STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Yitref LLC

Yitref LLC
32013 41st Ave SW
Federal Way, WA 98023

RE: Yitref LLC License # 753452

Dear Provider:

This letter addresses Compliance Determination(s) 42283 (Completion Date 06/05/2024) and 39292 (Completion Date 04/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/05/2024 and found that you have corrected the violations listed in the Full report dated 04/10/2024. Your home is back in compliance as of 04/18/2024 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 388-76-10265-1-d, WAC 388-76-10430-2-c, WAC 388-76-10490-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-2, WAC 388-76-10485-1

The Department staff who did the on-site verification:
Karen Beardsley, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 753452	Compliance Determination # 39292
Plan of Correction	Yitref LLC	Completion Date
Page 1 of 8	Licensee: Yitref LLC	04/10/2024

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 04/03/2024, 04/03/2024 and 04/03/2024 of:
Yitref LLC
32013 41st Ave SW
Federal Way, WA 98023

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kirsten Biddle, AFH Licensor
Karen Beardsley, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 04.11.2024 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) — Date: 04/18/24

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the followang persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B, Caregiver and Staff C, Caregiver) had completed tuberculosis (TB) testing within three days of hire. This placed all the residents living in the home at potential risk for exposure to serious illness.

Findings included...

[Staff B]
Record review showed the AFH had no records on file regarding Staff B's tuberculosis screening.

On 04/03/2024 at 1:07 PM, Staff A, Provider, stated that Staff B had been working for the AFH since 03/24/2024 and had not gotten a TB test.

[Staff C]
Record review showed the AFH had no record on file of Staff C having completed a TB skin test within three days of their hiring date on 01/28/2024.

On 04/03/2024 at 12:20 PM Staff C stated that she had gone to a clinic for TB testing twice in November 2023.

On 04/03/2024 at 05:10 PM Staff A stated that Staff C had not had TB testing within three days of hire. Staff A was asked why TB testing had not been completed and their response was that they had been busy.

Attestation Statement

Provider (or Representative) _____ Date _____

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(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B, Caregiver and Staff C, Caregiver) had completed tuberculosis (TB) testing within three days of hire. This placed all the residents living in the home at potential risk for exposure to serious illness.

Findings included...

[Staff B]
Record review showed the AFH had no records on file regarding Staff B's tuberculosis screening.

On 04/03/2024 at 1:07 PM, Staff A, Provider, stated that Staff B had been working for the AFH since 03/24/2024 and had not gotten a TB test.

[Staff C]
Record review showed the AFH had no record on file of Staff C having completed a TB skin test within three days of their hiring date on 01/28/2024.

On 04/03/2024 at 12:20 PM Staff C stated that she had gone to a clinic for TB testing twice in November 2023.

On 04/03/2024 at 05:10 PM Staff A stated that Staff C had not had TB testing within three days of hire. Staff A was asked why TB testing had not been completed and their response was that they had been busy.

Attestation Statement

Statement of Deficiencies	License #: 753452	Compliance Determination # 33292
Plan of Correction	Yitref LLC	Completion Date
Page 3 of 8	Licensee: Yitref LLC	04/10/2024

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, Yitref LLC is or will be in compliance with this law and / or regulation on (Date) 04/18/24

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

Provider (or Representative) — Date: 04/18/24

WAC 388-76-10430 Medication system.

(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 interview, observation and record review the Adult Family Home (AFH) failed to maintain an accurate record of medications for 1 of 8 residents (Resident 3). This failure placed Resident 3 at potential risk of receiving medications not prescribed to them.

Findings included...

Record review of February 2024, March 2024, and April 2024 Medication Administration Record (MAR) and physician's orders showed an antibiotic, a medication to treat infection, prescribed to Resident 3 on 09/23/2023 to be taken for seven days; remained on the resident's MAR and had been marked as administered to the client from 02/01/2024 – 04/03/2024. Review of 01/03/2024 Assessment showed resident needed assistance to take medication and that both over the counter and prescription medications were to be given by a caregiver.

On 04/03/2024 at 3:28 PM observation of medications storage in the home, the antibiotic was not present.

