STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

8/15/2023

Jimma Robbins
SYLVIAS ADULT HOME
PO BOX 1562
COUPEVILLE, WA 98239

RE: SYLVIAS ADULT HOME License # 667900

Dear Provider:

This letter addresses Compliance Determination(s) 27426 (Completion Date 08/08/2023) and 24421 (Completion Date 06/09/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/08/2023 and found that you have corrected the violations listed in the Full report dated 06/09/2023. Your home is back in compliance as of 07/24/2023 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 388-76-10165-1-b, WAC 388-76-10135-4, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10750-1, WAC 388-76-10532-1, WAC 388-76-10532-1-a, WAC 388-76-10532-1-b, WAC 388-76-10532-1-c, WAC 388-76-10532-2, WAC 388-76-10532-2-a, WAC 388-76-10532-2-b, WAC 388-76-10532-2-c

The Department staff who did the on-site verification:
Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 667900	Compliance Determination # 24421
Plan of Correction	SYLVIAS ADULT HOME	Completion Date
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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 05/24/2023 and 05/24/2023 of:
SYLVIAS ADULT HOME
707 GOULD STREET
COUPEVILLE, WA 98239

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Toni Bolo, Complaint Investigator
Jennifer Hardman, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

6/12/2023
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.

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Provider (or Representative) — Date: 6/29/23

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:

(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 observation, record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 AFH staff, Staff A (Provider) and Staff C (Caregiver/Recordkeeper) had a current name and date of birth criminal background check. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 & 6) at risk of receiving care and services from staff with an unknown criminal background.

Findings included...

Record review of Staff A's criminal background check, dated 02/25/2021, showed the background check expired on 02/25/2023 and was not currently valid. done June 12/23

Record review of Staff C's criminal background check, dated 03/09/2021, showed the background check expired on 03/09/2023 and was not currently valid. done June 12/23

In an interview, on 05/24/2023 at 4:15 PM, Staff A stated that they were not aware Staff C and their own name and date of birth criminal background checks were expired. 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, SYLVIAS ADULT HOME is or will be in compliance with this law and / or regulation on (Date) 6/29/23 .

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

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WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 staff, Staff A (Provider) and Staff C (Caregiver/Recordkeeper) maintained current first aid and cardiopulmonary resuscitation (CPR) training cards and 1 of 3 staff (Staff C) completed specialty training as required. This placed residents at risk of a delay in emergency services and unmet care needs.

Findings included...

Record review on 05/24/2023, showed Staff A's first aid and CPR card expired on 10/19/2022.
5/27/23 done ✓

Record review on 05/24/2023, showed of Staff C's first aid and CPR card expired on 10/19/2022.
5/27/23 done ✓

In an interview, on 05/24/2023 at 4:15 PM, Staff A stated that they were not aware that Staff C and their own first aid and CPR cards were expired. 5/27/23 in the future we will double check or constantly check our record ✓

Record review of Staff C's employee file, on 05/24/2023, showed Staff C had no record of dementia, mental health, and developmental disabilities (DD) specialty training as required.
The DD - ~~Wells~~ we are still waiting for the schedule when is the training. I called 2x + left a message ✓

In an interview on 05/24/2023 at 4:15 PM, Staff A stated that they were not aware Staff C had no record of dementia, mental health and DD specialty training. Staff A stated that Staff C worked as the AFH recordkeeper and was a back up caregiver for the AFH. Blanket PA no response Both [redacted] are schedule to attend the Dementia + Mental + Behavioral @ Sunrise July 17 & 18/23 ✓

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Provider (or Representative) — Date: 06/29/23

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observations and interview, the Adult Family Home (AFH) failed to ensure that 1 of 2 AFH bathrooms (Bath 1) was in good repair and condition. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, & 6) at risk of harm and a diminished quality of life.

Findings included...

Observations during the AFH tour, on 05/24/2023 at 10:52 AM, showed a loose tile on the shower floor threshold of bathroom 1. 6/24/23 done

In an interview, on 05/24/2023 at 4:15 PM, Staff A (Provider) stated that they were aware of the loose tile in bathroom 1 and would have it repaired. 6/24/23 done

Attestation Statement

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

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WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(1) The adult family home must complete the department's standardized disclosure of services form. The home must:

(a) List on the form the scope of care and services available in the home;

(b) Send the completed form to the department when applying for a license; and

(c) Provide an updated form to the department thirty days prior to changing services, except in emergencies, when the scope of care and services is changing.

(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;

(b) Provide a copy upon resident request; and

(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 record review and interview, the Adult Family Home (AFH) failed to ensure they had completed disclosure of services and disclosure of charges forms in 6 of 6 resident (Resident 1, 2, 3, 4, 5 & 6) records as required. This failure placed Resident 1, 2, 3, 4, 5 and 6 at risk of not being fully informed of what care and services were provided, or the fees charged for care provided.

Findings included...

Record review on 05/24/2023, showed no disclosure of services and disclosure of charges forms in Resident 1, 2, 3, 4, 5 and 6's resident records as required. 06/29/23 dme

In an interview on 05/24/2023 at 4:15 PM, Staff A (Provider) stated that they were not aware the forms were missing from all the resident charts. Staff A stated that they were not aware the forms were required to be completed, signed, dated and filed in the resident records. 06/29/23 dme

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06/29/23
Date