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

Editha B. Posadas
SOUNDVIEW MANOR AFH
1128 N JACKSON
TACOMA, WA 98406

RE: SOUNDVIEW MANOR AFH License # 497600

Dear Provider:

This letter addresses Compliance Determination(s) 45448 (Completion Date 08/09/2024) and 42427 (Completion Date 06/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/09/2024 and found that you have corrected the violations listed in the Full report dated 06/14/2024. Your home is back in compliance as of 07/05/2024 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 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Emily Vincent, AFH Licensor

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

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

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

Statement of Deficiencies	License #: 497600	Compliance Determination #42427
Plan of Correction	SOUNDVIEW MANOR AFH	Completion Date
Page 1 of 4	Licensee: Editha B. Posadas	06/14/2024

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 06/05/2024 and 06/06/2024 of:
SOUNDVIEW MANOR AFH
1128 N JACKSON
TACOMA, WA 98406

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Emily Vincent, AFH Licensor

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.

Lisa Cramer — Residential Care Services

06/20/2024 — 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.

C Bonoan
Provider (or Representative)

6-28-2024
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 2 caregivers (AFH Provider) had a Washington (WA) state name and date of birth (DOB) background check every two years as required. This failure placed all residents at risk of unsupervised access by a caregiver with a disqualifying criminal background.

Findings included...

Review of the Provider's personnel file showed their WA state name and DOB background check result expired on 01/11/2024. There was no evidence of a background check authorization form or other valid WA state name and DOB background check result in the Provider's personnel file.

On 05/06/2024 at 5:00 PM, in an interview, the AFH Provider said they had a current WA state name and DOB background check result, but it was located at their other AFH. They Provider said they would provide a copy for the department to review.

A valid WA state name and DOB background check result was not made available before the completion of the licensing inspection.

Attestation Statement

got the current background check result + Fixed. sending copy again. with this POC.

Statement of Deficiencies	License #: 497600	Compliance Determination # 42427
Plan of Correction	SOUNDVIEW MANOR AFH	Completion Date
Page 3 of 4	Licensee: Editha B. Posadas	06/14/2024

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, SOUNDVIEW MANOR AFH is or will be in compliance with this law and / or regulation on (Date) July 5, 2024

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

Provider (or Representative) 6-28-2024 Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

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 4 residents (Resident 1) received their medications as prescribed when they assisted Resident 1 in taking a supplement that Resident 1's primary care provider (PCP) had not reviewed and ordered. This failure placed Resident 1 at risk of health complications.

Findings included...

On 06/06/2024 at 1:30 PM, an observation of Resident 1's medication supply showed a bottle of "Alive Women's 50+ nutritional gummies supplement" was less than half full.

A review of Resident 1's June 2024 medication administration record (MAR) showed no order for Alive Women's 50+ nutritional gummies supplement.

On 06/06/2024 at 2:15 PM, in an interview, the AFH Provider said Resident 1 had recently returned to the AFH with the gummies after visiting their family. The Provider told Resident 1's family they would need to get an order from Resident 1's Primary Care Provider (PCP) for Resident 1 to take the gummies and Resident 1's family said they would get one. The Provider said caregivers started giving Resident 1 the gummies, but Resident 1's family had not provided an order from the PCP for the gummies before completion of the investigation.

Attestation Statement

Got the written order from the M.D.(PCP) for her Vit/Women multi vit. it was fax to your office earlier but faxing again copy of it

Statement of Deficiencies	License #: 497600	Compliance Determination # 42427
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Page 4 of 4	Licensee: Editha B. Posadas	06/14/2024

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, SOUNDVIEW MANOR AFH is or will be in compliance with this law and / or regulation on (Date) July 5, 2024

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

Provider (or Representative) — Date: 6-28-2024

Attachments:

① Rx from PCP (M.D.) for [redacted] / multivitamins

② Background check updated result / Provider

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

Editha B. Posadas
SOUNDVIEW MANOR AFH
1128 N JACKSON
TACOMA, WA 98406

RE: SOUNDVIEW MANOR AFH # 497600

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/14/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

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

(1) Uses nationally recognized infection control standards;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

