STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

NORAH'S CARE LLC
Peace of Mind Of Richland Wa
9612 West Court St
Pasco, WA 99301

RE: Peace of Mind Of Richland Wa License # 757567

Dear Provider:

This letter addresses Compliance Determination(s) 50963 (Completion Date 12/03/2024) and 48740 (Completion Date 10/21/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/03/2024 and found that you have corrected the violations listed in the Full report dated 10/21/2024. Your home is back in compliance as of 10/30/2024 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 388-76-10475-3-c-i, WAC 388-76-10475-3-c, WAC 388-76-10475-3-c-ii, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-3-c-iv

The Department staff who did the on-site verification:
Carrie Wohlwend, AFH/ALF Licensor
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit C
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 757567	Compliance Determination # 48740
Plan of Correction	Peace of Mind Of Richland Wa	Completion Date
Page 1 of 3	Licensee: NORAH'S CARE LLC	10/21/2024

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 10/14/2024 and 10/15/2024 of:

Peace of Mind Of Richland Wa
631 Riverstone Dr
Richland, WA 99352

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:

Jo Whitney, AFH Licensor
Carrie Wohlwend, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Selena Clemons — 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.

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Statement of Deficiencies	License #: 757567	Compliance Determination # 48740
Plan of Correction	Peace of Mind Of Richland Wa	Completion Date
Page 2 of 3	Licensee: NORAH'S CARE LLC	10/21/2024

N Kosgei 10/28/2024
Provider (or Representative) Date

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

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

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 log was updated after an order change, obtained written direction for discontinuation of an order and failed to contact the prescriber to clarify/verify orders when needed for 1 of 2 residents (Resident 1). This failed practice placed the resident at risk of medication error.

Findings included...

Resident 1's assessment dated 04/18/2024 showed they needed assistance with medications. On 10/14/2024 at 4:30 PM, their medication log, medication supply and prescriber orders were reconciled.

The October 2024 medication log showed:
-Aripiprazole (treat mental/mood disorders) 5 milligrams (mg) give twice daily as needed for agitation ordered 09/26/2023. The AFH did not have a supply of the medication.
-Tramadol (treatment of moderate to severe pain) 50 mg give every 6 hours as needed for pain. The AFH did not have a supply of the medication originally ordered 01/02/2020.

On 10/14/2024 at 4:30 PM, Staff B, Caregiver, stated the supply of aripiprazole had expired. They stated Hospice gave them a "verbal" to discontinue the aripiprazole and they would send a fax (written order). Staff B was unable to find the written direction to discontinue the medication. They had destroyed the expired medication per house policy.

This document was prepared by Residential Care Services for the Locator website.

Provider (or Representative) Date

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

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

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Findings included...

Resident 1's assessment dated 04/18/2024 showed they needed assistance with medications. On 10/14/2024 at 4:30 PM, their medication log, medication supply and prescriber orders were reconciled.

The October 2024 medication log showed:
-Aripiprazole (treat mental/mood disorders) 5 milligrams (mg) give twice daily as needed for agitation ordered 09/26/2023. The AFH did not have a supply of the medication.
-Tramadol (treatment of moderate to severe pain) 50 mg give every 6 hours as needed for pain. The AFH did not have a supply of the medication originally ordered 01/02/2020.

On 10/14/2024 at 4:30 PM, Staff B, Caregiver, stated the supply of aripiprazole had expired. They stated Hospice gave them a "verbal" to discontinue the aripiprazole and they would send a fax (written order). Staff B was unable to find the written direction to discontinue the medication. They had destroyed the expired medication per house policy.

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Statement of Deficiencies	License #: 757587	Compliance Determination # 48740
Plan of Correction	Peace of Mind Of Richland Wa	Completion Date
Page 3 of 3	Licensee: NORAH'S CARE LLC	10/21/2024

On 10/14/2024 at 4:45 PM, Resident 1's record review included a Hospice plan of care dated 08/08/2024 showing the tramadol was discontinued.

On 10/16/2024, Staff A, Provider, sent Hospice orders received 08/02/2024 showing the Tramadol was discontinued. At 3:30 PM, Staff A stated it was "a mistake" not to discontinue the Tramadol from the log.

On 10/17/2024 at 3:00 PM, Staff A sent AFH chart notes showing Hospice was contacted to refill the aripiprazole and the medication was discontinued on 09/01/2024. Neither Staff A nor B contacted a prescriber to obtain the written order to discontinue the aripiprazole.

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, Peace of Mind Of Richland Wa is or will be in compliance with this law and / or regulation on (Date) 10/30/2024.

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

[signature] 10/30/2024

Provider (or Representative) Date

This document was prepared by Residential Care Services for the Locator website.

On 10/14/2024 at 4:45 PM, Resident 1's record review included a Hospice plan of care dated 08/08/2024 showing the tramadol was discontinued.

On 10/16/2024, Staff A, Provider, sent Hospice orders received 08/02/2024 showing the Tramadol was discontinued. At 3:30 PM, Staff A stated it was "a mistake" not to discontinue the Tramadol from the log.

On 10/17/2024 at 3:00 PM, Staff A sent AFH chart notes showing Hospice was contacted to refill the aripiprazole and the medication was discontinued on 09/01/2024. Neither Staff A nor B contacted a prescriber to obtain the written order to discontinue the aripiprazole.

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, Peace of Mind Of Richland Wa 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 _____

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

NORAH'S CARE LLC
Peace of Mind Of Richland Wa
9612 West Court St
Pasco, WA 99301

RE: Peace of Mind Of Richland Wa # 757567

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/21/2024 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:

Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

This document was prepared by Residential Care Services for the Locator website.

Union Gap, WA 98903

• 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

The Adult Family Home did not have a written Respiratory Protection Program on 10/14/2024. There was no negative outcome to the residents.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home licensed 09/09/2024, did not have a written succession plan on 10/14/2024. There was no negative outcome to the residents.

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.

On 10/14/2024, Resident 5's Admission Agreement (notice of rights and services) was unsigned by the resident or representative since admit [redacted]/2024. Resident 1's Admission Agreement dated 02/22/2022 was not reviewed/updated by the resident or representative within 24 months (02/22/2024). There was no negative outcome to the residents.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

This document was prepared by Residential Care Services for the Locator website.

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

On 10/14/2024, a signed and dated copy of the Adult Family Home's Disclosure of Charges was not signed/dated by Resident 1 or Resident 5 or their representatives. There was no negative outcome to the residents.

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

(2) Ensure that there is existing outdoor space that is safe and usable for residents;

The elevated concrete patio located outside Bedroom B lacked safety railing/barrier. There was no negative outcome to the residents.

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 (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit C
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:

This document was prepared by Residential Care Services for the Locator website.

• 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:
Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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

This document was prepared by Residential Care Services for the Locator website.

Peace of Mind of Richland Wa
9612 West Court St
Pasco, Wa 99301
Home Phone:509-820-2600
Fax: 509-416-2566

Residential Care Services
Region 1, Unit C
1200 Alder Street

Dear Field Manager, 10/30/2024

Re: Correction of WAC Deficiencies to ensure compliance

1.) **WAC 388-76-10475 Medication Log:**
PRN orders were received for chart compliance and updated in RMS system. The Adult family home has taken necessary steps to ensure that all orders with changes are immediately addressed the same day. Evidence of this change will be documented in the chart notes pertaining to the resident. All orders will be marked with verification of all steps being followed.

Thank you,
Norah Kosgei

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