STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

American Baby Boomers LLC

American Baby Boomers LLC
10017 NE 62nd Circle
Vancouver, WA 98662

RE: American Baby Boomers LLC License # 753320

Dear Provider:

This letter addresses Compliance Determination(s) 32069 (Completion Date 11/02/2023) and 28197 (Completion Date 09/08/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/02/2023 and found that you have corrected the violations listed in the Full report dated 09/08/2023. Your home is back in compliance as of 09/26/2023 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 388-76-10430-2-c, WAC 388-76-10430-1, WAC 388-76-10355-7-d, WAC 388-76-10355-6-a, WAC 388-76-10355-4, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-3, WAC 388-76-10198-4

The Department staff who did the on-site verification:
Sarah Bjork, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 08/16/2023 and 08/16/2023 of:

American Baby Boomers LLC
10017 NE 62nd Circle
Vancouver, WA 98662

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:

Sarah Bjork, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Residential Care Services _____ 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) Date

WAC 388-76-10430 Medication system.

(1) If the adult 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.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to develop a medication system which accurately documented when one of two sampled residents (Resident 5/R5) received medications and whether a medication with a hold parameter was held as required. This failure placed R5 at risk for medication errors.

Findings included...

R5's August 2023 medication log and August 2023 vitals log was reviewed at 2:08 PM, during a medication review which took place at the adult family home on 08/16/2023. The log indicated that R5 had been prescribed 10 mg tab of Midodrine (used for blood pressure) every eight hours. The log documented it was to be given at 8:00 AM, 2:00 PM, and 8:00 PM and was to be held if the resident's systolic blood pressure (the top number of a blood pressure reading) was greater than 120. The medication had been initialed three times daily, indicating it had been given to the resident.

The August 2023 vitals log showed R5's blood pressure was checked "AM" and "PM." R5's August 2023 vitals log showed R5's SBP was above the indicated parameter four times. At 2:19 PM, Staff A (caregiver), stated she checked R5's blood pressure in the "AM and PM." When asked if she had been checking for the 2:00 PM dose, Staff A stated "whoops," and that she had not been checking R5's blood pressure prior to the 2:00 PM dose. When asked if the medication had been held when R5's SBP was higher than 120, Staff A stated she usually wrote an "H" on the log when the dose was held and that she does hold it, but she had not noted it on the medication log.

An August 2023 medication log and vitals record was received by fax on 08/31/2023 which showed R5's vitals were now being checked and documented three times a day and it was being noted correctly when the dose was held.

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, American Baby Boomers 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

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(7) If needed, a plan to:

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home's documentation failed to include information about one of two sampled resident's (Resident 5/R5) specific care needs, including care refusal, wound care, and vitals monitoring. This failure resulted in the facility not having accurate documentation of the resident's current care situation and placed R5 at risk for not having their care needs met.

Findings included...

An initial interview took place with Staff A, caregiver, at 11:30 AM while at a full inspection at the adult family home. Staff A stated R5 was recovering from aspiration pneumonia which occurred due to R5 eating food too quickly. Staff A stated R5 was wheelchair bound and had skin wounds on their coccyx. Staff A stated R5 received wound care services in the home. Staff A stated R5 was fed continuously through a gastrostomy tube (or G-tube, a tube inserted through the abdomen that brings nutrition directly to the stomach) and that R5 had lost a significant amount of weight from refusing food. Staff A stated R5 was

hospitalized frequently and had refused hospice care against medical advice.

R5's files were reviewed at 1:10 PM while at the adult family home. An agreement titled "Against Medical Advice" was found, which was dated 12/02/2022 and was signed by the adult family home staff and R5. It documented that R5's current medical directive stated R5 "shall not eat solid food and was to be tube fed." It stated R5 "had decided, knowing the risk, to stop tube feeding and instead, eat solid food." The document waived responsibility and liability of the adult family home (see consultation 388-76-10610-1).

At the adult family home at 1:45 PM, Staff A stated R5 still received tube feedings and R5 continued to eat solid food, sometimes ordering and having it be delivered to the home. Staff A stated he recently had aspiration pneumonia because he ate solid food too quickly and that R5 sometimes got stomach aches. Staff A stated they prompt him every time he chooses to eat solid food against medical advice by asking, "You know what could happen?" to which R5 responds "Yes, I know."

