



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

12/10/2024

AHAT Homecare
THREE CEDARS
301 N L ST
TACOMA, WA 98403

RE: THREE CEDARS # 143400

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 51469 (Completion Date 12/10/2024) and 47645 (Completion Date 09/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/10/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10220 Incident log. The adult family home must keep a log of:

- (1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;
- (2) Accidents or incidents affecting a resident's welfare; and
- (3) Any injury to a resident.

The Department staff who did the On Site verification:

Lisa Charette, NCI AFH Complaint Investigator

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager

Region 3, Unit A
Residential Care Services



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Statement of Deficiencies	License #: 143400	Compliance Determination # 47645
Plan of Correction	THREE CEDARS	Completion Date
Page 1 of 3	Licensee: AHAT Homecare	09/26/2024

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 complaint investigation on 09/26/2024, 09/26/2024 and 09/26/2024 of:

THREE CEDARS
301 N L ST
TACOMA, WA 98403

This document references the following complaint number(s): 144844

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Lisa Charette, NCI AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

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

Provider (or Representative)

Date

WAC 388-76-10220 Incident log. The adult family home must keep a log of:

- (1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;
- (2) Accidents or incidents affecting a resident's welfare; and
- (3) Any injury to a resident.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to maintain a log of incidents for the AFH. This failure placed all six residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6) at risk of having incidents that were not investigated timely.

Findings included...

On 09/26/2024 in a record review, the document titled "AHAT Homecare Affordable House and Treatment Bodily Injury Report", dated 08/21/2024 at 9:45 PM, noted that Resident 5 (R5) had been hit by another resident. There were no other details of the incident included on the report.

On 09/26/2024 in a record review, the AFH did not have an incident log of incidents involving residents in the home.

On 09/26/2024 at 11:44 AM, in an interview, R5 stated they were outside smoking when Resident 4 (R4) approached them,

tried to take their cigarette, and when they didn't give it to R4, R4 "Whopped me up alongside the head with a thermos they had in their hand." R5 stated they were bleeding from a laceration above their eye and had to go to the hospital for stitches.

On 09/26/2024 at 12:10 PM in an interview, the Executive Director, when asked why there was no incident log, reported that they didn't have an incident log, and that they "were not aware that they needed one. I am still learning the ropes of the requirements for AFHs."

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, THREE CEDARS 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