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

Alderwood Adult Family Home LLC
Des Moines Home Care LLC
3732 156th St SW Apt D
Lynnwood, WA 98087

RE: Des Moines Home Care LLC License # 755595

Dear Provider:

This letter addresses Compliance Determination(s) 36982 (Completion Date 02/16/2024) and 28281 (Completion Date 10/12/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/16/2024 and found that you have corrected the violations listed in the Complaint report dated 10/12/2023. Your home is back in compliance as of 10/23/2023 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 388-76-10475-3-a, WAC 388-76-10475-3-b, WAC 388-76-10250-1-a, WAC 388-76-10250-1-b, WAC 388-76-10250-1-b-i, WAC 388-76-10250-1-b-ii, WAC 388-76-10250-1-b-iii

The Department staff who did the on-site verification:
Vadim Panitkov, NCI

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Des Moines Home Care LLC **Provider Type:** Adult Family Home

License/Cert.#: 755595
Intake ID: 94129
Compliance Determination #: 28281
Region/Unit #: RCS Region 2 / Unit G
Investigator: Zwelithini Mabhena
Investigation Date(s): 08/17/2023 through 10/12/2023
Complainant Contact Date(s):

Allegation(s):

1. The deceased Named Resident (NR) was found to have abdominal skin lesions, swollen eye, leg bruising, paper tape with 2 batteries under breast at the time of death.
2. While living at the Adult Family Home (AFH), NR did not get their medication as prescribed and the AFH did not document any refusals.
3. The Alleged Perpetrator (AP) was previously convicted of resident assault.

Investigation Methods:

Sample:	Total residents: 2 Resident sample size: 1 Closed records sample size: 1
Observations:	General Adult Family Home (AFH) environment. Staff/resident interactions Resident/resident interactions
Interviews:	NR Collateral Contacts (CC) NR AFH Staff AFH residents AFH Provider Medical Examiner
Record Reviews:	NR Negotiated Care Plan (NCP) NR Assessment Progress notes Incident log Staff Background checks Abuse Neglect polices Emergency Medical Services report Medication Administration Record

Investigation Summary:

General observations of the AFH environment did not reveal any immediate concerns.
1. Interviews with FR's Primary Care Provider (PCP) revealed FR had a mental condition and behaviors that were consistent to the bodily findings. AFH staff stated the resident

was verbally combative and refused help with activities of daily living such as bathing, grooming etc. Records reviewed validated the staff statements.
2. Interviews with the Collateral Contact (CC1) revealed they had concerns that FR died from [redacted]. CC1 stated they were told by the AFH that FR frequently refused their medication but not documented in the medication log or reported to FR's PCP. Interviews with AFH staff revealed FR frequently refused taking their medication and stated emergency personnel were not immediately called when FR was found unresponsive. Interview with the provider revealed they did not know why documentation did not show FR received or refused their medication 2 days prior to their death.
Deficiencies were found and cited at WAC 388-76-10475, Medication log.
3. Records reviewed showed alleged AFH staff was charged with resident assault but was never convicted. Background checks reviewed did not show any convictions.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Des Moines Home Care LLC **Provider Type:** Adult Family Home

License/Cert.#: 755595
Intake ID: 102482
Compliance Determination #: 28281
Region/Unit #: RCS Region 2 / Unit G
Investigator: Zwelithini Mabhena
Investigation Date(s): 08/17/2023 through 10/12/2023
Complainant Contact Date(s):

Allegation(s):
The Adult Family Home (AFH) did not call Emergency Medical Services (EMS) when the Named Resident was found unresponsive.

Investigation Methods:

Sample:	Total residents: 2 Resident sample size: 1 Closed records sample size: 1
Observations:	General Adult Family Home (AFH) environment. Staff/resident interactions Resident/resident interactions
Interviews:	NR Collateral Contacts (CC) NR AFH Staff
Record Reviews:	NR Negotiated Care Plan (NCP) NR Assessment Progress notes Incident log Staff Background checks Abuse Neglect policy Police reports Advance Directive

