STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Belinda's Adult Family Home, LLC
Belinda's Adult Family Home
10223 Hipkins Rd SW
Lakewood, WA 98498

RE: Belinda's Adult Family Home License # 756133

Dear Provider:

This letter addresses Compliance Determination(s) 53535 (Completion Date 02/06/2025) and 51676 (Completion Date 12/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/06/2025 and found that you have corrected the violations listed in the Follow up report dated 12/18/2024. Your home is back in compliance as of 01/02/2025 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, WAC 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 756133	Compliance Determination # 51676
Plan of Correction	Belinda's Adult Family Home	Completion Date
Page 1 of 4	Licensee: Belinda's Adult Family Home, LLC	12/18/2024

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 an unannounced on-site follow-up on 12/11/2024 and 12/11/2024 of:
Belinda's Adult Family Home
10223 Hipkins Rd SW
Lakewood, WA 98498

This document references the following SOD dated: 12/18/2024

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Clinton Fridley
Residential Care Services

12/23/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 follow-up on 12/11/2024 and 12/11/2024 of:

Belinda's Adult Family Home
10223 Hipkins Rd SW
Lakewood, WA 98498

This document references the following SOD dated: 12/18/2024

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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 ;

(d) Receives medications as required.

(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 record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 5 of 6 residents (Resident 2, 3, 4, 5 and 6). This failure placed all residents at risk for not receiving medications as ordered.

Findings included...

Resident 2
Record review on 12/11/2024 at 11:38 AM, of Resident 2's (R2) Medication Administration Record (MAR), dated December 2024, showed Miconazole (for fungal infection) prescribed as a once per day dose.

On 12/11/2024, at 11:45 AM, an observation of R2's medication supply, showed that the Miconazole was missing from R2's medication supply. A medication that was not listed on the MAR, Lidocaine Patches (used for pain management), was present in the medication supply.

During an interview on 12/11/2024 at 11:49 A.M., the Resident Manager (RM) was unsure why Miconazole was missing. RM confirmed the Lidocaine Patch was started on 10/03/2024 and was unsure why it had not been added to the MAR.

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 ;

(d) Receives medications as required.

(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 record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 5 of 6 residents (Resident 2, 3, 4, 5 and 6). This failure placed all residents at risk for not receiving medications as ordered.

Findings included...

Resident 2
Record review on 12/11/2024 at 11:38 AM, of Resident 2's (R2) Medication Administration Record (MAR), dated December 2024, showed Miconazole (for fungal infection) prescribed as a once per day dose.

On 12/11/2024, at 11:45 AM, an observation of R2's medication supply, showed that the Miconazole was missing from R2's medication supply. A medication that was not listed on the MAR, Lidocaine Patches (used for pain management), was present in the medication supply.

During an interview on 12/11/2024 at 11:49 A.M., the Resident Manager (RM) was unsure why Miconazole was missing. RM confirmed the Lidocaine Patch was started on 10/03/2024 and was unsure why it had not been added to the MAR.

Resident 5
Record review of Resident 5's (R5) MAR, dated December 2024, showed Clonidine (for high blood pressure) prescribed as a daily dose. Hydrocortisone (for skin condition), Mupirocin (for skin infections), Nitroglycerin (for chest pain), Trazodone (for depression), Trazadone Hydrochloride (for depression) and Vitamin A& D ointment (for itching) were prescribed as needed (PRN).

On 12/11/2024, at 12:05 PM, an observation of R5's medication supply showed that Clonidine, Hydrocortisone, Mupirocin, Nitroglycerin, Trazodone, Trazadone Hydrochloride, and Vitamin A& D ointment were missing from R5's medication supply.

During an interview on 12/11/2024 at 12:15 P.M. the RM stated these medications were supposed to be discontinued and was unsure why they were on the MAR.

Resident 4
Record review of Resident 4's (R4) MAR, dated December 2024, showed Ondansetron (for nausea) was prescribed as needed (PRN).

On 12/11/2024, at 12:15 PM, an observation on of R4's medication supply showed Ondansetron was missing from R4's medication supply.

During an interview on 12/11/2024 at 12:37 PM, the RM reported not having Ondansetron in R4's medication supply.

Resident 6
Record review of Resident 6's (R6) MAR dated December 2024, showed Turmeric Oral (for oral health) prescribed as a daily dose. Record review of the MAR showed Turmeric Oral marked as administered daily from December 1, 2024, to December 11, 2024.