In an interview on 04/03/2024 3:52 PM, Staff A, Provider, asked to look for antibiotic, they were unable to locate and provide the prescription. Staff A confirmed that she understood the medication was only for seven days and that the medication should not still be listed in the MAR.

Attestation Statement

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Provider (or Representative) Date

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This requirement was not met as evidenced by:

Based on interview, observation and record review the Adult Family Home (AFH) failed to maintain an accurate record of medications for 1 of 6 residents (Resident 3). This failure placed Resident 3 at potential risk of receiving medications not prescribed to them.

Findings included...

Record review of February 2024, March 2024, and April 2024 Medication Administration Record (MAR) and physician's orders showed an antibiotic, a medication to treat infection, prescribed to Resident 3 on 09/23/2023 to be taken for seven days; remained on the resident's MAR and had been marked as administered to the client from 02/01/2024 – 04/03/2024. Review of 01/03/2024 Assessment showed resident needed assistance to take medication and that both over the counter and prescription medications were to be given by a caregiver.

On 04/03/2024 at 3:28 PM observation of medications storage in the home, the antibiotic was not present.

In an interview on 04/03/2024 3:52 PM, Staff A, Provider, asked to look for antibiotic, they were unable to locate and provide the prescription. Staff A confirmed that she understood the medication was only for seven days and that the medication should not still be listed in the MAR.

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Statement of Deficiencies	License #: 753452	Compliance Determination # 33292
Plan of Correction	Yitref LLC	Completion Date
Page 4 of 8	Licensee: Yitref LLC	04/10/2024

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Provider (or Representative) 04/18/24 Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on interview and observation of the Adult Family Home (AFH) failed to dispose 2 of 6 resident's (Residents 3 and Resident 5) expired medications. This failure placed the residents at potential risk of harm from taking expired medications.

Findings included...

Record review on showed the AFH's undated titled, "Medication Disposal Policy... 1. Disposal of medication is necessary when the following occurs. a. Medication expires/is outdated. b. Medication is discontinued by a health care provider. 6. All expired, outdated and discontinued medications shall be removed from (AFH) premises within 30 days of discontinuation of use".

[Resident 3]
In an interview on 04/03/2023 at 11:40 AM, with Resident 3 stated that they needed to move into the AFH for help managing their prescriptions.

Observation on 04/03/2024 at 10:13 AM showed medications to include an over-the-counter stool softener expired in June 2019 and an over-the-counter laxative expired in January 2023, in Resident 3's dresser drawer. At 3:47 PM observation of AFH medication storage showed an inhaler expired on 10/22/2023 and a prescription laxative expired in February 2024.

In an interview with Staff A, Provider, on 04/03/2024 at 11:50 AM stated they that were

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(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on interview and observation of the Adult Family Home (AFH) failed to dispose 2 of 6 resident's (Residents 3 and Resident 5) expired medications. This failure placed the residents at potential risk of harm from taking expired medications.

Findings included...

Record review on showed the AFH's undated titled, "Medication Disposal Policy... 1. Disposal of medication is necessary when the following occurs. a. Medication expires/is outdated. b. Medication is discontinued by a health care provider. 6. All expired, outdated and discontinued medications shall be removed from (AFH) premises within 30 days of discontinuation of use".

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In an interview on 04/03/2023 at 11:40 AM, with Resident 3 stated that they needed to move into the AFH for help managing their prescriptions.

Observation on 04/03/2024 at 10:13 AM showed medications to include an over-the-counter stool softener expired in June 2019 and an over-the-counter laxative expired in January 2023, in Resident 3's dresser drawer. At 3:47 PM observation of AFH medication storage showed an inhaler expired on 10/22/2023 and a prescription laxative expired in February 2024.

In an interview with Staff A, Provider, on 04/03/2024 at 11:50 AM stated they that were

unaware of medications being stored in resident rooms.

Review of the undated disposal policy was signed by resident representative and Staff A on 12/09/2022.

[Resident 5]
Observation on 04/03/2024 at 9:48 AM showed Resident 5 had multiple medications in their dresser drawers including a bottle of over-the-counter pain reliever, expired October 2020, and two bottles of different nasal spray dated April 2018 and January 2021.