The adult family home (AFH) had sufficient personal protective equipment (PPE) and caregivers had basic knowledge of infection prevention and control practices, but the home did not have a written Respiratory Protection Program (RPP) and AFH caregivers were not fit-tested for N-95 respirators as required by the Occupational Health and Safety Administration (OSHA). The AFH Provider completed a written RPP and ensured caregivers were fit-tested for respirators before the completion of the licensing inspection.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(5) The resident's activities preferences and how the preferences will be met;

The adult family home (AFH) did not include sufficient information in Resident 1's and Resident 3's negotiated care plans (NCP) to adequately address their activities of daily living (ADL) care needs and activities preferences as required. Before completion of the licensing inspection, the AFH Provider added information to Resident 1's and Resident 3's NCPs to address their ADL care needs and activities preferences.

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.

The adult family home (AFH) did not ensure Resident 1's and Resident 3's negotiated care plans (NCP) were completed and agreed to within 30 days of their admission to the AFH as required. Resident 1's representative and Resident 3 both signed their NCPs, but over 30 days after Resident 1's and Resident 3's admission to the AFH.

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

The adult family home (AFH) did not have a copy of their most recent licensing inspection report or investigation reports received since their last inspection readily available for review in the home as required. The AFH Provider made the reports available for review before the completion of the licensing inspection.

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The adult family home (AFH) did not ensure toxic cleaning supplies were inaccessible to AFH residents as required when they stored their cleaning supplies in an unlocked closet. Residents had not attempted to access the closet and the AFH Provider secured the closet once they were made aware.

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

The adult family home (AFH) did not post the the first floor emergency evacuation floor plan in a visible location in a common use area of the home's first floor as required. Before completion of the licensing inspection, the AFH Provider posted the first floor emergency evacuation floor plan in a visible location in a common use area of the first floor.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

WAC 388-112A-0613 When must continuing education be completed when public health emergency waivers are lifted, and what continuing education credit is granted to long-term care workers employed during the pandemic?

(5) The department recognizes that long-term care workers may not have completed training hours in excess of the 12 hours of CE granted in section (4) of this section due to the COVID-19 public health emergency. All long-term care workers shall have until December 31, 2022, or 120 days from the end of the COVID-19 training waivers

established by gubernatorial proclamation, whichever is later, to complete any additional CE that may have become due while training waivers were in place in excess of the 12 hours of CE granted in subsection (4) of this section. If a worker's next birthday allows fewer than 120 days after the waivers are lifted to complete required CE for their current renewal cycle, the worker will have 120 days from the end of training waivers to complete the required CE.

The adult family home (AFH) did not ensure the AFH Provider and Caregiver A completed all continuing education (CE) training required during the pandemic emergency. Public health emergency rules waived CE requirements between 03/01/2020 and 08/31/2023. During the emergency waiver, caregivers received 12 hours of CE training if they were employed between 03/01/2020 and 02/28/2021. During the emergency waiver, caregivers were allowed to complete all other required annual CE training by 08/31/2023. The AFH Provider and Caregiver A had already completed their CE training for 2024, and used those CE hours towards the CE hours due at the end of the emergency waiver instead.

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

The adult family home (AFH) did not remove bed [redacted] from the bed in Resident 4's bedroom when Resident 4 moved into the home because Resident 4 was not planning to use the bed in their bedroom. Resident 4 slept in another bedroom in a bed with no bed [redacted] due to their preference of sharing Resident 2's bedroom at night. Caregivers removed the unused [redacted] from the bed in Resident 4's bedroom in case Resident 4 wanted to sleep in their own bedroom.

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:

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

The adult family home (AFH) did not document the dosage of one of Resident 3's medications on Resident 3's medication administration record (MAR). The AFH did not document a new medication order on Resident 3's MAR. The AFH documented an order for a vitamin that was already on Resident 3's pre-printed MAR. Resident 3 received all of their medications and vitamins as ordered. The AFH Provider added the missing medication dosage, the missing medication order, and corrected the duplicated vitamin order on Resident 3's MAR before completion of the licensing inspection.

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 (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager

Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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 IDR**s 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