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

Magnolia Home Care, Inc

Magnolia Home Care Inc.
3223 12th Ave W
Seattle, WA 98119

RE: Magnolia Home Care Inc. License # 754428

Dear Provider:

This letter addresses Compliance Determination(s) 47525 (Completion Date 10/22/2024) and 44165 (Completion Date 08/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/22/2024 and found that you have corrected the violations listed in the Full report dated 08/15/2024. Your home is back in compliance as of 08/23/2024 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 388-112A-0125-2-a-iv, WAC 388-112A-0125-2-a-iii, WAC 388-112A-0125-2-a-ii, WAC 388-76-10161-2-b, WAC 388-76-10255-2, WAC 388-76-10355-10, WAC 388-76-10400-2, WAC 388-76-10430-1, WAC 388-76-10463-3, WAC 388-76-10485-1, WAC 388-76-10530-2, WAC 388-76-10700-2-a, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Alfredo Brown, Allied Health Field Manager

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 #: 754428 | Compliance Determination # 44165 |
| Plan of Correction | Magnolia Home Care Inc. | Completion Date |
| Page 1 of 14 | Licensee: Magnolia Home Care, Inc | 08/15/2024 |

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 07/23/2024 of:
Magnolia Home Care Inc.
2424 24TH AVE W
SEATTLE, WA 98199

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

Renee' Bourque
Residential Care Services

08/19/2024
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) 8-21-2024 Date

**WAC 388-112A-0125 Prior to hiring a long-term care worker, what training and certification requirements must be reviewed? Before hiring a long-term care worker, the home must review and verify the following training and certification information. The home must verify the highest level of training or certification achieved by the individual.**

(2) When the individual is exempt from the 70-hour home care aide training and certification requirements under WAC 388-112A-0090 , the home must obtain, review, and verify the following:

(a) Documents demonstrating that the individual is exempt from training and certification which may include:

(ii) A letter from a former or current employer documenting work history during the exemption period described in WAC 388-112A-0090 ; or

(iii) Employment history records from the Washington state employment security department documenting work history information during the exemption period; or

(iv) Federal tax statements documenting work history information during the exemption period; or

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to obtain the required documentation for 1 of 9 staff (Staff D) verifying that Staff D was exempt from the requirement to obtain the home care aide certification. This placed Residents 1 and 2 at risk for receiving care from an unqualified caregiver.

Findings included...

Record review showed that Staff D had a Nursing Assistant Registration (NAR) first issued 05/05/2009 with an expiration date of 09/02/2024. The AFH hired Staff D as a caregiver on 09/12/2017. The AFH did not produce any work history records to verify that Staff D was exempt from certification.

During an interview on 07/16/2024 at 4:10 PM, Staff A (Provider) stated that they didn't ask for verification of work history when Staff D began employment, but they will work on getting it.

**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 Inc. is or will be in compliance with this law and / or regulation on (Date) 8-21-2024.

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

Provider (or Representative) 8-21-2024 Date

**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:

(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 that 2 of 9 staff members (Staff D (Caregiver) and G (Caregiver)) had a national fingerprint background check. This failure placed 2 of 2 residents (Resident 1 and 2) 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 that Staff D was hired by the AFH on 03/20/2022, and Staff G was hired by the AFH on 03/10/2017.

During an interview on 07/23/2024 at 2:45 PM, Staff A (Provider) stated that they have no records of national fingerprint background checks for Staff D and G. Staff D works full-time for the AFH and lives on site, and Staff G works as needed for the AFH and does not live on site.

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Provider (or Representative) 8-21-2024 Date

**WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:**

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

**This requirement was not met as evidenced by:**

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 7 caregivers (Staff C, Resident Manager) performed proper handwashing according to their Infection Control Policy. This failure placed 2 of 2 residents (Resident 1 and 2) at risk of exposure to the spread of infections.

Findings included...

Record review showed the AFH had an undated Infection Control Policy that stated that handwashing should be performed for 20 seconds after performing care or after removing gloves after performing personal care.

