STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

CRINA BAEZ
SYLVAN CREST
7518 HEATHER WAY
EVERETT, WA 98203

RE: SYLVAN CREST # 466302

Dear Provider:

This document references Compliance Determination 25616 (07/20/2023), which included complaint number(s) 85075.

The Department completed a complaint investigation of your Adult Family Home on 07/20/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Jennifer Hardman, NCI

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10673 Abuse and neglect reporting Mandated reporting to department Required.

(1) In accordance with chapter 74.34 RCW, all providers, entity representatives, resident managers, owners, caregivers, staff, and students that provide care and services to residents, are mandated reporters and must immediately report to the department when there is:

(a) A reasonable cause to believe that abandonment, abuse, exploitation, financial exploitation, or neglect of a vulnerable adult has occurred; or

(b) A reason to suspect that sexual assault of a vulnerable adult has occurred.

(2) Reports must be made to:

(a) The centralized toll free telephone number provided by the department; and

(b) The appropriate law enforcement agencies, as required under chapter 74.34 RCW.

The Adult Family
Home (AFH) failed to notify the department hotline of an abuse allegation. The AFH stated that since the visiting nurse
was calling the hotline, they did not feel that they needed to.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the home to determine if you have corrected all deficiencies.

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)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: SYLVAN CREST
Provider Type: Adult Family Home
License/Cert.#: 466302
Compliance Determination #: 25616
Intake ID: 85075
Investigator: Jennifer Hardman
Region/Unit #: RCS Region 2 / Unit B
Investigation Date(s): 06/21/2023 through 07/20/2023
Complainant Contact Date(s):

Allegation(s):
1. The Adult Family Home (AFH) did not ensure that the named resident was free from abuse.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	Exterior Interior Res/Staff Interactions Staff/Staff Interactions Food Service
Interviews:	Residents Staff Others not affiliated with the home
Record Reviews:	Facility Resident Abuse Policy

Investigation Summary:
1. The named resident made a complaint of abuse to the visiting hospice nurse. The visiting hospice nurse told the provider about the complaint and also stated that they would call the hotline. The named resident showed no evidence of injury and stated that they liked living at the AFH. The named resident and sampled residents stated they felt safe and had no concerns regarding staff or their safety. The provider stated that they did not think that they needed to call the hotline since the hospice nurse was placing a call to the hotline. The provider stated that they notified the named resident's guardian. The named resident's guardian stated that they had no concerns regarding the named resident's safety. Consultation issued.

Conclusion / Action:

☐ Failed Provider Practice Identified / Citation(s) Written

☒ Failed Provider Practice Not Identified / No Citation Written

☐ N/A