STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Lulu Adult Family Home LLC
Lulu Adult Family Home, LLC
18005 46th Pl W
Lynnwood, WA 98037

RE: Lulu Adult Family Home, LLC License # 755110

Dear Provider:

This letter addresses Compliance Determination(s) 23617 (Completion Date 05/08/2023) and 21928 (Completion Date 04/07/2023).

The Department completed a follow-up inspection of your Adult Family Home on 05/08/2023 and found that you have corrected the violations listed in the Complaint report dated 04/07/2023. Your home is back in compliance as of 04/04/2023 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Lulu Adult Family Home, LLC
License/Cert.#: 755110
Compliance Determination #: 21928
Investigator: Spomenka Hodzic
Investigation Date(s): 03/31/2023 through 04/07/2023
Complainant Contact Date(s):

Provider Type: Adult Family Home

Intake ID: 75369
Region/Unit #: RCS Region 2 / Unit I

Allegation(s):
1.The Adult Family Home did not assist the Named Resident (NR) with the medication correctly.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Medications.
Interviews:	Residents, Provider, Third Party Provider.
Record Reviews:	Resident Records, Staff Records, AFH Policies and Procedures, Medications.

Investigation Summary:
1. Observation, interviews, and record reviews showed the Adult Family home (AFH) staff did not assist with ordered medications for the Named Resident (NR) and the Sample Resident (SR). Record, and medication review showed the AFH did not document given medications correctly. Failed practice identified. See Statement of Deficiencies dated on 04/07/2023.
2. Observation showed five residents living in the AFH. Interactions observed between the residents and the AFH staff were appropriate and caring. In an interview, the NR reported the AFH staff member did not yell and scream at them but raised their voice once while calling their name. The NR reported they still felt unwelcomed in the AFH but received all the needed care. In an interview, the Provider reported that they never observed a AFH Staff member yell or scream at any residents. In an interview, SR reported the AFH Staff never screamed or yelled at them. The SR reported that they had not observed or interacted with any AFH Staff member that were aggressive or hostile towards them, or other residents in the AFH.
3. In an interview the NR reported feeling safe in the AFH. In an interview, the SR stated they felt safe in the AFH, and no one was making them feel uncomfortable. The SR stated they felt relaxed, and good about living in the AFH.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 an unannounced on-site complaint investigation on 03/31/2023, 04/06/2023 and 04/07/2023 of:

Lulu Adult Family Home, LLC
18005 46th Pl W
Lynnwood, WA 98037

This document references the following complaint number(s): 75369, 75976

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

04/17/2023
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.

Mashi Ghedan
Provider (or Representative)

4/4/2023
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a system in place to ensure accurate medication assistance and documentation for 2 of 5 residents (Resident 3, and 5). This failure placed Residents 3 and 5 at risk for harm from medication errors.

Findings included...

<Resident 3>

Record review showed the AFH admitted Resident 3 on [redacted]/2022 with multiple diagnoses that included [redacted]). Review of Resident 3's assessment, dated 08/22/2022, showed Resident 3 required caregiver assistance with medication.

Record review of Resident 3's medication log (ML), dated March 2023, showed orders for Vitamin D2 (treats Vitamin D deficiency) one capsule once a week, and Ferrous Sulfate (iron tablet given to treat anemia) tablet given once a day with Vitamin C (supplement given to assist in absorption of iron) tablet given once a day.

Review of Resident 3's ML, dated March 2023, showed the staff had initialed the ML daily indicating that Vitamin C tablets were given 03/01/2023 through 03/30/2023. Resident 3's ML showed staff initials indicating that Vitamin D2 capsules were given on 03/04/2023, 03/09/2023, 03/17/23, and 03/25/2023.

Observation, on 03/31/2023 at 11:34 AM, showed Resident 3's medication supply in the AFH locked storage did not have Resident 3's Vitamin C tablets. Resident 3's medication supply included two pharmacy packaged medication cards for Vitamin D2. The first pharmacy packaged medication card, dated 01/30/2023, had one of four capsules of Vitamin D2 remaining. The second pharmacy packaged medication card, dated 02/24/2023, had four of four capsules of Vitamin D2 remaining.