Observation on 07/16/2024 at 10:46 AM showed Staff C performed personal care for Resident 1 while wearing gloves. Afterwards, Staff C exited Resident 1's bedroom, removed their gloves, and then disposed of the gloves in the garbage in the cabinet under the kitchen sink. After disposing of the gloves, Staff C picked up a cup and drank from it, then went to the dining room table to assist Resident 2 without washing their hands.

In an interview on 07/16/2024 at 10:48 AM, Staff C stated that they are aware of the handwashing policy, but they forgot to wash their hands.

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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:**

(10) A hospice care plan if the resident is receiving services for hospice care delivered by a licensed hospice agency.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care (NCP) was updated to include the hospice plan of care for 1 of 2 residents (Resident 1). This failure placed Resident 1 at risk for unmet care needs.

Findings included...

Record review showed Resident 1's record had notes from a hospice registered nurse visit on 05/14/2024. No other records from hospice visits for Resident 1 could be located.

Record review showed Resident 2's NCP was updated 06/14/2024 to check the box "Yes" for Hospice. No hospice plan of care or services that Resident 1 is receiving from hospice was documented in the NCP.

In an interview on 07/16/2024 at 1:35 PM, Staff A (Provider) stated that the hospice provider hadn't given the AFH any more of the hospice visit summaries or the hospice plan of care, so they haven't been able to update it on the NCP.

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Provider (or Representative) Date 8-21-2024

**WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:**

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

**This requirement was not met as evidenced by:**

Based on record review, observations and interview, the Adult Family Home (AFH) failed to provide the proper treatment to 1 of 2 sampled residents (Resident 1) for their skin condition. This failure resulted in Resident 2 not receiving proper medical treatment for a pressure ulcer to their left heel.

Findings included...

Record review showed Resident 1 admitted to the AFH on [redacted]/2022 with multiple [redacted] diagnoses. Record review of a progress note dated 03/22/2024 showed Resident 1 developed a pressure injury on their right heel. The progress note stated that the doctor's office was informed with a request for Home Health and an air mattress. The AFH had no documentation that Home Health had treated the pressure injury.

Record review showed that Resident 1 was hospitalized on [redacted]/2024, then returned to the AFH on [redacted]/2024 with a pressure sore on their right heel and a pressure sore on their left heel.

Record review showed that a hospice nurse visited Resident 1 on 05/14/2024 and documented boggy bilateral heels eschar (a sign of a deep tissue injury that can develop into a pressure ulcer on the heel) with the goal being to minimize further breakdown and interventions included betadine (topical antiseptic that provides infection protection against a variety of germs for minor cuts, scrapes, and burns) to heels and offload pressure. The AFH had no documentation that the betadine to heels were being applied.

A joint observation with Staff C (Resident Manager) and Staff F (Caregiver), on 07/23/2024 at 1:35 PM, showed Resident 1 had a 1.5-inch by 0.75-inch, blackened eschar to left heel with no dressing covering it. Resident 1 had been wearing blue moon boots (orthopedic device prescribed for the treatment and stabilization of severe sprains) on both feet.

Record Review of Resident 1's Assessment updated on 05/13/2024 showed, "of left heel decubitus (known as bedsores, pressure ulcers, or pressure injuries) ulcer 3 centimeters X 4 centimeters, Stage 3 deep tissue injury." Record review showed no information that a health care practitioner had evaluated the wound, ordered any care and treatment or had been evaluating the effectiveness of the treatment for the pressure injury since

05/13/2024.

During an interview, on 07/23/2024 at 1:35 PM, Staff C stated that the pressure injury to Resident 1's the left heel was caused by shearing (a force that causes body tissues to move in opposite directions, which can damage the skin and lead to deep tissue injuries) due to Resident 1 rubbing their left foot back and forth across the bed sheets. Staff F stated that Resident 1 will not keep their left foot floating on the pillow wedge despite caregiver placement.

