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) 24920 (Completion Date 06/13/2023) and 23336 (Completion Date 05/12/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/13/2023 and found that you have corrected the violations listed in the Complaint report dated 05/12/2023. Your home is back in compliance as of 05/31/2023 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 388-76-10225-3, WAC 388-76-10225-3-b

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

Residential Care Services
Investigation Summary Report

Provider/Facility: SOUNDVIEW MANOR AFH **Provider Type:** Adult Family Home
License/Cert.#: 497600
Compliance Determination #: 23336 **Intake ID:** 79944
Investigator: Lisa Charette **Region/Unit #:** RCS Region 3 / Unit A
Investigation Date(s): 05/04/2023 through 05/12/2023
Complainant Contact Date(s):

Allegation(s):
The Adult Family Home (AFH) failed to report a communicable disease to the Department.

Investigation Methods:

Sample:
Total residents: 3
Resident sample size: 1
Closed records sample size: 1

Observations:
Residents
Identified resident
Resident care equipment
Resident rooms
Staff to resident interactions
Kitchen

Interviews:
Identified resident
Identified staff
Nursing staff

Record Reviews:
Medical records
Hospital records
State reporting log
Incident investigation
Facility policies

Investigation Summary:
The AFH had an outbreak of COVID-19 (a highly contagious respiratory illness) and failed to report it to the Complaint Resolution Unit. Facility failed practice was identified.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 05/04/2023 and 05/04/2023 of:

SOUNDVIEW MANOR AFH
1128 N JACKSON
TACOMA, WA 98406

This document references the following complaint number(s): 79944

The following sample was selected for review during the unannounced on-site visit: 1 of 3 current residents and 1 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.

Provider (or Representative) _____ Date _____

WAC 388-76-10225 Reporting requirement.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(b) The department's complaint toll-free hotline number.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to report a communicable disease outbreak (Covid-19, a highly contagious respiratory infection) to the Department. This placed 5 of 5 residents at risk for complications of a respiratory illness.

Findings included...

On 05/04/2023 at 10:22 AM in a an interview with the Resident Manager, they reported there was a COVID -19 outbreak on 03/16/2023, in which three residents and one employee tested [redacted] for the virus. They stated one resident (Former Resident 4) was admitted to the hospital as a result. The Resident Manager stated they thought they called the Hotline to report the outbreak, but showed this investigator the phone number googled, and it was the Department of Health (DOH) Hotline, not the Complaint Resolution Unit (CRU) Hotline. The Resident Manager stated they were unaware that the CRU Hotline was posted on the wall in the AFH.

On 05/04/2023 in a record review of the incident log, the log included an entry for 03/16/2023 for a COVID-19 outbreak.

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, SOUNDVIEW MANOR AFH 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 _____