During an interview, on 03/31/2023 at 11:34 AM, Staff A, Provider, stated that they looked for the Vitamin C tablets, could not find, and did not know where they were. Staff A stated that they did not know why Resident 3' Vitamin D2 tablets were not given as ordered.

In an interview, on 04/03/2023 at 9:54 AM, Collateral Contact 1 (CC1), Pharmacist, stated that Resident 3's Vitamin C tablets was not covered by insurance and was not sent to the AFH. CC1 stated that the AFH had instructions to call the pharmacy for clarification if the AFH found discrepancies between the medication list and medications delivered by the pharmacy to the AFH.

<Resident 5>

Record review showed the AFH admitted Resident 5 on [redacted]/2023 with multiple diagnoses that included a [redacted]. Review of Resident 5's assessment, dated 11/28/2022, showed Resident 5 required caregiver assistance with medication.

Review of Resident 5's medication log (ML), dated March 2023, showed the following orders:

- Ferrous Sulfate (medication to treat anemia) tablet once a day every other morning,
- Diclofenac Sodium gel 2 % (medicated gel to treat pain) apply three times a day to affected areas (painful areas)
- Lidocaine 2% viscous solution (medicated solution to treat migraine headache pain) twice a day intranasally to treat headaches
- Lidocaine 5% patch (medicated patch applied to the skin for pain) apply 1 patch at 8:00 AM and leave on for 12 hours and take off for 12 hours
- Lidocaine 4% intranasal spray (medicated solution for migraine headaches) 1 to 2 sprays in each nostril as needed at onset of a migraine
- Excedrin Migraine (over-the-counter medication for headache and migraine) give twice a day as needed for headache
- Ubrelvy (medication to treat migraine) tablet once a day as needed for onset of a headache
- Ondansetron (medication to treat nausea and vomiting) as needed

Review of Resident 5's March 2023 ML showed Ferrous Sulfate was given on 03/27/23, and on 03/29/2023. It was not documented as given as ordered on 03/31/2023. The ML showed that the Lidocaine 2% viscous solution was last documented as given to Resident 5 on 03/03/2023. The ML showed that the Lidocaine 5% patch was last documented as given

to Resident 5 on 03/01/2023.

During an interview, on 3/31/23 at 11:30 AM, Resident 5 stated that they were not sure if they were supposed to receive the iron medication today or tomorrow. Resident 5 stated that they had a difficult time following the schedule due to their TBI.

Observation, on 03/31/2023 at 11:55 AM, showed Resident 5's medication supply in the AFH locked storage that Resident 5 did not receive their morning dose of Ferrous Sulfate. Resident 5's medication supply did not have Lidocaine 4% intranasal spray, Excedrin Migraine, or Ubrelvy. Resident 5's medication supply showed that the Ondansetron expired on 09/15/2022.

Observation, on 03/31/2023 at 12:12 PM, showed Staff A had looked for Resident 5's Lidocaine 4% intranasal spray, Excedrin Migraine, and Ubrelvy. Staff A stated that they could not find the medications and did not know where they were.

During an interview, on 3/31/2023 at 12:00 PM, Staff A stated that Resident 5's iron tablets were due tomorrow on 04/01/2023. After record review, Staff A corrected themselves. Staff A assisted Resident 5 with Iron tablet at 12:00 PM. Staff A stated that Resident 5's Ondansetron medication came from Resident 5's previous AFH. Staff A stated they did not notice that medication had expired. Staff A reported that Resident 5 was refusing medication.

During an interview, on 04/03/2023 at 10:10 AM, CC1 reported that Excedrin Migraine, and Lidocaine 4 % nasal spray, were not covered by insurance, and were not sent to the AFH. CC1 reported Ubrelvy was ordered as needed (PRN) medication. CC1 stated Uberlvy was last time refilled on 10/13/2022. CC1 reported the AFH was instructed to the call pharmacy for the medication discrepancies, or refills.

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, Lulu Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 4|4|2023 .

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

Mashu Ghedam — Provider (or Representative)

4|4|2023 — Date