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
2381 W VIEWMONT WAY W
SEATTLE, WA 98199

RE: MAGNOLIA HOME CARE License # 703300

Dear Provider:

This letter addresses Compliance Determination(s) 46733 (Completion Date 09/06/2024) and 44166 (Completion Date 08/05/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/06/2024 and found that you have corrected the violations listed in the Full report dated 08/05/2024. Your home is back in compliance as of 08/18/2024 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 388-76-10530, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-2, WAC 388-76-10380-2

The Department staff who did the on-site verification:
Rivi Stella Perez

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

Statement of Deficiencies	License #: 703300	Compliance Determination # 44166
Plan of Correction	MAGNOLIA HOME CARE	Completion Date
Page 1 of 7	Licensee: Amor H. Youngs	08/05/2024

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 07/16/2024 and 07/16/2024 of:
MAGNOLIA HOME CARE
2381 W VIEWMONT WAY W
SEATTLE, WA 98199

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

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

08/12/2024
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.

Provider (or Representative) 8-19-2024 Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure the resident representative for 1 of 2 sampled residents (Resident 1) had been provided a written copy of that notice of services (Admission Agreement), and the Admission Agreement was signed and dated at least every twenty-four months after admission. This failure placed Resident 1 and their representative at risk of not being aware of house rules, rights, costs, and services provided by the AFH.

Findings included...

Review of the AFH records showed Resident 1 was admitted to the AFH on [redacted]/2020 with multiple diagnoses.

Review of Resident 1's AFH records showed the notices of services form was signed and dated by Resident 1's Power-of Attorney (POA) on 01/16/2020. There was no other signature on the form for January 2022 and January 2024 to show that it had been reviewed every 2 years. There were no other records related to notice of services in Resident 1's binder.

During an observation and interview, on 07/16/2024 at 4:51 PM, Staff E (Nurse Supervisor) for the AFH was observed checking Resident 1's binder. Following review of Resident 1's binder, Staff E stated that the only record on file for notice of services for Resident 1 was the one that had last been signed by Resident 1's POA on 01/16/2020.

During an interview, on 07/19/2024 at 4:08 PM, Resident 1's POA stated they were responsible for signing for any changes in the rate for the AFH. Resident 1's POA stated that they had received a notification regarding an increase in the rate last December [2023] from Staff A (Provider) but could not recall if it was by email or text. Resident 1's POA stated that they had not signed a paper copy but had responded that they agreed to the increase in the rate but could not recall if it was done by text or by email.

During an interview, on 07/29/2024 at 9:31 AM, Staff A stated that they do not review the notice of services unless there was a significant change in condition, or a thing would come up that was not part of the initial admission contract such as a resident being awake at night and needing assistance. Staff A stated that if there was a change in contract for Resident 1, Staff A would send an email to Resident 1's POA and the POA would email back their response. Staff A stated that they could not remember reviewing the notice of services with Resident 1's POA. Staff A stated that they had failed to have the form signed by Resident 1's POA.

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) 8-18-2024.

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

Provider (or Representative) — Date: 8-18-2024

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;

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Adult family Home (AFH) failed to ensure 2 of 2 sampled residents (Resident 1 and Resident 2) had accurate information and caregiver instructions on the Negotiated Care Plan (NCP) regarding wound care and management. These failures placed Resident 1 and Resident 2 at risk for having unmet care needs related to wound care and management.

Findings included...

RESIDENT 1
Review of the AFH records showed Resident 1 was admitted to the AFH on [redacted]/2020 with multiple diagnoses.

During an interview, on 07/16/2024 at 9:51 AM, Staff E (Nurse Supervisor) stated that Resident 1 had a chronic wound to the right side of the coccyx (tailbone). Staff E stated the wound was not a pressure ulcer (or bedsores are injuries to the skin and the tissue below the skin that are due to pressure on the skin for a long time). Staff E stated the wound was from a mass removal, had irrigation and debridement (the removal of damaged tissue or foreign objects from a wound) (I&D) of the wound bed, had tunnelling (a wound that's progressed to form passageways underneath the surface of the skin) and was not healing well. Staff E stated Resident 1 was being seen by a home health nurse two times every week for wound care.

Observation on 07/16/2024 at 11:18 AM showed Resident 1 in bed, with a clean and intact beige colored dressing to the right side of the coccyx area.

Review of Resident 1's records showed multiple records containing information regarding resident care:
1) The NCP, dated 06/10/2024, showed Resident 1 was marked for skin care but had no information regarding the wound on the right side of the coccyx.
2) The record labeled "Long term care assessment and care planning tool", dated 12/17/2019, under "personal hygiene" showed it was updated 6/10/24 but was not marked for wound. There was no information regarding the wound on the right side of the coccyx. Under the "therapies" section, it showed it was updated 6/10/24 but was not marked for "pressure ulcer/wounds" and was not marked for "wound care nurse following client" or "home health will follow client.
3) The record labeled "Assessment and Negotiated Care Plan for WA [Washington] State Residents in Adult Family Home", dated 01/20/2023 and updated on 05/06/2024, showed it was marked for "decubitus ulcer (bed sore)", had a written note stating the

ulcer had a hard lump around, and dressing changes done by RN (Registered Nurse), and on "5/7 [2024] dressing change c/o wc [wound care] nurse". The NCP section showed under bathing to "monitor for pressure ulcers and other skin problems" and no information about the wound, the dressing and what the caregivers will do if the dressing gets soaked during bathing. The NCP section under "therapies" was marked for home health nurse.

