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

Amor H. Youngs
MAGNOLIA HOME CARE
3223 12th ave w
SEATTLE, WA 98119

RE: MAGNOLIA HOME CARE License # 132600

Dear Provider:

This letter addresses Compliance Determination(s) 43301 (Completion Date 07/01/2024) and 41099 (Completion Date 06/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/01/2024 and found that you have corrected the violations listed in the Full report dated 06/04/2024. Your home is back in compliance as of 06/12/2024 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 388-76-10463-3, WAC 388-76-10650-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

Statement of Deficiencies	License #: 132600	Compliance Determination # 41099
Plan of Correction	MAGNOLIA HOME CARE	Completion Date
Page 1 of 4	Licensee: Amor H. Youngs	06/04/2024

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 05/13/2024 and 05/13/2024 of:

MAGNOLIA HOME CARE
2615 25TH AVE W
SEATTLE, WA 98199

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:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
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.

Alfredo Brown
Residential Care Services

06/05/2024
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.

Statement of Deficiencies	License #: 132600	Compliance Determination # 41099
Plan of Correction	MAGNOLIA HOME CARE	Completion Date
Page 2 of 4	Licensee: Amor H. Youngs	06/04/2024

Provider (or Representative)

06-12-2024
Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 1 of 2 sampled residents (Resident 2) in their negotiated care plan (NCP). This failure placed Resident 2 at risk of harm due to unmet mental health care needs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2024, with multiple disabling diagnoses including: [redacted] and [redacted].

Observation, on 05/13/2024 at 3:05 PM, showed Resident 2's medication bin contained Citalopram HCR (medication used for depression), 10 milligrams (mg), by mouth daily.

Review of Resident 2's NCP, dated 01/20/2024, showed no strategies, environmental modifications, or directions on staff behaviors in response to symptoms of Resident 2 depression. The NCP documentation for "Psychological Status, Requires psychopharmacological medication" the box was checked "No"

During an interview, on 03/25/2022 at 2:13 PM, the Staff A (Provider) stated that Resident 2 was taking the Citalopram HCR for depression.

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, MAGNOLIA HOME CARE is or will be in compliance with this law and / or regulation on (Date) 06-12-2024 .

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

Statement of Deficiencies	License #: 132600	Compliance Determination # 41099
Plan of Correction	MAGNOLIA HOME CARE	Completion Date
Page 3 of 4	Licensee: Amor H. Youngs	06/04/2024

MG

Provider (or Representative)

06-12-2024

Date

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have an assessment in place for [redacted] that identified the resident's need for and ability to use a medical device with a known safety risk, representative consent for a the use of a medical device, and documentation in the Negotiated Care Plan (NCP) on how [redacted] would be used for 1 of 2 sampled residents (Residents 1). This failure placed Resident 1 at risk for from improper use of the medical device.

Findings included...

NOTE: Washington (WA) State Department of Social and Health Services "May 15, 2013 AFH 'Dear Provider' Letters," was issued to AFH providers related to the safety risks associated with the use of all medical devices, including [redacted] or [redacted], and [redacted]. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Note: Washington (WA) State Department of Social and Health Services "Dear Provider" letter dated 10/12/2016 titled "Medical Device Requirements" stated, "the resident's negotiated care plan must also include how the resident will use the device." The provider letter added, "in addition to the resident assessment identifying the resident's need for the medical device, the resident must also be assessed for the ability to safely use the device."

A joint observation with Staff A (Provider) on 05/13/2024 at 3:55 PM, showed Resident 1 in bed with upper half [redacted] in the raised position.

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Plan of Correction	MAGNOLIA HOME CARE	Completion Date
Page 4 of 4	Licensee: Amor H. Youngs	06/04/2024

Record review of Resident 1's Assessment dated 12/27/2023 showed a diagnosis of [redacted] ([redacted]). The Assessment showed Resident 1 required moderate assistance. No information about Resident 1's ability to safely use the [redacted] was found.

Record review of Resident 1's record showed no resident or representative consent for the use of a medical device. Review showed no information about the safety risks and benefits associated with [redacted] was provided to the resident or resident representative.

Record review of the Negotiated Care Plan (NCP) dated 01/20/2024 showed the bed mobility section contained no information about the use of [redacted] for repositioning, or Resident 1's ability to use [redacted]. The NCP did not contain any caregiver instructions regarding [redacted].

In an interview, on 05/13/2024 at 2:45 PM, Staff A stated that they remember getting a consent signed and that they don't have any documentation for the [redacted]. Staff A stated that Resident 1 uses the [redacted] to assist with bed mobility.

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, MAGNOLIA HOME CARE is or will be in compliance with this law and / or regulation on (Date) 06-12-2024 .

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

Provider (or Representative) [redacted] Date 06-12-2024