On 12/11/2024, at 12:20 PM, An observation of R6's medication supply showed that Turmeric Oral was missing from the medication supply.

During an interview on 12/11/2024 at 12:57 PM, the RM stated that R6's daughter is supposed to supply this medication for R6. RM confirmed R6 has not had Turmeric Oral in the month of December.

Resident 3
Record review of Resident 3's (R3) MAR, dated December 2024, showed Acetaminophen (for pain) prescribed as a daily dose and as needed (PRN).

On 12/11/2024, at 12:25 PM, An observation of R3's medication supply showed Acetaminophen was missing from R3's medication supply.

Statement of Deficiencies	License #: 756133	Compliance Determination # 51676
Plan of Correction	Belinda's Adult Family Home	Completion Date
Page 4 of 4	Licensee: Belinda's Adult Family Home, LLC	12/18/2024

During an interview on 12/11/2024 at 1:15 PM, the RM confirmed not having Acetaminophen in the home for R3.

This is an uncorrected deficiency previously cited on 10/14/2024.

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, Belinda's Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 01/02/2024

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

Belinda Rodriguez
Provider (or Representative)

12/29/2024
Date

During an interview on 12/11/2024 at 1:15 PM, the RM confirmed not having Acetaminophen in the home for R3.

This is an uncorrected deficiency previously cited on 10/14/2024.

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, Belinda's Adult Family Home 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
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 10/14/2024 and 10/14/2024 of:
Belinda's Adult Family Home
10223 Hipkins Rd SW
Lakewood, WA 98498

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

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Clinton Fridley
Residential Care Services

10/28/2024
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.

Belinda Rodriguez
Provider (or Representative)

11/12/2024
Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure that each resident's negotiated care plan is reviewed and revised every 12 months for 5 of 6 residents (Resident 1, 2, 3, 4, and 5). This failure placed all residents at risk of receiving improper or incomplete care due to not having an up-to-date negotiated care plan.

Findings included...

Record review on 10/14/2024 at 12:50 P.M., showed the Negotiated Care Plan (NCP) for Resident 1 (R1) was dated 07/20/2023.

Record review on 10/14/2024 at 1:05 P.M., showed the Negotiated Care Plan (NCP) for Resident 2 (R2) was dated 07/26/2023.

Record review on 10/14/2024 at 1:15 P.M., showed the Negotiated Care Plan (NCP) for Resident 3 (R3) was dated 10/02/2023.

Record review on 10/14/2024 at 1:25 P.M., showed the Negotiated Care Plan (NCP) for Resident 4 (R4) was dated on 06/01/2023.

Record review on 10/14/2024 at 1:32 P.M., showed the Negotiated Care Plan (NCP) for Resident 5 (R5) was dated 06/07/2023.

During an interview on 10/14/2024 at 1:38P.M., the Resident Manager (RM) acknowledged the NCPs for the residents were not current.

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, Belinda's Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 11/30/24

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

Belinda Gabriggo — Provider (or Representative)

11/12/2024 — 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.

(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 ;

(d) Receives medications as required.

(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 record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 5 of 6 residents (Resident 2, 3, 4, 5 and 6). This failure placed all residents at risk for not receiving medications as ordered.

Findings included...

<Resident 2>

Record review on 10/14/2024 at 1:40 P.M., of Resident 2's (R2) Medication Administration Record (MAR), dated October 2024, did not show Lidocaine Patch (for pain) as prescribed as a daily dose or as needed (PRN).

An observation of R2's medication supply, on 10/14/2024, showed that the Lidocaine Patch was included in R2's medication supply.

During an interview on 10/14/2024 at 1:50 P.M., the Resident Manager (RM) reported the medication was started on 10/03/2024 and was not added to the MAR.

<Resident 6>

Record review on 10/14/2024 at 1:51 P.M., of Resident 6's (R6) MAR, dated October 2024, showed Acetaminophen (for pain), Turmeric (for supplement), Vitamin C (for supplement) and Multivitamin (for supplement) prescribed as a daily dose.

An observation of R6's medication supply on 10/14/2024, showed that Acetaminophen, Turmeric, Vitamin C, and Multivitamin were missing from the medication supply.

During an interview on 10/14/2024 at 1:59 P.M., the RM stated that R6's daughter supplies these medications, and the last dose of these supplements were taken this morning. The RM said the daughter was notified this morning of the medications that needed to be refilled.

