STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

MAYRA LEYVA
OCEAN BREEZE CARE HOME
2904 SUNSET DR W
UNIVERSITY PLACE, WA 98466

RE: OCEAN BREEZE CARE HOME License # 725400

Dear Provider:

This letter addresses Compliance Determination(s) 54450 (Completion Date 02/18/2025) and 51331 (Completion Date 01/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/18/2025 and found that you have corrected the violations listed in the Full report dated 01/06/2025. Your home is back in compliance as of 01/10/2025 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 388-112A-0610, WAC 388-112A-0610-1, WAC 388-112A-0610-1-a, WAC 388-112A-0610-1-a-i, WAC 388-112A-0610-1-a-ii, WAC 388-112A-0610-1-a-iii, WAC 388-112A-0610-1-a-iv

The Department staff who did the on-site verification:
Veronica Houff, Community Licensor Long Term Care Surveyor

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Services Administrator
Region 3, Unit Z
Residential Care Services

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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 725400	Compliance Determination # 51331
Plan of Correction	OCEAN BREEZE CARE HOME	Completion Date
Page 1 of 3	Licensee: MAYRA LEYVA	01/06/2025

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 12/31/2024 and 12/31/2024 of:
OCEAN BREEZE CARE HOME
2904 SUNSET DR W
UNIVERSITY PLACE, WA 98466

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Veronica Houff, Community Licensor Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit Z
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
Residential Care Services

01/07/2025
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: 1/20/2025

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the seventy-hour long-term care worker basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

This requirement was not met as evidenced by:

Based on interview and record review the adult family home provider failed to ensure all caregivers received 12 hours of continuing education (CE) by their birthday when one caregiver (Staff A) was missing 12 hours of approved continuing education in the 2023-2024 birthday year. This failure placed all four residents at risk for receiving services from a unqualified caregiver that does not have current knowledge and skills.

Findings include...

Interview and administrative record review took place on 12/31/2024 at 2:45 PM. Staff A's administrative record revealed no continuing education certificates for the 2023-2024 birthday year.

In an interview on 12/31/2024 at 2:50 PM, Staff A stated they believed that they had completed their continuing education, and the certificates may be at their residence. Staff A stated that they would locate the documents and send them to the department.

The Provider was given until 1/06/2025 to locate and send in the missing documents. As of 1/6/2025, those documents were not received.

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, OCEAN BREEZE CARE HOME is or will be in compliance with this law and / or regulation on (Date) 1/10/2025

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

Provider (or Representative) — Date 1/20/2025

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PO Box 99250, Lakewood, WA 98496

MAYRA LEYVA
OCEAN BREEZE CARE HOME
2904 SUNSET DR W
UNIVERSITY PLACE, WA 98466

RE: OCEAN BREEZE CARE HOME # 725400

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/06/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jody Just, Field Manager
Residential Care Services
Region 3, Unit Z
PO Box 99250

Lakewood, WA 98496

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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.

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

Interview and record review took place on
12/31/2024.

The provider stated that she does not accept residents that have a current diagnoses of [redacted]. The Adult Family Home's disclosure of services does not indicate that they do not accept residents that have a [redacted] diagnosis.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(1) Staff information such as address and contact information.

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

The adult family home failed to ensure all current and former Staff records were readily accessible to authorized department staff and maintained in the Adult Family Home during their annual licensing inspection.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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)397-9556.

Sincerely,

Jody Just

Jody Just, Field Manager
Region 3, Unit Z
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Jody Just, Field Manager
Residential Care Services
Region 3, Unit Z
PO Box 99250
Lakewood, WA 98496

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

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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