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

Prairie Manor AFH, LLC

Prairie Manor AFH, LLC
14917 NE 123rd Ave
Brush Prairie, WA 98606

RE: Prairie Manor AFH, LLC License # 754790

Dear Provider:

This letter addresses Compliance Determination(s) 33615 (Completion Date 12/22/2023) and 31761 (Completion Date 11/17/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/22/2023 and found that you have corrected the violations listed in the Full report dated 11/17/2023. Your home is back in compliance as of 10/28/2023 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 388-76-10750-7, WAC 388-76-10485-1, WAC 388-76-10475-1, WAC 388-76-10475-3-a, WAC 388-76-10475-3-c, WAC 388-76-10475-3-c-i, WAC 388-76-10475-3-c-ii, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-3-c-iv

The Department staff who did the on-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

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 10/26/2023 and 10/26/2023 of:
Prairie Manor AFH, LLC
14917 NE 123rd Ave
Brush Prairie, WA 98606

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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

11.17.2023
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 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to store hazardous substances and items securely to prevent unauthorized access. This failure placed six of six residents (Resident 1/R1, Resident 2/R2, Resident 3/R3, Resident 4/R4, Resident 5/R5, Resident 6/R6) at risk of accessing cleaning supplies and other hazards.

Findings included...

During an initial interview with the provider at 11:10 AM, during a full inspection of the adult family home on 10/26/2023, the provider stated R2, R3, and R4 were unable to communicate due to confusion related to [redacted]. The provider stated R2 could ambulate with a walker, R3 was able to ambulate independently with standby assistance (due to blindness), and R4 was dependent on a wheelchair.

A tour of the adult family home took place at 11:34 AM on 10/26/2023. Multiple hand sanitizers were on tables throughout the common areas of the home, including the entryway tables, kitchen counters, dining room table, and medication cart. Clorox cleaning supplies were observed in both main bathrooms. A door in the entryway of the home led to a closet where supplies were stored, including spray cleaners. No lock had been installed on the door.

At 1:06 PM on 10/26/2023, the provider was observed to assist R3 with lunch at the dining table of the adult family home. The provider applied one pump of hand sanitizer into R3's hands, and R3 bent down and attempted to eat the sanitizer off their hand. The provider had to redirect R3 from eating the sanitizer a second time, and then helped R3 to rub the sanitizer in and wave their hands to dry it.

R3's negotiated care plan, dated 03/29/2023, documented R3 wandered in the home, required a bed alarm and door alarm, suffered from hallucinations, and had sundown behaviors (an increase in behaviors related to dementia that tend to occur in the evening and night).

At 3:12 PM on 10/26/2023, the provider stated all potentially hazardous items would be

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

stored securely.

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, Prairie Manor AFH, LLC 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 388-76-10485 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 failed to store prescription and over-the-counter medications securely. This failure placed six of six residents (Resident 1/R1, Resident 2/R2, Resident 3/R3, Resident 4/R4, Resident 5/R5, Resident 6/R6) at risk for accessing medications not intended for their use.

Findings included...

During an initial interview with the provider at 11:10 AM, during a full inspection of the adult family home on 10/26/2023, the provider stated R2, R3, and R4 were unable to communicate due to confusion related to dementia. The provider stated R2 could ambulate with a walker, R3 was able to ambulate independently with standby assistance (due to blindness), and R4 was dependent on a wheelchair.

A tour of the adult family home took place at 11:34 AM on 10/26/2023. A bottle of liquid laxative and a prescription bottle with white tablets was sitting on top of the home's medication cart. Two prescription boxes of lidocaine (a pain reliever) were on a side table in the entryway of the home. A second bottle of liquid laxative was on the kitchen counter. Two prescription boxes containing eye drops were on a dresser in R6's bedroom. A door in the entryway of the home led to a closet where supplies were stored, including first aid medications. No lock had been installed on the door.