R5's August 2023 medication log was reviewed and discussed with Staff A at 2:19 PM at the adult family home. R5's medication log documented R5 had been prescribed a medication to control blood pressure and R5's blood pressure was to be checked prior to being given three times daily as the medication had a hold parameter. The August 2023 vitals log showed R5's vitals were being checked twice daily and had not been checked during the midday dose (see citation 388-76-10430).

R5's assessment, dated 06/02/2023, documented R5 was diagnosed with [redacted]. It documented R5 required wound care, ostomy care and vitals as current care needs.

R5's negotiated care plan, dated 10/05/2022, documented "No" for current skin issues and had no information documented about R5's wound care needs. The negotiated care plan did not document a need for R5's vitals to be monitored. The negotiated care plan indicated R5 had no behaviors and did not document R5's history of refusing to allow hospice care or refusal to follow medical advice, including a safety plan for when R5 ate solid food.

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, American Baby Boomers 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 _____

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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

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

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure staff records were accessible and available to review. This failure resulted in being unable to verify that four of four staff (the provider, Staff A/caregiver, Staff B/caregiver, Staff C/caregiver) and one former staff (Staff E), had up-to-date credentials.

Findings included...

An initial interview took place with Staff A, caregiver, at 11:30 AM while at a full inspection at the adult family home. Staff A stated she lived in the home and worked full time. Staff A stated the provider and Staff B (caregiver and the provider's spouse) worked at the home on an as-needed basis and Staff C worked at the home part-time. Staff A stated Former Staff D and Former Staff E were caregivers who were no longer employed.

Staff B arrived at the home at 12:20 PM. Before needing to leave at 1:20 PM, Staff B stated they had up-to-date staff records at their other adult family home and could fax or scan the documents if they were needed. Staff B was told a list would be left of needed documents and to call or email with any questions.

Staff records were requested to review at 3:00 PM at the adult family home. The provider's record has a Washington state background check which expired 07/04/2023. One skin test for Tuberculosis (TB) was found for the provider, dated 03/02/2007 and no evidence of a

second test was found. The provider's cardiopulmonary resuscitation (CPR) and first aid certification expired 06/08/2022. No evidence of basic training or certification of fundamentals training was found.

Staff A's Washington state background check expired 07/11/2023. Staff A's undated hire and orientation checklist documented Staff A was hired 11/01/2017. Staff A had documentation of an X-Ray which checked for TB and was negative, dated 02/16/2019. Staff A stated she could not remember if she had completed TB testing prior to the X-Ray or upon hire. Staff B's Washington state background check expired 07/04/2023. Staff C's undated hire and orientation checklist documented a hire date of 04/12/2023. No evidence of a national fingerprint background check was found for Staff C. No training records or background check documents were found for Staff E, a former caregiver.

Staff A was provided a detailed list of documents needed upon exit of the home at 3:50 PM. Staff A stated she would ensure the information be provided to the Staff B and the provider.

On 08/31/2023, no documentation had been received. Staff B stated she had not received the list of documents to send from Staff A and would call to get the list promptly. As of 09/08/2023, no additional documentation of staff records had been received.

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, American Baby Boomers 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
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

09/11/2023

American Baby Boomers LLC
American Baby Boomers LLC
10017 NE 62nd Circle
Vancouver, WA 98662

RE: American Baby Boomers LLC # 753320

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/08/2023 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• 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 388-76-10610 Resident rights Waiver of liability. The adult family home must not ask the resident for, or make the resident sign waivers of:

(1) Potential liability for losses of personal property or injury; and

Resident 5 signed a waiver of liability releasing the adult family home from responsibility in the event harm came to Resident 5 due to their refusal to adhere to their physician's orders.

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

The smoke detector in Resident 3's bedroom (Bedroom A) did not work upon activation. Staff B (Caregiver, Co-owner) stated she would ensure the provider would fix promptly.

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(1) Names of each resident and staff involved in the drill;

(2) Name of the person conducting the drill;

(3) Date and time of the drill;

(4) Whether the drill was a full or partial emergency evacuation; and

(5) The length of time it took to complete the evacuation.

Staff A was unable to locate evacuation drills during the full inspection on 08/16/2023 and as of 09/08/2023, no evidence of completed fire drills had been received.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 IDR**s 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