In an interview 04/03/2024 at 9:50 AM with Staff A regarding storage of medications, they acknowledged knowing that medications were required to be secured and stated that they did not know why medications had been found in Resident 5's bedroom

On 04/03/2024 at 4:45 PM, observation of AFH medication storage showed a bottle of prescription chest pain medication, expired 01/29/2024 and an antibacterial ointment expired 04/12/2023.

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Provider (or Representative) — Date: 04/18/24

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 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for

unaware of medications being stored in resident rooms.

Review of the undated disposal policy was signed by resident representative and Staff A on 12/09/2022.

[Resident 5]
Observation on 04/03/2024 at 9:48 AM showed Resident 5 had multiple medications in their dresser drawers including a bottle of over-the-counter pain reliever, expired October 2020, and two bottles of different nasal spray dated April 2018 and January 2021.

In an interview 04/03/2024 at 9:50 AM with Staff A regarding storage of medications, they acknowledged knowing that medications were required to be secured and stated that they did not know why medications had been found in Resident 5's bedroom.

On 04/03/2024 at 4:45 PM, observation of AFH medication storage showed a bottle of prescription chest pain medication, expired 01/20/2024 and an antibacterial ointment expired 04/12/2023.

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(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 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for

individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff A, Provider), and a Household Member 2 ([HM 2] other with unsupervised access) had current background checks, and a national fingerprint background check for HM 2 as required. This failure placed all the residents at potential risk of harm from staff and an individual with an unknown background.

Findings included...

WAC 388-76-10161 Background checks—Who is required to have.
(3) All household members over the age of eleven, volunteers, students, and non-caregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

On 04/03/2024, record review of the AFH staff records did not show a current background check for Staff A and for HM 2, living at the AFH.

Record review on 04/03/2024, showed Staff A records, including the Department's titled, "Background Check Central Unit" conducted as of 01/05/2022. This background check expired on 01/05/2024.

Record review on 04/03/2024, showed HM 2, also having an expired background check. The Department's titled, "Background Check Central Unit" dated 04/17/2019, expires two years later. Staff B's background check expired as of 04/17/2021. Additionally, there was no national fingerprint background check found for HM 2.

In an interview on 04/03/2024 at 3:16 PM, Staff A stated that the HM 2, had recently turned 18 as of 12/22/2023 and thought HM 2 only needed the fingerprint check after they turned 18.

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Statement of Deficiencies	License #: 753452	Compliance Determination # 39292
Plan of Correction	Yitref LLC	Completion Date
Page 7 of 8	Licensee: Yitref LLC	04/10/2024

Provider (or Representative) 04/18/24 Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) staff did not keep accurate medication records for 2 of 6 residents (Resident 3 and Resident 5) who require medication assistance from a caregiver. This failure placed the residents at risk for medication errors.

Findings included...

In an interview with Staff A, Provider, on 04/03/2024 at 10:50 AM, during review of the resident roster included those that required medication assistance from AFH staff. Resident 3 and Resident 5 were reported to need this medication assistance.

<Resident 3>
On 04/03/2024 at 10:13 AM, an observation made in Resident 3's bedroom dresser drawer showed 2 stool softeners, a laxative, 2 tubes of cooling relief topicals, chewable gummy supplement and a container of suppositories. None of these products had Resident 3's name on them or a prescription label.

Record review of Resident 3's dated "040124-043024" Medication Administration Record (MAR) did not show these over the counter (OTC) medications found in the resident's dresser drawer.

In an interview with Resident 3 on 04/03/2024 at 11:40 AM, they reported that they live at the AFH for assistance with medications. Resident 3 stated that they kept these OTC medications in their drawer in case they needed them. They were not informed of the requirement to have these kept in a secure place by the AFH staff.

In an interview on 04/03/2024 at 11:50 AM, Staff A did not know why the OTC medications were in the drawer.

Record review of Resident 3's Negotiated Care Plan (NCP) showed on page 3, "Resident needs assistance with one or more medications". Next to this showed, "Caregiver will supervise self administration of medication ... will assist with medication administration by:

Provider (or Representative) _____ Date _____

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) staff did not keep accurate medication records for 2 of 6 residents (Resident 3 and Resident 5) who require medication assistance from a caregiver. This failure placed the residents at risk for medication errors.

