enclosure

**Plan
(Plan of Correction)**

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an '**IDR Request Form**' for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600