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

At 1:06 PM on 10/26/2023, the provider was observed to assist R3 with lunch at the dining table of the adult family home. The provider applied one pump of hand sanitizer into R3's hands, and R3 bent down and attempted to eat the sanitizer off their hand. The provider had to redirect R3 from eating the sanitizer a second time, and then helped R3 to rub the sanitizer in and wave their hands to dry it.

R3's negotiated care plan, dated 03/29/2023, documented R3 wandered in the home, required a bed alarm and door alarm, suffered from hallucinations, and had sundown behaviors (an increase in behaviors related to dementia that tend to occur in the evening and night).

At 3:12 pm on 10/26/2023, the provider stated all medications would be stored securely.

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, Prairie Manor AFH, LLC 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.

(3) Ensure the medication log includes:

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

(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.

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to ensure medications were initialed when given, resident's medication logs accurately reflected the medications they received, and a current medication list was available to review for two of two sampled residents (Resident 3/R3, Resident 6/R6). This failure placed R3 and R6 at risk for medication errors and resulted in having an inaccurate medication history.

Findings included...

During an initial interview with the provider at 11:10 AM, during a full inspection of the adult family home on 10/26/2023, the provider stated R3 and R6 relied on staff assistance for medications and had nurse delegated tasks.

At 2:04 PM on 10/26/2023, R3's medication supply was observed, R3's October 2023 medication log was reviewed, and R3's medications were discussed with the provider. R3's October 2023 medication log documented R3 was to receive a half tab of a (10 mg/milligram) tablet of Lisinopril (used to treat blood pressure) daily, and one (1000 unit) tablet of Vitamin D. The prescription on the Lisinopril bottle in R3's medication supply showed R3 was to receive one (10 mg) tab daily. A bottle of 2000 unit tabs of Vitamin D was found in R3's medication supply. The provider stated she would look for the current orders to verify what dose R3 was supposed to receive. Initials were not observed for any of R3's scheduled medication doses from 10/21/2023 through 10/22/2023. The provider stated the medications had been given and that she must have missed documenting her initials. The provider stated she believed the resident received the correct doses and that the medication log needed to be updated.

At 2:30 PM on 10/26/2023, R6's medication supply was observed, R6s October 2023 medication log was reviewed, and R6's medications were discussed with the provider. R6's October 2023 medication log documented R6 was to receive one (40 mg) tab of Furosemide (used for fluid retention and swelling) daily. R6's medication supply showed R6 received two (40 mg) tabs of Furosemide daily. R6's October 2023 medication log documented R6 was to receive one (60 mg) tab of Isosorbide Mononitrate (used for chest pain) daily. R6's medication supply showed R6 received one and a half tabs (60 mg tabs) of Isosorbide Mononitrate daily. R6's October 2023 medication log documented R6 was to receive two (1000 unit) tabs of Vitamin D3 daily. R6's medication supply showed R6 received one (5000 unit) tab of Vitamin D3 daily. Initials were not observed for any of R6's scheduled medication doses from 10/21/2023 through 10/22/2023. The provider stated the medications had been given and that she must have missed documenting her initials. The provider stated she is still trying to learn the electronic medication administration system. The provider was unable to locate a current medication list, but believed R6 received the correct doses and that the medication log needed to be updated. The provider stated she would verify R6's orders and ensure R6's medication log be updated to reflect the current orders.

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

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, Prairie Manor AFH, LLC 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

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

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

11/17/2023

Prairie Manor AFH, LLC
Prairie Manor AFH, LLC
14917 NE 123rd Ave
Brush Prairie, WA 98606

RE: Prairie Manor AFH, LLC # 754790

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/17/2023 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

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

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 388-76-10650 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;

Medical device assessments were not found for two residents who used [redacted] (Resident 5 and Resident 6). Evidence of completed medical device assessments were received on 10/28/2023 (for Resident 5) and 10/31/2023 (for Resident 6).

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

The provider's Washington state criminal background check expired 07/23/2022 and Staff B's (caregiver) Washington state criminal background check expired 01/21/2023. The provider stated she would take care of the background checks right away. Copies of current background checks were received for the provider and Staff A on 10/31/2023.

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:

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

• 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

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

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 IDR**s 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

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