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

AVIS CARTIER
CARTIERS ADULT FAMILY HOME
PO Box 98072
Lakewood, WA 98496

RE: CARTIERS ADULT FAMILY HOME License # 663200

Dear Provider:

This letter addresses Compliance Determination(s) 50229 (Completion Date 12/05/2024) and 46459 (Completion Date 10/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/05/2024 and found that you have corrected the violations listed in the Complaint report dated 10/10/2024. Your home is back in compliance as of 09/12/2024 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 388-76-10673-1, WAC 388-76-10673-1-a, WAC 388-76-10673, WAC 388-76-10680

The Department staff who did the on-site verification:
Laura Newberry

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 663200	Compliance Determination # 46459
Plan of Correction	CARTIERS ADULT FAMILY HOME	Completion Date
Page 1 of 5	Licensee: AVIS CARTIER	10/10/2024

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 08/30/2024 and 08/30/2024 of:

CARTIERS ADULT FAMILY HOME
10920 101ST AVE SW
LAKEWOOD, WA 98498

This document references the following complaint number(s): 144874

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 investigated the Adult Family Home:

Laura Newberry

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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

10.16.2024
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.

Provider (or Representative) Date

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

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to immediately report alleged physical abuse for 1 of 4 residents (Resident 1 [R1]) to the department's toll-free hotline. This failure placed R1 at risk for ongoing abuse and harm in the AFH.

Findings included...

Review of AFH record, titled "Cartier's Adult Family Home Abuse, Neglect & Exploitation Policy", dated 7/25/2024, showed staff and owners must "...immediately report to DSHS when there is: a reasonable cause to believe that abandonment, abuse, exploitation, financial exploitation, or neglect of a vulnerable adult has occurred".

On 08/30/2024 at 11:37 AM, R1 stated that Caregiver 1 (CG1) had pushed them hard on the back and they felt like they would fall down, and they were shaking and crying. R1 stated this was during a recent outing to a restaurant and that CG1 was mad at them. R1 stated this happened on the stairs near the bathroom of the restaurant and R1 admitted to hitting CG1 during the incident.

On 08/30/2024 at 12:06 PM, Caregiver 2 (CG2) stated that they witnessed CG1 push R1 forcefully with their hand on R1's back which made R1's body move forward while at the restaurant. CG2 stated this upset R1 and they spoke about it for several days after. CG2 stated they made an incident report of what they witnessed.

Review of AFH record, titled "Progress note", dated August 15th, showed that CG1 was escorting R1 out of the restaurant and CG1 pushed them. Record showed that R1 then hit CG1. Record was signed by CG2.

Review of AFH record, titled "Progress note", dated August 19th, showed that R1 had reported to a caregiver that CG1 had pushed them over the weekend and that it was reported to R1's family. Record also showed that it was reported to the Provider who spoke to R1's family about the incident.

On 08/30/2024 at 01:18 PM, Provider stated that the incident at the restaurant was terrible and R1 was screaming, cussing and that R1 had hit CG1. When the Provider was asked about the incident report where it was reported that CG1 had pushed R1, they stated they knew it was not true as R1 has made accusations before.

On 08/30/2024 at 01:22 PM, CG1 stated that R1 started to scream at the restaurant, and they took R1 to the bathroom and were there for about 25 minutes. CG1 stated that CG2 then came to check on them in the bathroom and that CG1 walked R1 outside and down some stairs, this is where R1 hit them.

On 08/30/2024 at 1:28 PM, Provider stated that there had been a meeting about the incident and knew R1 was not pushed as they and CG2 were there and that they had spoken to R1's family about the incident.

On 09/05/2024 at 4:05 PM, Provider stated that they were not made aware of the incident until the department arrived at the AFH on 08/30/2024.

On 10/07/2024 at 10:27 AM, Provider stated that it is the AFH policy to call in suspected abuse of a resident to the departments toll free hotline.

On 10/09/2024, review of department record showed the AFH did not report the suspected abuse of R1 to the departments toll-free hotline.

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, CARTIERS ADULT FAMILY HOME 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

WAC 388-76-10680 Staff behavior related to abuse. The adult family home must ensure that staff do not abandon, abuse, neglect, seclude, exploit, or financially exploit any resident.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure a caregiver (CG1) did not abuse 1 of 4 residents (Resident 1 [R1]) in the AFH. This failure caused physical harm and emotional abuse to R1 when CG1 pushed them.

Findings included...

Review of AFH record, titled "Cartier's Adult Family Home Abuse, Neglect & Exploitation Policy", dated 7/25/2024, showed staff and owners must "...immediately report to DSHS when there is: a reasonable cause to believe that abandonment, abuse, exploitation, financial exploitation, or neglect of a vulnerable adult has occurred".

On 08/30/2024 at 11:37 AM, R1 stated that Caregiver 1 (CG1) had pushed them hard on the back and they felt like they would fall down, and they were shaking and crying. R1 stated this was during a recent outing to a restaurant and that CG1 was mad at them. R1 stated this happened on the stairs near the bathroom of the restaurant and R1 admitted to hitting CG1 during the incident.

On 08/30/2024 at 12:06 PM, Caregiver 2 (CG2) stated that they witnessed CG1 push R1 forcefully with their hand on R1's back which made R1's body move forward while at the restaurant. CG2 stated this upset R1 and they spoke about it for several days after. CG2 stated they made an incident report of what they witnessed.

Review of AFH record, titled "Progress note", dated August 15th, showed that CG1 was escorting R1 out of the restaurant and CG1 pushed them. Record showed that R1 then hit CG1. Record was signed by CG2.

Review of AFH record, titled "Progress note", dated August 19th, showed that R1 had reported to a caregiver that CG1 had pushed them over the weekend and that it was reported to R1's family. Record also showed that it was reported to the Provider who spoke to R1's family about the incident.

On 08/30/2024 at 01:18 PM, Provider stated that the incident at the restaurant was terrible and R1 was screaming, cussing and that R1 had hit CG1. When the Provider was asked about the incident report where it was reported that CG1 had pushed R1, they stated they knew it was not true as R1 has made accusations before.

On 08/30/2024 at 01:22 PM, CG1 stated that R1 started to scream at the restaurant,

and they took R1 to the bathroom and were there for about 25 minutes. CG1 stated that CG2 then came to check on them in the bathroom and that CG1 walked R1 outside and down some stairs, this is where R1 hit them.

On 08/30/2024 at 1:28 PM, Provider stated that there had been a meeting about the incident and knew R1 was not pushed as they and CG2 were there and that they had spoken to R1's family about the incident.

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, CARTIERS ADULT FAMILY HOME 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 _____