<Resident 3>

Record review on 10/14/2024 at 1:59 P.M., of Resident 3's (R3) MAR, dated October 2024, showed Ketoconazole (for rash), was prescribed as a daily dose. The MAR did not show Fexofenadine (for allergies), prescribed as a daily dose or as needed (PRN).

An observation of R3's medication supply, on 10/14/2024, showed Ketoconazole was missing from R3's medication supply and Fexofenadine was included in R3's medication supply.

During an interview on 10/14/2024 at 2:10 P.M., the RM stated Fexofenadine needed to be added to the MAR and it was prescribed on 10/11/2024 as a daily dose. The RM said there was no Ketoconazole in the home.

<Resident 5>

Record review on 10/14/2024 at 2:20 P.M., of Resident 5's (R5) MAR, dated October 2024, showed Trazodone (for depression), Preparation H (for skin condition) and Zinc (for rash) were prescribed as a daily dose. Acetaminophen (for pain), Clonidine (for high blood pressure), Hydrocortisone (for skin condition), Nitroglycerin (for chest pain), and Trazodone (for depression) were prescribed as needed (PRN).

An observation of R5's medication supply on 10/14/2024, showed that Trazodone, Preparation H, Zinc, Acetaminophen, Clonidine, Hydrocortisone, and Nitroglycerin were missing from R5's medication supply. Diclofenac Sodium (for pain) and Ketoconazole (for rash) were in R5's medication supply and not on October 2024's MAR.

During an interview on 10/14/2024 at 2:45 P.M. the RM stated R5's Trazodone was supposed to only be as a PRN and not a daily dose. RM acknowledged not having R5's Preparation H, Zinc, Acetaminophen, Clonidine, Hydrocortisone, and Nitroglycerin and stated these medications were ordered this morning. RM reported R5's Diclofenac Sodium and Ketoconazole were medications that were added to R5's as daily prescribed dosages on 10/02/2024.

<Resident 4>

Record review on10/14/2024 at 2:55 P.M., of Resident 4's (R4) MAR, dated October 2024, showed Ondansetron (for nausea) and Docusate Sodium (for constipation) was prescribed as needed (PRN).

An observation on of R4's medication supply, on 10/14/2024, showed Ondansetron and Docusate Sodium was missing from R4's medication supply.

During an interview on 10/14/2024 at 3:05 P.M., the RM was unsure why these medications were missing from R4's medication supply.

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, Belinda's Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 12/9/24

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

Belinda Rodriguez — Provider (or Representative)

11/12/2024 — 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:

(3) Tuberculosis testing results.

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

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure staff had a current Washington State name and date of birth background check report on file for 2 of 3 caregivers (Provider, and Resident Manager [RM]), a final Fingerprint report for 3 of 3 caregivers (Provider, RM and Staff A) and current Tuberculosis testing results for 1 of 3 caregivers (Staff A). These failures placed all residents at risk of harm by receiving care and services from individuals whose criminal history and tuberculosis status is unknown.

Findings included...

During an administrative/staff record review on 10/14/2024 at 3:20 P.M., Provider and RM's records contained no evidence of a current Washington state name and date of birth background check report. The Provider, RM and Staff A records did not contain final Fingerprint reports. Staff A's record did not contain current Tuberculosis testing results.

During an interview on 10/14/2024 at 3:59 P.M., the RM was unable to locate a current Washington state name and date of birth background check report, a final Fingerprint reports and Tuberculosis results for the Provider, RM and Staff A. No date of hire was provided for RM and Staff A.

The Provider was given until 10/16/2024, to email or fax these records to the department. As of 10/23/2024, these records were not received from the RM.

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, Belinda's Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 12/9/24

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

Belinda Rodrigues 11/12/24

Provider (or Representative) Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure that each resident's negotiated care plan is created and reviewed within thirty days of admission for 1 of 6 residents (Resident 6). This failure placed Resident 6 at risk of receiving improper or incomplete care due to not having an up-to-date negotiated care plan.

Findings included...

Record review on 10/14/2024 at 1:37 P.M., showed the Negotiated Care Plan (NCP) for Resident (R6) was missing. R6 was admitted into the AFH on [redacted]2024.

During an interview on 10/14/2024 at 1:38P.M., the Resident Manager (RM) acknowledged the NCPs for R6 was not complete with signatures.

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, Belinda's Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 12/9/24

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

Belinda Rodriguez 11/12/24

Provider (or Representative) Date