In an interview, on 07/23/2024 at 1:55 PM, Staff A (Provider) stated Resident 1 has not seen a doctor for their wounds. Staff A stated that Hospice had not been leaving any instructions on the care they were providing for Resident 1.

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

Provider (or Representative) 7-24-2024 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.

**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 01/21/2024, showed assistance with medication management was needed.

Record review of Resident 2's July 2024 Medication Log (ML) showed a physician order written on 11/01/2022 for Acetaminophen-Cod #3 Tablets (medication to treat pain) take 1 tablet by mouth every six hours as needed for pain, a physician order written on 08/24/2023 for Delsym Suspension (medication to treat cough) take 10 milliliters by mouth twice daily, and a physician order written on 11/30/2023 for Alvesco Inhaler (a medication to treat asthma) inhale 2 puffs by mouth every morning.

A joint observation with Staff C (Resident Manager) of Resident 2's medication supply, on 07/16/2024 at 3:50 PM, showed the Acetaminophen-Cod #3 tablets, Delsym Suspension, and Alvesco Inhaler were not available in the AFH.

During an interview, on 07/16/2024 at 3:50 PM, Staff C stated that they needed to order those medications.

Record Review of July 2024 ML showed that Staff D (Caregiver) initialed the ML for the Delsym Suspension and Alvesco Inhaler on 07/16/2024, to indicate that Resident 2 had received those two medications that morning.

During an interview on 07/16/2024 at 3:50 PM, Staff D stated that they thought the missing medications were included in the dose pack. Staff D stated that those medications had been missing for a long time.

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

Provider (or Representative) — Date: 7-24-2024

**WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:**

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

**This requirement was not met as evidenced by:**

Based on observation, interview, and record, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of

prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 2 of 2 residents (Resident 1 and 2) in their negotiated care plan (NCP). This failure placed Resident 1 and Resident 2 at risk of harm due to unmet mental health care needs.

Findings included...

Resident 1
Review showed the AFH admitted Resident 1 on [redacted]/2022, with multiple [redacted] diagnoses including: [redacted] and [redacted].

Observation, on 07/16/2024 at 3:35 PM, showed Resident 1's medication bin contained Lorazepam (medication for anxiety), 0.5 milligrams (mg), by mouth every 8 hours as needed and Paroxetine HCL (medication for depression) 50 milligrams, by mouth daily.

Review of Resident 1's NCP, updated 06/04/2024, showed no strategies, environmental modifications, or directions on staff behaviors in response to symptoms of Resident 1's anxiety or depression for which the mental and mood disorder medications were prescribed.

Resident 2
Review showed the AFH admitted Resident 2 on [redacted]/2022, with multiple [redacted] diagnoses including: [redacted] and [redacted].

Observation, on 07/16/2024 at 3:45 PM, showed Resident 2's medication bin contained Bupropion HCL (medication for depression), 150 mg, by mouth daily, Risperidone (medication to treat mood and behaviors), 0.25 mg, by mouth three times per day, Venlafaxine HCL ER (medication to treat depression) 75 mg, by mouth daily, and Mirtazapine (medication for depression and insomnia), 7.5 mg, by mouth at bedtime.

During an interview, on 07/16/2024 at 3:50 PM, Staff C (Resident Manager) stated Resident 2 was taking Bupropion HCL for depression, Risperidone for behaviors, Venlafaxine HCL for depression, and Mirtazapine for sleep.

Review of Resident 2's NCP, updated 01/31/2024, showed no environmental modifications or directions on staff behaviors in response to symptoms of Resident 2's depression, behaviors or insomnia for which the mental and mood disorder medications were prescribed.

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

Provider (or Representative) 7-24-2024 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) failed to ensure that medications were stored in a locked storage for 1 of 2 sampled residents (Resident 1). This failure placed 2 of 2 residents (Resident 1 and 2) at risk for access or improper use of medications.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2022. Resident 1's Assessment dated 05/13/2024 showed assistance with medication management was needed.

