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) 47227 (Completion Date 09/16/2024) and 44940 (Completion Date 08/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/16/2024 and found that you have corrected the violations listed in the Complaint report dated 08/06/2024. Your home is back in compliance as of 07/31/2024 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 388-76-10650-2-b, WAC 388-76-10650-2-a, WAC 388-76-10650-1, WAC 388-76-10655-3, WAC 388-76-10655-2, WAC 388-76-10655-1

The Department staff who did the on-site verification:
Alina Zaharie, 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 # 44940
Plan of Correction	MAGNOLIA HOME CARE	Completion Date
Page 1 of 5	Licensee: Amor H. Youngs	08/06/2024

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 an unannounced on-site complaint investigation on 07/26/2024 and 07/26/2024 of:

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

This document references the following complaint number(s): 137000

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Alina Zaharie, 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

08/14/2024
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.

A Youngs
Provider (or Representative)

08-15-2024
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;

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 a [redacted] that identified the resident's need for and ability to use a medical device with a known safety risk, representative consent for the use of a medical device for 1 of 1 (Resident 6). This failure placed Resident 6 at risk 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 transfer poles, Posey or lap belts, and side bed rails. 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, "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 B (Resident Manager) and Staff C (Caregiver) on 07/31/2024 at 8:35 AM, showed Resident 6 on their bed with [redacted] in the raised

Provider (or Representative) 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;

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 a [redacted] that identified the resident's need for and ability to use a medical device with a known safety risk, representative consent for the use of a medical device for 1 of 1 (Resident 6). This failure placed Resident 6 at risk 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 transfer poles, Posey or lap belts, and side bed rails. 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, "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 B (Resident Manager) and Staff C (Caregiver) on 07/31/2024 at 8:35 AM, showed Resident 6 on their bed with [redacted] in the raised

position.

In an interview, on 07/31/2024 at 8:35 AM, Staff C stated that Resident 6 used the [redacted] to reposition themselves while in their bed.

Record review of Resident 6's undated Face Sheet, showed the AFH admitted Resident 6 on [redacted]/2024.

Record review of Resident 6's Assessment dated [redacted]/2024, showed Resident 6 diagnosis included [redacted]. Assessment showed Resident 6 was not oriented to place or time, with the limited ability to communicate, with short-term memory loss. Resident 6 assessment stated that Resident 6 was dependent for transfers and required 2-person assistance. Resident 6 assessment stated Resident 6 was at fall risk and required an awake night time caregiver. Resident 6 assessment contained no additional information about Resident 6 requiring a [redacted] for assistance with repositioning.

Record review of an email communication received, on 07/31/2024 at 6:13 PM, from Staff A (Registered Nurse) showed a picture of Resident 6's bed without the [redacted] attached to the bed. Staff A stated that, "We have removed the [redacted] from resident bed because it was not meant for them".

In an interview, on 08/01/2024 at 02:52 PM, Staff A (Registered Nurse) stated that they did not have an assessment or a family consent for Resident 6's [redacted]. Staff A stated that the [redacted] were not meant for resident 6 and that they removed those from resident 6's bed on the same day of the department visit.

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) 07-31-2024.

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

Provider (or Representative) — Date: 08-15-2024

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(1) Each resident's right to be free from physical and mechanical restraints used for discipline or convenience;

position.

In an interview, on 07/31/2024 at 8:35 AM, Staff C stated that Resident 6 used the [redacted] to reposition themselves while in their bed.

Record review of Resident 6's undated Face Sheet, showed the AFH admitted Resident 6 on [redacted]/2024.

Record review of Resident 6's Assessment dated [redacted]/2024, showed Resident 6 diagnosis included [redacted] Assessment showed Resident 6 was not oriented to place or time, with the limited ability to communicate, with short-term memory loss. Resident 6 assessment stated that Resident 6 was dependent for transfers and required 2-person assistance. Resident 6 assessment stated Resident 6 was at fall risk and required an awake night time caregiver. Resident 6 assessment contained no additional information about Resident 6 requiring a [redacted] for assistance with repositioning.

Record review of an email communication received, on 07/31/2024 at 6:13 PM, from Staff A (Registered Nurse) showed a picture of Resident 6's bed without the [redacted] attached to the bed. Staff A stated that, ''We have removed the [redacted] from resident bed because it was not meant for them''.

