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) 42000 (Completion Date 06/17/2024) and 39962 (Completion Date 04/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/17/2024 and found that you have corrected the violations listed in the Complaint report dated 04/18/2024. Your home is back in compliance as of 06/01/2024 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 388-76-10360, WAC 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10475-2, WAC 388-76-10475-2-a, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10475-3-a, WAC 388-76-10475-3-b, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c, WAC 388-76-10715-4

The Department staff who did the on-site verification:
Tabitha Tubbs, AFH Complaint Investigator

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 # 39962
Plan of Correction	SOUNDVIEW MANOR AFH	Completion Date
Page 1 of 6	Licensee: Editha B. Posadas	04/18/2024

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 04/18/2024 and 04/19/2024 of:

SOUNDVIEW MANOR AFH
1128 N JACKSON
TACOMA, WA 98406

This document references the following complaint number(s): 127302

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 4 former residents.

The department staff that investigated the Adult Family Home:

Angela Conklin, 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.

Jody Just Jody Just Region 3 Field Serices Administrator — 4/22/2024
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) — 5-12-2024 Date

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.

This requirement was not met as evidenced by:

Based on interviews and record reviews the adult family home (AFH) failed to ensure that 2 of 4 residents [Resident 3 (R3), and Resident 4 (R4)] negotiated care plan (NCP) was developed and completed within thirty days of the resident's admission. This failure placed R3 and R4 at risk for unmet care needs and placed them at risk for physical and mental health decline.

Findings included...

R3 was admitted [redacted]/2024 and R4 was admitted on [redacted]/2024.

On 04/18/2024 during a record review the NCP for R3 and R4 were not present in the records or available for review.

On 04/18/2024 at 10:15 AM, during an interview, the Provider responded that the NCP for R3 and R4 were not done yet. Actually both R3 + R4 have initial NCPs done on w/ assessment of long term care, but I said they are not done yet because it was not signed by respective person (POA + Rep. if individuals)

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) June 1, 2024

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

Provider (or Representative) — 5-12-2024 Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on interviews and record reviews the AFH failed to ensure that 1 of 4 residents [Resident 1 (R1)] NCP was signed and dated as reviewed and agreed upon. This failure placed R1 at risk for unmet care needs and placed them at risk for physical and mental health decline.

Findings included...

On 04/18/2024, during a record review, the NCP for R1 was noted to be completed on 12/07/2023, but there were no signatures for the Provider or R1 or designee indicating the NCP was reviewed and agreed upon.

On 04/18/2024 at 10:15 AM, during an interview, the Provider stated that the NCP had not been signed as the son had been out of the country. The Provider also stated the son was back.

The NCP was reviewed/agreed + signed by son on his last visit.

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) June 1, 2024

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

Provider (or Representative) — Date: 5-12-2024

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

(2) Include in each medication log the:

(a) Name of the resident;

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

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

(3) Ensure the medication log includes:

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

(b) If the medication was refused and the reason for the refusal; and

This requirement was not met as evidenced by:

Based on interviews and record reviews the AFH failed to ensure an up-to-date daily Medication Administration Record (MAR) was completed for 2 of 4 residents [Resident 3 (R3) and Resident 4 (R4)] to include the name of the resident, the name of all prescribed and over the counter (OTC) medications, the dosage of the medication, the frequency of the medications taken, and the approximate time the resident must take the medication. The AFH failed to ensure that the initials of the staff who assisted or gave the residents the medication or noting when the medication was refused by a resident. These failures placed R3 and R4 at risk for a decline in health status and prevented their physicians from having an accurate picture of their medication compliance and history.

Findings included...

On 04/18/2024, during a record review of the MAR, it was noted there were no current MAR records for R3 or R4.

On 04/18/2024 at 10:15 AM during an interview, the Provider acknowledged that medications were being given to R3 and R4 and stated they did not have any MARs for R3 or R4 as they were waiting for the pharmacy to send them. Followed up the printed MARs & finally it came putting together all the MARs concerned. Again we assume you all medications were given & all patients assessed as Specified.

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) June 1, 2024

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

S Bonter
Provider (or Representative)

5-12-2024
Date

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:

(a) Provide a copy to each resident prior to or upon admission to the home;

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

This requirement was not met as evidenced by:

Based on interviews and record reviews, the AFH failed to ensure that the disclosure of charges form was signed and dated by the Resident and in the Resident's record for 1 of 4 Residents, resident R3. This failure placed R3 at risk for financial loss of funds and financial exploitation.

Findings included...
On 04/18/2024 a record review showed a blank Disclosure of Charges Form in the record of R3.

On 04/18/2024 at 10:15 AM, during an interview, the Provider stated they had not gotten around to getting the paperwork completed.

On admission charges were fully discussed w/ resident + POA but unfortunately the form was not signed. All the payments done were understood + agreed. Company even knew about it. No further documentation done.

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) June 1 / 2024

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

Provider (or Representative) — 5-12-2024 Date

WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

(4) Other doors leading to the outside that are not designated as an emergency exit must open without any special skills or knowledge, and they must remain accessible to residents unless doing so poses a risk to the health or safety of at least one resident; and

This requirement was not met as evidenced by:

Based on interviews and observations, the AFH failed to ensure that a door leading outside was accessible to 1 of 4 residents (R3) without any special skills or knowledge needed to

open the door. This failure placed R3 at risk for injury or death in cases of emergency or fire.

Findings included...

On 04/18/2024 an observation showed the door in the basement near the kitchenette, leading outside was locked from the outside and could not be opened.

On 04/18/2024 at 10:15 AM, during an interview, the Provider stated that the door had been locked on the outside because in the past they had residents who would exit seek. The Provider acknowledged they no longer had any residents who exit seek.

The lock was fixed on the said door & always able to be opened anytime. Like what I told the investigator there is another HM sliding door at the other end of the house inside the room so no way people will be stranded in the event of emergency case.

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) June 1, 2024

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

GMPosadas — 5-12-2024

Provider (or Representative) — Date