A joint observation with Staff C (Resident Manager) of the hallway outside of Resident 1' bedroom (Bedroom [redacted], on 07/16/2024 at 9:35 AM, showed a small refrigerator with 2 boxes of insulin in a plastic bag on inside door of the refrigerator. The refrigerator shelf contained an unlocked tackle box containing several insulin pens.

An observation on 07/16/2024 at 12:20 PM showed the 2 boxes of insulin in a plastic bag on the refrigerator shelf were not in a locked storage.

In an interview on 07/16/2024 at 9:35 AM, Staff A (Provider) stated that they needed to remind the caregivers to keep all medications securely locked.

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

Provider (or Representative) 7-24-2024 Date

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

(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 and interview, the Adult Family Home (AFH) failed to ensure the resident representative for 1 of 2 sampled residents (Resident 2) had signed and dated the Notice of Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 2 and their representative at risk of not being aware of the rules of the home, resident rights, the care, and services available in the home, and the charges associated with the care services.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2022 with multiple [redacted] diagnoses. Resident 2's Admission Agreement was signed and dated by their representative on 02/22/2022.

During an interview, on 07/16/2024 at 3:00 PM, Staff C (Resident Manager) stated that they missed having the Notice of Services signed when it was due.

**Attestation Statement**

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

Provider (or Representative) Date 7-24-2024

**WAC 388-76-10700 Building official Inspection and approval. The adult family home must have the building inspected and approved for use as an adult family home by the local building official:**

(2) After any construction changes that:

(a) Affect resident's ability to exit the home; or

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the adult family home (AFH) failed to acquire a building permit and inspection by city building officials prior to installing an outdoor deck with a stairway. This placed the residents at risk of injury from an unapproved modification to the AFH.

Findings include:

Observation, on 07/16/2024 at 9:40 AM, during the general tour showed an outdoor balcony with entrance door consisting of a sliding glass door via the living room. The balcony had a stairway that leads to the ground level.

During an interview on 07/23/2024 at 1:45 PM, Staff F (Caregiver) stated that the balcony was built in the year 2022. Staff C (Resident Manager) confirmed that the balcony was built in 2022. Staff C stated that residents use the balcony as an outdoor space.

Record review showed the AFH had a construction permit issued 03/21/2019 for interior alterations to main floor of adult family home in single family residence, and the Building Permit Field Inspection Report showed passed on 06/18/2019. No record of construction permit or building inspection for the addition of the balcony could be located.

During an interview, on 08/05/2024 at 9:13 AM, a representative from the Seattle

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Department of Construction and Inspections stated that they do not have a construction permit for the deck on file, and the deck was not included in the construction permit issued 03/21/2019.

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Permit application filed; awaiting inspection by Dept. Construction

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

Provider (or Representative) — Date: 08-23-2024

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

**This requirement was not met as evidenced by:**

Based on observation and interview, the Adult Family Home (AFH) failed to keep the cleaning supplies, and hazardous material, in a locked storage. This failure placed 2 of 2 residents (Resident 1 and 2) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

A joint observation, on 07/16/2024 at 9:20 AM, with Staff C (Resident Manager), showed a spray bottle of Lysol (Cleaning and disinfecting product) and a spray bottle of 409 (all-purpose cleaner) in an unlocked cabinet under the kitchen sink.

Observation, on 07/16/2024 at 10:46 AM, showed Staff C opened the unlocked cabinet under the kitchen sink to dispose of their soiled gloves in the garbage can.

Observation, on 07/16/2024 at 12:21 PM, showed Staff D (Caregiver) opened the unlocked cabinet under the kitchen sink and disposed of a used insulin needle in a sharp's container.

During an interview, on 07/16/2024 at 5:45 PM, Staff A (Provider) stated that they needed to remind the caregivers to remember to lock the cabinet under the kitchen sink after opening it because the cabinet contained chemicals and a sharps container.

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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 Inc. is or will be in compliance with this law and / or regulation on (Date) 7-17-2024 .

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

Provider (or Representative) 7-17-2024 Date