Further review of Resident 1's records submitted by the AFH on 07/25/2024 showed a medical provider's note, dated 07/05/2024. The note on page 2 showed that Resident 1 had a pressure wound. The visit diagnoses list included [redacted]

Review of the NCP, dated 07/17/2024, showed on page 11 that Resident 1 had a chronic wound to the right side of the coccyx with tunneling from an old I&D site. The wound was not identified as a pressure ulcer wound. There were no caregiver instructions of things to monitor and/or observe on the wound and the dressing that would require notification of the AFH nurse, the wound care nurse or the medical provider.

During an interview, 07/26/2024 at 4:13 PM, Staff E stated that caregivers were instructed to cover the dressing side during shower days to not make it wet by using a Saran wrap (type of clear film or plastic wrap) and tape. Staff E stated caregivers were instructed to look for signs and symptoms of infection such increase drainage and odor, for types of drainage if is yellowish or bloody and for signs of pain. Upon notification that these caregiver instructions were not on the NCP, dated 07/17/2024, Staff E stated that they would add these instructions.

During an interview, on 07/29/2024 at 10:44 AM, Staff B, Resident Manager/Caregiver was asked what instructions Staff E had given them regarding Resident 1's wound. Staff B stated they were to assist with changing the wound dressing, not allowed to do the dressing change, to report to the nurse if they see drainage and to observe for signs and symptoms of infections such as redness or warmth.

Review of Resident 1's latest NCP, dated 07/17/2024, showed "CG [caregiver] changes top cover on Saturdays and as needed if dressing soaked" under the section "treatment/programs/therapies" on page 11. The section "body care" on page 21 showed dressing changes on right side of coccyx twice a week by Wound care nurse and on Saturdays by CG. This information on the NCP did not match the CG instruction given by Staff E for Resident 1's wound.

RESIDENT 2
Review of the AFH record showed Resident 2 was admitted on [redacted]/2024 with multiple diagnoses.

During an interview, on 07/16/2024 at 9:52 AM, Staff E stated Resident 2 had an Aspira drain (type of drain inserted to the body to help drain fluids) on the right upper side of

the abdomen.

Observation on 07/16/2024 at 11:20 AM showed Resident 2 in the bedroom and had a clean, dry gauze dressing with tape to the right upper side of the abdomen. Staff E opened the dressing and showed a clear drain tube that had a cap, and the cap was closed [close system].

Review of the Resident 2's record labeled "Assessment and Negotiated Care Plan for WA State Residents in Adult Family Home", dated 05/06/2024 and reviewed on 06/10/2024, showed information about the Aspira drain and frequency for dressing changes. There was no information where the drain was located in the body and no caregivers' instructions on what to do related to the drain site care and management.

Review of Resident 2's latest NCP, dated 07/17/2024, showed information about Peritoneal (refers to the membrane that lines the inside of the abdomen and pelvis) Aspira drain, the frequency of the dressing change and other registered nurse responsibilities. The NCP did not have information for the location of the drain site and caregivers' instructions what to do with the dressing when Resident 2 is scheduled for a bath, and other things to observe and report related to the wound care and management.

During an interview, on 07/26/2024 at 4:15 PM, Staff E stated that caregivers were shown during a dressing change on what were the things to observe such as presence of drainage, redness or pain at the insertion site which can be signs of infection. Staff E stated caregivers were instructed to notify the nurse if Resident 2 would complain of crampy pain for the nurse may need to drain the site outside the routine draining schedule. Staff E stated that they would add this information on the NCP after notification that these were not on the latest NCP.

During an interview, on 07/29/2024 at 10:45 AN, Staff B stated that they were instructed by Staff E to observe the insertion site for any drainage, redness, and pain and to report to the nurse if these symptoms are observed.

Review of the Resident 2's latest NCP, dated 07/27/2024, did not show the caregiver's instructions as stated by Staff B.

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) 8-18-2024.

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

Provider (or Representative)

8-18-2024
Date

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

08/12/2024

Amor H. Youngs
MAGNOLIA HOME CARE
2381 W VIEWMONT WAY W
SEATTLE, WA 98199

RE: MAGNOLIA HOME CARE # 703300

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/05/2024 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:

Alfredo Brown, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

The Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) records included the negotiated care plan (NCP) were signed and dated by the Resident 1's representative. This failure placed Resident 1 at risk for receiving care and services that were not agreed to by all parties. The AFH had revised and re-wrote the NCP on 07/17/2024 and had Resident 1's Representative sign it on 07/21/2024.

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

The Adult Family Home (AFH) failed to ensure 4 of 6 former caregivers (Staff K, M, N and P) had a national fingerprint background check completed. This failure placed all residents at risk of receiving care and possibly being left exposed to someone who may have a disqualifying criminal background. The AFH had and retained a completed national fingerprint background check for all their required current staff.

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)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K
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:
Alfredo Brown, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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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
Olympia, WA 98504-5600