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
2505 W SMITH ST
SEATTLE, WA 98199

RE: MAGNOLIA HOME CARE License # 604200

Dear Provider:

This letter addresses Compliance Determination(s) 38877 (Completion Date 03/26/2024) and 35586 (Completion Date 02/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/26/2024 and found that you have corrected the violations listed in the Full report dated 02/12/2024. Your home is back in compliance as of 02/01/2024 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 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-76-10165-1-a, WAC 388-76-10350-2-d, WAC 388-76-10380-2, WAC 388-76-10380-4, WAC 388-76-10430-1, WAC 388-76-10895-2-a

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

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, 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 #: 604200	Compliance Determination # 35586
Plan of Correction	MAGNOLIA HOME CARE	Completion Date
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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 01/22/2024 and 01/22/2024 of:
MAGNOLIA HOME CARE
2505 W SMITH ST
SEATTLE, WA 98199

The following sample was selected for review during the unannounced on-site visit: 2 of 4 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.

Ann Lee-Hunter
Residential Care Services

02/13/2024
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.

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Provider (or Representative) — Date: 2-18-2024

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 7 staff members (Staff F) had a Washington State name and date of birth background check (BCG), and a national fingerprint background check. This failure placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk of receiving care from staff and being exposed to individuals in the home whose criminal background history was unknown.

Findings included...

Record review of the AFH's personnel files showed Staff F (Caregiver) was hired by the AFH on 08/21/2023. The AFH was unable to locate a completed Washington BCG or a national fingerprint background check for Staff F.

During an interview on 01/22/2023 at 4:55 PM, Staff A (Entity Representative) stated that they were unable to locate the national fingerprint background check for Staff F, but they made an appointment on 01/29/2023 to get it done. Staff A stated that they will run the Washington BCG within the next couple of days.

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) 1-24-2024.

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

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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 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 2 of 7 staff members (Staff C and D) had a valid Washington State Name and Date of Birth Background Check (BGC). This failure placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk of receiving care from staff and being exposed to individuals in the home whose criminal background history was unknown.

Review of the AFH records showed Staff C (Caregiver) received a BGC conducted, on 12/01/2021, with no findings, the BGC expired 12/01/2023. Staff D (Caregiver) received a BGC conducted, on 12/01/2021, with no findings, this BGC expired 12/01/2023.

During an interview on 01/22/2023 at 4:45 PM, Staff A (Entity Representative) stated that they didn't realize the BCG's were expired, and will run new BCG's.

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) 1-24-2024

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

Provider (or Representative) — Date: 2-18-2024

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

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(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure the assessment for 1 of 2 sampled residents (Resident 2) was reviewed every twelve months for updates. This failure placed the resident at risk for unrecognized and unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2022. Review of Resident 2's Assessment dated 10/14/2022 showed the Assessment was three months overdue for review and updates.

In an interview, on 01/22/2024 at 4:00 PM, Staff A (Entity Representative) stated they are behind in their paperwork.

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) 1-24-2024.

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

Provider (or Representative) — 2-18-2024 Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 1) was reviewed and revised after the resident had a change in functional mobility. Additionally, the AFH failed to ensure that the NCP for 1 of 2 sampled residents (Resident 2) was

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reviewed every 12 months. This failure placed the resident at risk for unrecognized and unmet care needs.

Findings included...

Resident 1
Record review showed the AFH admitted Resident 1 on [redacted]/2023. Review of Resident 1's NCP last reviewed signed on 05/10/2023 for the Activities of Daily Living section; Ambulation Transfers showed Resident required Moderate Assist, the Resident was ambulatory, the resident used a walker. For the section titled Client Abilities and Preferences, the NCP stated that the resident used both FWW (front wheeled walker) and WC (wheelchair) for mobility. For the section of what Caregiver's do for the client, the NCP showed the resident was a one-person assist for transfers and ambulation, remind resident to use walker. No information was found that showed the resident was no longer ambulatory, required a [redacted] for transfers, and required 2-person total assistance for transfers.

A joint observation with Staff C (Caregiver) on 01/22/2024 at 11:14 AM showed Resident 1 had a [redacted] next to their bed.

In an interview on 01/22/2024 at 11:14 AM, Staff C stated that they used the [redacted] to transfer Resident 1 and they had been using the [redacted] for a few months.

Resident 2
Record reviewed showed Resident 2's NCP dated 10/14/2022 was last signed and dated by Resident 2 on 12/03/2022. Resident 2's NCP was two months overdue for review and updates.

In an interview on 01/22/2024 at 4:00 PM, Staff A (Entity Representative) stated they are behind in paperwork.

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) 1-24-2024

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

Provider (or Representative) 2-18-2024 Date

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WAC 388-76-10430 Medication system.

(1) If the acult 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents' (Resident 2) medications were available in the facility. This failure placed Resident 2 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2022. Resident 2's assessment dated 10/14/2022 showed assistance with medication management was needed.

Record review of Resident 2's January 2024 Medication Log showed physician orders written on 11/29/2023 for Senna Tablets (used to treat constipation) 15 milligrams take two tablets by mouth daily as needed, Copper (benefits immune system) 2 milligrams capsule orally daily, and Vitamin B Complex (medication used to supplement Vitamin B deficiency) tablets take 1 tablet by mouth every morning.

In a joint observation on 01/22/2024 at 3:15 PM, with Staff A (Entity Representative), of Resident 2's medication supply showed the Senna tablets, Copper capsules, Vitamin B tablets were not available in the AFH.

During an interview, on 01/22/2024 at 3:17 PM, Staff C (Caregiver) stated that they haven't had the Senna tablets since Resident 2 admitted to the AFH, and they needed to get it discontinued because Resident 2 hasn't needed it. Staff C stated that they cannot locate the Copper capsules and Vitamin B tablets even though they initialed both medications as given on 01/22/2024. Staff C stated that they were giving Resident 2 a multivitamin as a replacement.

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) 2-1-2024.

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

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WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure evacuation drills were completed every sixty days. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of harm in case of an emergency.

Findings included...

Record review of the AFH Emergency Evacuation Drill form showed evacuation drills for the past year had been conducted, on 12/01/2022, 02/01/2023, 04/01/2023, 06/01/2023, 08/02/2023 and 10/02/2023. The Emergency Evacuation Drill form showed that a partial emergency evacuation drill was not completed within 60 days after 10/02/2023.

During an interview, on 01/22/2024 at 12:07 PM, Staff A (Entity Representative) stated that they missed the evacuation drill for December 2023, but will perform one in the upcoming days.

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) 2-1-2024.

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

Provider (or Representative) — Date: 2-18-2024