Findings included...

In an interview with Staff A, Provider, on 04/03/2024 at 10:50 AM, during review of the resident roster included those that required medication assistance from AFH staff. Resident 3 and Resident 5 were reported to need this medication assistance.

<Resident 3>
On 04/03/2024 at 10:13 AM, an observation made in Resident 3's bedroom dresser drawer showed 2 stool softeners, a laxative, 2 tubes of cooling relief topicals, chewable gummy supplement and a container of suppositories. None of these products had Resident 3's name on them or a prescription label.

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In an interview on 04/03/2024 at 11:50 AM, Staff A did not know why the OTC medications were in the drawer.

Record review of Resident 3's Negotiated Care Plan (NCP) showed on page 3, "Resident needs assistance with one or more medications". Next to this showed, "Caregiver will supervise self administration of medication... will assist with medication administration by:

opening containers, preparing medication, reminding to take medication, visual confirmation of medication administration, documentation on med log". Additionally, the NCP stated, "Caregiver will ensure medications are kept in a locked cabinet for safety".

Further record review of the NCP on page 4, for Resident 3 showed, "Resident requires administration for one or more medications" followed by "Caregiver will give resident the medication needed as prescribed by the doctor".

<Resident 5>
Observation on 04/03/2024 at 9:48 AM showed a pain reliever OTC medication and 2 nasal sprays without a name or prescription label on them, in the dresser drawer of Resident 5's bedroom.

In an interview with Staff A on 04/03/2024 at 9:50 AM, they acknowledged that medications could not be kept in the possession of a resident or resident room unless assessed as safe and in a secure location.

In an interview with Resident 5 on 04/03/2024 at 5:25 PM, they stated that they were unaware that keeping medications in their bedroom was not allowed. When informed that the pain reliever was expired, they stated that they don't mind taking medications that have expired believing they are still safe, regardless.

Review of the dated 04/24/2023, NCP for Resident 5 showed on page 14, "remind resident to take medications at appropriate times per written doctor order... log all medications given... keep medications in a locked unit".

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Further record review of the NCP on page 4, for Resident 3 showed, "Resident requires administration for one or more medications" followed by "Caregiver will give resident the medication needed as prescribed by the doctor".

<Resident 5>
Observation on 04/03/2024 at 9:48 AM showed a pain reliever OTC medication and 2 nasal sprays without a name or prescription label on them, in the dresser drawer of Resident 5's bedroom.

In an interview with Staff A on 04/03/2024 at 9:50 AM, they acknowledged that medications could not be kept in the possession of a resident or resident room unless assessed as safe and in a secure location.

In an interview with Resident 5 on 04/03/2024 at 5:25 PM, they stated that they were unaware that keeping medications in their bedroom was not allowed. When informed that the pain reliever was expired, they stated that they don't mind taking medications that have expired believing they are still safe, regardless.

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_____ _____
Provider (or Representative) Date

Hello Kirsten and Karen!

Thank you for your time and effort in helping us with the Panning of correction for our adult family home (YITREF AFH)! Here is our POC

Background check, fingerprint and staff TB Test has done from 4/10/2024 to 4/13/2024 we will attach the file.

Resident #3/ there was documentation error regarding the antibiotics prescribed, [redacted] the corrected dates for antibiotics are from 09/20/2023 to 09/26/2023 for a total of 7 days. We apologize for any confusion, and we want to assure you that this error will be promptly corrected.

04/17/2024 The Pharmacist from Ready Meds pharmacy Makara Seth Pharm, came by to review each resident's medication. He also provided us with guidance on documenting, tracking expiration dates, and labeling the medication.

Resident #5/We have removed his medication from his room and disposed of all medication and documents, Ordered a new prescription. Please find the updated prescription attached.

Resident #5/ has a new nasal spray, but he refused as a result, we have notified his doctor to discontinue the nasal spray.

Resident #5/ can sign any required paperwork, and his power of attorney /his son is aware of this arrangement.

Thank you!

Yitref AFH

Zewditu Yitref

04/18/24