Investigation Summary:
General observations of the AFH environment did not reveal any immediate concerns.Interview with the AFH staff revealed upon finding NR unresponsive they did not immediately call EMS but notified and waited for the Resident Manager (RM) who was at another building to show up. When the RM showed up 10 minutes later, the AFH staff member and RM proceeded to place NR onto the bed. At that time NR's CC also showed up, learned what had happened and who then called EMS. It was unclear when NR's CC showed up but EMS records obtained showed EMS showed up at the home 1 hour and 52 minutes after NR was found unresponsive.
The AFH was cited at WAC 388-76-10250, Medical emergencies- Contacting

emergency medical services.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 an unannounced on-site complaint investigation on 08/17/2023, 08/17/2023 and 08/17/2023 of:

Des Moines Home Care LLC
22864 27th Ave S
Des Moines, WA 98198

This document references the following complaint number(s): 94129, 102482

The following sample was selected for review during the unannounced on-site visit: 1 of 2 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Zwelithini Mabhena, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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

10/19/2023
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)

10/23/2023
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(b) If the medication was refused and the reason for the refusal; and

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to update the Medication Administration Record (MAR) to show 1 of 1 Former Resident (FR) received or refused their prescribed medication. This failure placed FR at risk of unmet needs and medication errors.

Findings included...

In an interview on 9/19/2023 at 3:56 PM, Staff D, Caregiver stated on [redacted]/2023 at around 11:00 AM, they went into FR's room to check on them and found FR sitting at the edge of the bed, leaning on a walker unresponsive. Staff D stated they called Staff C, Resident Manager who then assisted Staff D in repositioning FR on to the bed. Emergency personnel were called in who pronounced FR deceased.

Review of FR's Negotiated Care Plan (NCP) dated 01/03/2023, showed that FR had extensive cardiac history. The NCP also stated FR required extensive assistance for medication administration.

Statement of Deficiencies	License #: 755505	Compliance Determination # 28281
Plan of Correction	Des Moines Home Care LLC	Completion Date
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Review of FR's Medication Administration Record (MAR) for the month of August 2023, showed AFH had not signed MAR to show that FR received or refused their prescribed cardiac medications on [redacted]/2023 and [redacted]/2023, two days prior to their death.

In an interview on 10/12/2023 at 10:00 AM, stated Staff A, Entity Representative stated Staff D who administered medications to FR forgot to document in the MAR that FR got their cardiac medication. Staff A stated they understood regulatory requirement for documenting given or refused prescribed resident medications.

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, Des Moines Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 10\23\2023.

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

Provider (or Representative) — Date: 10\23\2023

WAC 388-76-10250 Medical emergencies Contacting emergency medical services Required.

(1) The adult family home must develop and implement policies and procedures which require immediate contact of the local emergency medical services when a resident has a medical emergency. This requirement applies:

(a) Unless the caregiver, present at the time of the emergency, is a licensed physician or registered nurse acting within his or her scope of practice;

(b) Whether or not:

(i) Any order exists directing medical care for the resident;

(ii) The resident has provided an advance directive for medical care; or

(iii) The resident has expressed any wishes involving medical care.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home failed to contact Emergency Medical Services (EMS), when 1 of 1 Former Resident (FR) was found unresponsive in the home. This delayed emergency response and the process of determining and pronouncing

Statement of Deficiencies	License #: 755595	Compliance Determination # 28281
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FR clinically dead.

Findings included...

Review of FR's Negotiated Care Plan dated 01/03/2023, showed that FR had an extensive cardiac history.

In an interview on 09/19/2023 at 3:56 PM, Staff D, Caregiver stated that around 11:00 AM on [redacted]/2023, FR was found sitting at the edge of their bed with arms folded leaning on a walker with head leaning on their arms. Staff D stated they called out FR's name with no response and saw that something was wrong. Staff D stated they then called Staff C, Resident Manager who was 10 minutes away at another building. When Staff C showed up, Staff C instructed Staff D to help them get FR on to the bed. Staff D suggested to have EMS called but was instructed to continue to help get FR onto the bed. Staff D stated once they got the FR on the bed the resident's collateral contact also showed up and realized what had just happened. Staff D stated the collateral contact then called EMS who showed up and pronounced Resident deceased.

Review of the EMS report dated [redacted]/2023 showed EMS arrived at the AFH at 12:52 PM on [redacted]/2023 (1 hour and 52 minutes after Staff D found FR unresponsive).

In an interview on 10/12/2023 at 10:00 AM, Staff A, Entity Representative stated that they were unaware that EMS was not immediately called.

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, Des Moines Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 10|23|2023 .

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

Provider (or Representative) — Date: 10|23|2023