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

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) 46390 (Completion Date 08/29/2024) and 43705 (Completion Date 07/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/29/2024 and found that you have corrected the violations listed in the Complaint report dated 07/26/2024. Your home is back in compliance as of 08/14/2024 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-a, WAC 388-76-10675-1, WAC 388-76-10675-2, WAC 388-76-10675-3, WAC 388-76-10675, WAC 388-76-10135-4

The Department staff who did the on-site verification:
Patricia Young, Community Complaint Investigator

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

Sincerely,

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

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

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 07/08/2024 and 07/08/2024 of:

SYLVIAS ADULT HOME
707 NE Gould St
Coupeville, WA 98239

This document references the following complaint number(s): 135703

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

The department staff that investigated the Adult Family Home:

Patricia Young, Community Complaint Investigator

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.

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 388-76-10673 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 ensure that allegations of abuse were immediately reported to the Department's centralized toll-free telephone number and to law enforcement for 1 of 6 residents (Resident 1). This failure resulted in delayed investigation of the allegations of abuse and placed the residents at risk of further abuse.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2020 with multiple diagnoses that included [redacted] ([redacted]). Review of Resident 1's negotiated care plan dated 07/02/2024 showed Resident 1 required moderate to extensive caregiver assistance with toileting, bathing, hygiene, dressing, and eating. Due to memory and communication impairments, an interview could not be completed with Resident 1.

Record review of the AFH's undated abuse policy titled "Whistleblower", stated employees were encouraged to report in writing or verbally to the "executive director" or alternative line of authority and evidence of fraud, unethical business conduct, violations of federal, state or local laws or substantial and specific danger to employees or the health and safety of residents.

During an interview on 07/05/2024 at 10:04 AM, Staff B (Caregiver) stated that on 05/03/2024 they witnessed Staff C (Caregiver) yell at Resident 1, "you are pissing me off" while Staff C was feeding Resident 1. Staff B stated that on 05/10/2024 they witnessed Staff C pull Resident 1's pubic hair on purpose and laugh while assisting Resident 1 to the toilet. Staff B stated they reported both incidents to Staff A (Provider) on 06/22/2024. Staff B stated that Staff A told them to report the incident to the Department Hotline because they were a mandated reporter. Staff B stated that they

knew they were a mandated reporter but did not immediately report the incidents to the Department Hotline or to law enforcement because they feared Staff C, because they pushed the vacuum at their feet on one occasion.

Record review of the Department's Secure Tracking and Reporting System on 07/04/2024 at 12:29 PM, showed that Staff B filed an online report of the incidents to the Department Hotline on 06/23/2024. Record review showed that Staff B filed a report with the Department Hotline 52 days after the first incident occurred on 05/3/2024.

During an interview on 07/08/2024 at 9:20 AM, Staff A stated that they did not know about the incidents until Staff B told them on 06/22/2024. Staff A stated that they told Staff B to report the incidents to the Department Hotline because they were a mandated reporter. Staff A stated that they did not report the incidents to the Department Hotline or law enforcement because they did not want to ruin Staff C's life if the incidents did not occur. Staff A stated that they wanted to conduct their internal investigation before deciding, but Staff C had been unavailable since 06/22/2024 due to a medical concern. Staff A stated that all staff were verbally trained on the "Whistleblower" AFH policy and on mandated reporting during orientation. Staff A stated that Staff C was hired on 01/19/2024 and no longer employed at the AFH.

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)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10675 Adult family home rules and policies related to abuse Required. The adult family home must develop and implement written rules and policies that:

(1) Do not allow abandonment, abuse, neglect of any resident, exploitation or financial exploitation of any resident;

(2) Require staff to report possible abuse, and other related incidents, as required in chapter 74.34 RCW; and

(3) Do not interfere with the requirement that employees and other mandated reporters file reports directly with the department, and with law enforcement, if they suspect sexual or physical assault to have occurred.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to develop and implement written rules and policies that stated they did not allow abuse, abandonment, financial exploitation, and neglect and that staff were to immediately report abuse to the Department Hotline and law enforcement for 6 of 6 residents (Residents 1, 2, 3, 4, 5, & 6). This failure resulted in the AFH not having a policy to follow when allegations of abuse arise and placed residents at risk for harm.

Findings Included...

Record review of the AFH's undated abuse policy titled "Whistleblower", stated employees were encouraged to report in writing or verbally to the "executive director" or alternative line of authority evidence of fraud, unethical business conduct, violations of federal, state or local laws or substantial and specific danger to employees or the health and safety of residents. The policy did not specify that employees are mandated reporters of abuse, neglect, and financial exploitation to the Department Hotline and to Law Enforcement. The policy did not state that abuse, neglect, or financial exploitation were not allowed at the AFH.

During an interview on 07/08/2024 at 9:20 AM, Staff A (Provider) stated that they did not know Staff C (Caregiver) had allegedly abused a resident on 05/03/2024 until Staff B (Caregiver) told them on 06/22/2024. Staff A stated that they told Staff B they were a mandated reporter and to file a report.

During an interview on 07/09/2024 at 12:38 PM, Staff A stated that the only policy they have is the Whistleblower policy that deals with reporting. Staff A stated that they thought that covered abuse and neglect. Staff A stated that they did not have a policy in writing that specifically addressed abuse, neglect, financial exploitation, and abandonment. Staff A stated that they knew they had to update their abuse policy. Staff A stated they discussed mandated reporting with staff and pointed out the Department Hotline number posted at the entrance of the AFH during orientation. Staff A stated they tried to have a meeting with Staff C after the incident to discuss it, but Staff C was not available. Staff A stated Staff C was no longer employed at the AFH.

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)_____ .

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

_____ _____

Provider (or Representative) Date

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;

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 staff (Staff C, Caregiver) had a current and active Certified Nursing Assistant (CNA) license. This failure resulted in 6 of 6 residents (Residents 1 through 6) being cared for by an unqualified caregiver.

Findings included…

Observation on 07/08/2024 at 9:15 AM, showed that the AFH provided care and services for 6 residents.

During an interview on 07/08/2024 at 9:20 AM, Staff A (Provider) stated that Staff C started working at the AFH on 01/19/2024. Staff A stated that Staff C's agreed schedule was Monday through Friday and every other weekend, 7:30 AM to 4:30 PM. Staff A stated that they were on vacation when Staff C's caregiver's CNA license expired on 05/17/2024. Staff A stated that they asked Staff C about it when they returned in June 2024 and Staff C stated that they forgot and did not have the money to renew it. Staff A stated that Staff C stopped working at the AFH 06/19/2024.

Record review on 07/08/2024 at 10:00 AM of Staff C's CNA license showed that it expired on 05/17/2024.

During an interview on 07/10/2024 at 8:15 AM, Staff C stated that they started working for the AFH on 01/19/2024. Staff C stated that their CNA license expired in May 2024, and they did not have the money to renew it yet. Staff C stated they worked at the AFH until 06/21/2024.

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)_____ .

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

Provider (or Representative) Date