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

Westgate Adult Family Home LLC

Westgate Adult Family Home LLC
23926 Firdale Ave
Edmonds, WA 98020

RE: Westgate Adult Family Home LLC License # 756121

Dear Provider:

This letter addresses Compliance Determination(s) 36586 (Completion Date 02/14/2024) and 34302 (Completion Date 12/28/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/14/2024 and found that you have corrected the violations listed in the Full report dated 12/28/2023. Your home is back in compliance as of 01/22/2024 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 388-76-10255-1, WAC 388-76-10255-2, WAC 388-76-10430-1, WAC 388-76-10430-3, WAC 388-76-10265-1-a, WAC 388-76-10265-2, WAC 388-76-10485-1, WAC 388-76-10475-2-d, WAC 388-76-10475-1, WAC 388-76-10895-2-a, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-112A-0720-1-c, WAC 388-112A-0720-1-c-i, WAC 388-112A-0720-1-c-ii, WAC 388-112A-0720-1-d

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I

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 #: 756121	Compliance Determination # 34302
Plan of Correction	Westgate Adult Family Home LLC	Completion Date
Page 1 of 10	Licensee: Westgate Adult Family Home LLC	12/28/2023

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 12/21/2023 and 12/21/2023 of:
Westgate Adult Family Home LLC
23926 Firdale Ave
Edmonds, WA 98020

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

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

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

01/04/2024
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)

11Jan2024
~~04Jan24~~
Date

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

(1) Uses nationally recognized infection control standards;

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH), failed to develop and implement standard infection control (IPC) practices as recommended by the local Department of Health (DOH) for Long Term Care. This failure placed 1 of 1 resident (Resident 1) at risk for exposure to infection diseases.

Finding included...

Observation, on 12/21/2023 at 9:40 AM, showed Household Member 1 (HM1) arrived to the AFH with Staff A, Entity Representative. Staff A stated that HM1 had a fever and they (Staff A) went to buy a medication.

Observation on 12/21/2023 at 9:45 AM, showed HM1 without a mask as they made their way from the bedroom to the kitchen, living room, and dining room.

Further observation showed on 12/21/2023 at 9:50 AM, showed Staff A and B did not notify Resident 1 and they did not follow standard precautions guidelines to wear masks, isolating the resident if needed, cleaning and disinfecting care equipment and environment.

In an interview on 12/21/2023 at 9:50 AM, Staff A stated that HM1 was sick, and they did not check for infectious diseases. Staff A stated that they do not have home kit testing and they planned to take HM1 to see a doctor later.

Record review showed the AFH did not have policies or procedures for: visitation, screening, new admissions, isolation, and transfer of residents. There was no Risk Assessment in place for Resident 1.

On 12/22/2023 at 12:35 PM, Staff A emailed a medical record to the department that HM1 tested positive for Influenza A (Influenza A virus cause seasonal epidemics of disease in people and Type A influenza is a contagious viral infection that can cause life-threatening complications if left untreated).

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, Westgate Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 22Jan2024.

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

Provider (or Representative) _____ Date 11Jan2024

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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Residents 1 and Former Resident 2) had all prescribed medications available on site. This failure placed Residents 1 at risk for not getting all their medications prescribed for them and medications errors.

Finding included...

Review of Resident 1's December 2023 ML showed a medication entry that read, "Melatonin 10 mg CR: Take one tablet at bedtime (Family Supply)." This medication entry on the ML matched the doctor's order, dated 09/27/2023.

Observation of Resident 1's medications on 12/21/2023 at 12:30 PM, showed there was no supply of Melatonin in the home.

In an interview, on 12/21/2023 at 12:30 PM, Staff A, Entity Representative, stated that Resident 1 had run out of the Melatonin. Staff A stated that that they would buy Resident 1's Melatonin today.

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, Westgate Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 22 Jan 2024

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

Provider (or Representative) — 11 Jan 2024 (Date)

WAC 388-76-10265 Tuberculosis Testing Required.

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

(a) Provider;

(2) For the purposes of the tuberculosis sections "person" means the people listed in this section as required to have tuberculosis testing.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staffs (Staff A) had a Tuberculosis (TB) skin tests within three days of hire. This failure placed 2 of 2 residents (Resident 1 and former Resident 2) residents at risk for potential exposure to a communicable disease.

Findings included...

During a visit, on 12/21/2023 at 9:08 AM, observation showed Resident 1 lived in and received care from the AFH.

Observation, on 12/21/2023 at 9:35 AM, showed Staff A, Entity Representative, worked in the AFH.

Review of the AFH personnel records showed the AFH licensed date of 02/16/2023. There

were no TB test records found in Staff A's personnel records.

In an interview, on 09/26/2023 at 3:15 PM, Staff A stated that they were not aware that they had to have TB tests. Staff A stated that they are going to complete TB skin testing.

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, Westgate Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 22 Jan 2024

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

Provider (or Representative) — Date: 11 Jan 2024

✓ **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 the medication storage was locked and inaccessible to 1 of 1 resident (Resident 1). This failure placed Resident 1 at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

During a visit on 12/21/2023 at 9:08 AM, observation showed Resident 1 lived in and received care from the AFH. Further observation showed Staff A, Entity Representative, Staff B, Caregiver/spouse, and Household Member 1 (child) lived at the AFH.