In an interview, on 08/01/2024 at 02:52 PM, Staff A (Registered Nurse) stated that they did not have an assessment or a family consent for Resident 6's [redacted]. Staff A stated that the [redacted] were not meant for resident 6 and that they removed those from resident 6's bed on the same day of the department visit.

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)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(1) Each resident's right to be free from physical and mechanical restraints used for discipline or convenience;

(2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

(3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide less restrictive alternatives to ensure resident's safety without the use of a mechanical restraint to reduce the possibility 1 of 6 residents (Resident 6) from falling out bed. This failure resulted in Resident 6 being mechanically restrained in their bed by a [redacted] and a vertically placed mattress.

Findings included…

Review of AFH Long-Term Care Resident Rights, signed on 07/14/2024, by Resident 6's Family Representative, stated that the AFH must ensure, "each resident's right to be free from physical restraints used for discipline or convenience." Review of the Resident Rights Policy showed that ''Physical Restrain'' is defined as, "means a manual method, obstacle, or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that restricts freedom of movement or access to his or her body, is used for discipline or convenience, and not required to treat the resident's medical symptoms''.

A joint observation with Staff B (Resident Manager) and Staff C (Caregiver), on 07/31/2024 at 8:35 AM, showed Resident 6 was in their bed. Observation showed one side of Resident 6's bed was pushed up against the wall. The other side of the resident bed had a bed mattress placed vertically on its side, between a raised [redacted] and a bedside table. The vertically placed mattress created a wall along the full length of the bed. The vertically placed mattress had a sit and stand walker and a manual wheelchair pressed against the mattress to prop it up. The placement of the vertically placed mattress enclosed Resident 6 and prevented Resident 6 from freely exiting the bed.

A joint observation with Staff B (Resident Manager) and Staff C (Caregiver), on 07/31/2024 at 8:35 AM, showed that a motion sensor had been placed at the base of Resident 6's bed.

In an interview, on 07/31/2024 at 8:35 AM, Staff C (Caregiver) stated that the vertically placed mattress was put to prevent Resident 6 from falling out of bed at night.

In an interview, on 07/31/2024 at 9:22 AM, Staff B stated that Staff G (Entity Representative) told them to put the mattress down on the floor. Staff B stated that Resident 6 was new to the home and the AFH had tried to prevent Resident 6 from falling out of bed. Staff B stated that Resident 6 had not tried to get out of bed during

the night.

Record review of Resident 6's undated Face Sheet, showed the AFH admitted Resident 6 on [redacted]/2024.

Record review of Resident 6's Assessment dated [redacted]/2024, showed Resident 6 diagnosis included [redacted]. Assessment showed Resident 6 was not oriented to place or time, with the limited ability to communicate, with short-term memory loss. Resident 6 assessment stated that Resident 6 was dependent for transfers and required 2-person assistance. Resident 6 assessment stated Resident 6 was at fall risk and required an awake night time caregiver.

In an interview, on 07/31/2024 at 10:49 AM, Staff G stated that the expectation was to have the vertically placed mattress on the floor. The vertically placed mattress was not supposed placed between the [redacted] and bedside table. Staff G stated that they understood how the vertically placed mattress was being used a mechanical restraint. Staff G stated that they will make sure that all AFH staff was retrained to prevent any forms of restraints.

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) 07-31-2024.

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

AYoungs
Provider (or Representative)

08-15-2024
Date

the night.

Record review of Resident 6's undated Face Sheet, showed the AFH admitted Resident 6 on [redacted]/2024.

Record review of Resident 6's Assessment dated [redacted]/2024, showed Resident 6 diagnosis included [redacted]. Assessment showed Resident 6 was not oriented to place or time, with the limited ability to communicate, with short-term memory loss. Resident 6 assessment stated that Resident 6 was dependent for transfers and required 2-person assistance. Resident 6 assessment stated Resident 6 was at fall risk and required an awake night time caregiver.

In an interview, on 07/31/2024 at 10:49 AM, Staff G stated that the expectation was to have the vertically placed mattress on the floor. The vertically placed mattress was not supposed placed between the [redacted] and bedside table. Staff G stated that they understood how the vertically placed mattress was being used a mechanical restraint. Staff G stated that they will make sure that all AFH staff was retrained to prevent any forms of restraints.

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Provider (or Representative) _____ Date _____