



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

TERESA & DAVID KAUFMAN
FOUR SEASONS AFH
1420 SE COLE RD
SHELTON, WA 98584

RE: FOUR SEASONS AFH # 566300

Dear Provider:

This document references Compliance Determination 24949 (06/13/2023), which included complaint number(s) 84386.

The Department completed a complaint investigation of your Adult Family Home on 06/13/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Alexander Ulbrickson, NCI AFH Complaint Investigator

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 388-76-10225 Reporting requirement.

- (2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:
- (f) The resident's case manager if the resident is a department client.

The adult family home (AFH) failed to notify the department case manager of a resident bringing illegal drugs into the AFH, using them, and giving them to others. The AFH did notify others required by the WAC and implemented safety measures to ensure residents remained safe until the resident who brought illegal drugs into the AFH could be discharged. Consultation was provided.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
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>

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: FOUR SEASONS AFH **Provider Type:** Adult Family Home
License/Cert.#: 566300
Compliance Determination #: 24949 **Intake ID:** 84386
Investigator: Alexander Ulbrickson **Region/Unit #:** RCS Region 3 / Unit G
Investigation Date(s): 06/13/2023 through 06/13/2023
Complainant Contact Date(s):

Allegation(s):

1. Admission, Transfer, & Discharge Rights - The Named Resident (NR) was given a written 30 day discharge notice from the adult family home (AFH) due to using drugs.
 2. Quality of Care/Treatment - The NR had brought drugs into the AFH before. The NR's notice stated they gave drugs to other residents. The NR had not contacted the reporter about moving out.
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Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 4 Closed records sample size: 0
Observations:	Infection control, environment, care and services, staff interaction with residents.
Interviews:	Two Other Residents (OR), AFH Provider, AFH staff, others not associated with the AFH.
Record Reviews:	Assessments, negotiated care plans (NCP), progress notes, written 30 day discharge notice.

Investigation Summary:

1. Admission, Transfer, & Discharge Rights - The NR received a written 30 day discharge notice and the required information was in their record. No failed practice was identified.
 2. Quality of Care/Treatment - The AFH was monitoring the residents who had received drugs. The residents were unable to get them without someone bringing them into the AFH. The NR received a written 30 day discharge notice and will be moving out. The other residents are being medically screened for drugs at appointments. The AFH notified the NR's physician, but did not notify the NR's case manager the first time they brought drugs into the AFH. Failed practice was identified and a consult was provided.
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Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A