On 12/21/2023 at 9:45 AM, observation showed an unlocked medication cabinet. There were eight unlabeled round small yellow tablets, and three round medium brown tablets in a medication cup kept on the top of medication storage cabinet. Further observation at 9:50 AM showed a container of Vitamin A and D Ointment (used for diaper rash) kept unlocked on the top of the medication storage cabinet.

In an interview, on 12/21/2023 at 9:55 AM, Staff A stated that unlocked medications were for Former Resident 1. Staff A stated that they left the medications on the top of the cabinet to remember to return to the pharmacy.

On 12/21/2023 at 9:00 AM, observation showed Staff A moved the unlabeled tablets and Vitamin A and D Ointment to the locked storage cabinet and labeled the medications "Return to pharmacy."

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, Westgate Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 22 Jan 2024

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

Provider (or Representative) — 11 Jan 2024 — Date

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

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(d) Frequency which the medications are taken; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement a medication system that ensured medications were given and the medication log (ML) were signed prior to give medications to 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for declined condition from medication error and unmet medication needs.

Finding included...

Record review of Resident 2's record on 12/21/2023 showed the AFH admitted Resident 1 on [redacted]/2023 with multiple medical diagnosis.

Record review of Resident 1's Assessment dated 03/07/2023 showed nurse delegation to delegate medication management. Record review of Resident 1's Negotiated Care Plan (NCP), dated 09/10/2023, showed Resident 1 needed assistant with medications.

Observation on 12/21/2023 at 12:30 PM, showed there were no staff initials and documentation to indicate Resident 1 was given medications since 12/15/2023. Review of Resident 1's ML showed last initialed entered by Staff A, Entity Representative on 12/15/2023.

In an interview, on 12/21/2023 at 12:40 PM, Staff A stated that they gave Resident 1's medications and they forgot to initial ML in last few days. Staff A stated that Resident 1 was insulin dependent, and they always checked Resident 1's blood sugar and gave them insulin.

In an interview, on 12/21/2023 at 2:10 PM, Resident 1 stated that they received their medications this morning. Resident 1 stated that they can't recall if they missed taking any 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, Westgate Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 22 Jan 2024

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

Provider (or Representative) — 11 Jan 2024 — Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have emergency evacuation drills at least every two months. This failure placed 1 of 1 current resident (Residents 1) and 1 of 1 Former Resident (Resident 1) at risk of harm from delayed evacuation in the event of an emergency.

Findings included...

Observation, on 12/21/2023 at 9:08 AM, showed Resident 1 in the home with Staff B, Caregiver. Resident 1 was in their wheelchair in the dining room.

In an interview, on 12/21/2023 at 2:30 PM, Staff A, Entity Representative, stated that staff assisted Resident 1 with evacuation from the home. Staff A stated that Resident 2 had lived at the AFH from [redacted]/2023 to [redacted]2023. Staff A stated that Resident 1 and Resident 2 needed wheelchairs, with staff assistance, for evacuation from the AFH.

Review of Resident 1's records showed the AFH admitted them on [redacted]/2023.

Review of the AFH's records showed emergency evacuation drills were last done on 07/10/2023. Review AFH's records showed no emergency evacuation drills were done in September and November of 2023.

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, Westgate Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 22 Jan 2024

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

Provider (or Representative) — 11 Jan 2024 (Date)

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and

first-aid card or certificate as follows:

(i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

(d) The form of the first-aid or CPR card or certificate may be electronic or printed.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staffs (Staff B) obtained cardiopulmonary resuscitation (CPR)/ first aid training. This failure placed all Residents (Residents 1) at risk of harm in the event of an emergency from having a caregiver who was not fully qualified.

Findings included...

Observation and interview, on 12/21/2023 at 9:08 AM, showed Staff B, Caregiver, was working by themselves in the AFH and caring for Resident 1. Staff B stated that they worked with Staff A, Entity Representative. Staff B stated that Staff A had just left the AFH, and they would return soon.

Observation on 12/21/2023 at 9:25 AM, showed Staff A arrive at the AFH with a Household Member 1 (child).

Record review showed the AFH hired Staff B on 07/15/2023. Review of Staff B's records showed Staff B did not have a cardiopulmonary resuscitation/ first aid training certification card to show Staff B was fully qualified to work alone in the AFH.

In an interview, on 11/03/2023 at 3:05 PM, Staff A acknowledged that Staff B was not supposed to be working by themselves in the home. Staff A stated that they would make sure a qualified staff was onsite all the time.

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, Westgate Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 22 jan 2024

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

Provider (or Representative)

11/9/2024
Date

RECEIVED

JAN 23 2024

DSHS/ALTSA/RCS

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

01/04/2024

Westgate Adult Family Home LLC
Westgate Adult Family Home LLC
23926 Firdale Ave
Edmonds, WA 98020

RE: Westgate Adult Family Home LLC # 756121

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/28/2023 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

certified or priority mail

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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

The Adult family Home (AFH) failed to obtain Resident 1 and Former Resident 2 signatures on their Personal Belonging Inventory. Staff A, Entity Representative, stated that they would obtain Resident 1 signature, and contact Resident 2's representative to obtain signature.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
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