



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Access Care Adult Family Home LLC
Access Care Adult Family Home LLC
2801 Briarwood Ct N
Puyallup, WA 98374

RE: Access Care Adult Family Home LLC License # 755251

Dear Provider:

This letter addresses Compliance Determination(s) 45150 (Completion Date 08/05/2024) and 44038 (Completion Date 07/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/05/2024 and found that you have corrected the violations listed in the Full report dated 07/15/2024. Your home is back in compliance as of 07/24/2024 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 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10475-3-c-i

The Department staff who did the on-site verification:

Gary Fuentebella, Licensors

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
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
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 755251	Compliance Determination # 44038
Plan of Correction	Access Care Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Access Care Adult Family Home LLC	07/15/2024

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 07/11/2024 and 07/11/2024 of:

Access Care Adult Family Home LLC
2801 Briarwood Ct N
Puyallup, WA 98374

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Lisa Cramer

Residential Care Services

07/16/2024

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.

Provider (or Representative)

Date

WAC 388-76-10475 Medication Log. The adult family home must:

- (2) Include in each medication log the:
 - (b) Name of all prescribed and over-the-counter medications;
 - (c) Dosage of the medication;
 - (d) Frequency which the medications are taken; and
 - (e) Approximate time the resident must take each medication.
- (3) Ensure the medication log includes:
 - (c) Documentation of any changes or new prescribed medications including:
 - (i) The change;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 2 of 6 (Resident 1 and Resident 2) residents Medication Administration Records (MAR) were up-to-date. This failure placed both residents at risk for medication errors.

Findings included...

Resident 1:

Record review of Resident 1's Assessment dated 03/01/2024, showed Resident 1 had diagnoses to include [REDACTED], had memory problems, had difficulty in decision-making, and needed assistance in medication management.

On 07/11/2024, review of Resident 1's pharmacy medication label to give Atorvastatin (for hyperlipidemia) 80 milligrams (mg) one tablet once daily. Review of Resident 1's July 2024 MAR revealed instructions to give Atorvastatin 80 mg ½ tab (40mg) daily at bedtime with multipack to increase to 80 mg/day, and another Atorvastatin 40 mg one tablet by mouth daily at bedtime.

On 07/11/2024 at 2:25 PM, during interview, the Provider stated that Caregiver C was designated to be in-charge of updating the resident's MAR. The Provider stated that the previous Physician's order was for Resident 1 to take Atorvastatin 40 mg daily but was increased by their Physician (on 06/25/2024) to 80 mg daily, so the pharmacy sent an

7/16/2024 09:06:09

State of Washington

Statement of Deficiencies	License #: 755251	Compliance Determination # 44038
Plan of Correction	Access Care Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Access Care Adult Family Home LLC	07/15/2024

additional supply of 80 mg 1/2 tablet (40 mg) for a total of 80 mg. The Provider stated Caregiver C must have forgotten to update Resident 1's July MAR when the new supply of Atorvastatin 80 mg one tablet once daily, arrived on 07/06/2024.

Resident 2:

Record review of Resident 2's Assessment dated 10/05/2023, revealed that Resident 2 had diagnoses to include [REDACTED] had difficulty in decision-making, and needed assistance in medication management.

On 07/11/2024, review of Resident 2's pharmacy medication label revealed instructions to give Loratadine (for allergies) 10 mg one tablet daily. Review of Resident 2's July 2024 MAR showed no documentation of the above-mentioned medication.

On 07/11/2024 at 2:25 PM during interview, the Provider stated that Caregiver C was designated to be in-charge of updating the resident's MAR. No explanation was given about why the Loratadine was not written on the July 2024 MAR. Resident 2 received their Loratadine as ordered.

On 07/11/2024, Caregiver C was not working in the AFH at the time of the inspection.

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, Access Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 07/24/2024

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

Heavenly Gathu
Provider (or Representative)

07/24/2024
Date

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additional supply of 80 mg ½ tablet (40 mg) for a total of 80 mg. The Provider stated Caregiver C must have forgotten to update Resident 1's July MAR when the new supply of Atorvastatin 80 mg one tablet once daily, arrived on 07/06/2024.

Resident 2:

Record review of Resident 2's Assessment dated 10/05/2023, revealed that Resident 2 had diagnoses to include [REDACTED], had difficulty in decision-making, and needed assistance in medication management.

On 07/11/2024, review of Resident 2's pharmacy medication label revealed instructions to give Loratadine (for allergies) 10 mg one tablet daily. Review of Resident 2's July 2024 MAR showed no documentation of the above-mentioned medication.

On 07/11/2024 at 2:25 PM during interview, the Provider stated that Caregiver C was designated to be in-charge of updating the resident's MAR. No explanation was given about why the Loratadine was not written on the July 2024 MAR. Resident 2 received their Loratadine as ordered.

On 07/11/2024, Caregiver C was not working in the AFH at the time of the inspection.

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, Access Care Adult Family Home 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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Access Care Adult Family Home LLC
Access Care Adult Family Home LLC
2801 Briarwood Ct N
Puyallup, WA 98374

RE: Access Care Adult Family Home LLC # 755251

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/15/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

- 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (4) Criminal history disclosure and background check results as required.

On 07/11/2024, the Provider's national fingerprint result was not ready available for review. On 07/12/2024, the Department received from the Provider via fax, a copy of the above-mentioned document dated 05/26/2022, with no findings to correct the issue.

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 (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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

Access Care Adult Family Home LLC # 755251

07/15/2024

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Olympia, WA 98504-5600

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

WAC 388-76-10475**Medication—Log.**

2) Include in each medication log the:

- (a) Name of the resident;
- (b) Name of all prescribed and over-the-counter medications;
- (c) Dosage of the medication;
- (d) Frequency which the medications are taken; and
- (e) Approximate time the resident must take each medication.

(3) Ensure the medication log includes:

- (a) Initials of the staff who assisted or gave each resident medication(s);
- (b) If the medication was refused and the reason for the refusal; and
- (c) Documentation of any changes or new prescribed medications including:
 - (i) The change;

The provider will ensure that all medication orders are updated in a timely manner. Caregivers have undergone training on the 5 Rs of medication assistance and administration. Caregivers have also undergone training on how to update medication records, how to compare doctors' orders with the medications in the multipack and how to communicate with the pharmacy timely to have medication records updated to reflect correct medication orders.

The pharmacies have since been communicated to. The pharmacies have sent updated medication records with the medication orders having been updated. The corrected medication records have been attached.