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

PAULA DAVIS
SACRED HEART ADULT FAMILY HOME
2711 MCKINLEY PL SE
PORT ORCHARD, WA 98366

RE: SACRED HEART ADULT FAMILY HOME License # 750551

Dear Provider:

This letter addresses Compliance Determination(s) 61143 (Completion Date 06/16/2025) and 58509 (Completion Date 04/30/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/16/2025 and found that you have corrected the violations listed in the Full report dated 04/30/2025. Your home is back in compliance as of 06/16/2025 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 388-76-10165-1-b

The Department staff who did the off-site verification:
Emily Vincent, AFH Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 04/23/2025 of:
SACRED HEART ADULT FAMILY HOME
2711 MCKINLEY PL SE
PORT ORCHARD, WA 98366

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

The department staff that inspected the Adult Family Home:

Emily Vincent, AFH Licensor

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

Lisa Cramer
Residential Care Services

05/02/2025
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.

Paula J. Davis
Provider (or Representative)

5/06/2025
Date

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 interview and record reviews, the adult family home (AFH) failed to ensure 1 of 3 AFH caregivers (Caregiver A) had a Washington (WA) state name and date of birth (DOB) background check (BGI) every two years as required. This failure placed all residents at risk of unsupervised access by a caregiver with a disqualifying criminal background.

Findings included...

Review of Caregiver A's personnel file on 04/23/2025, showed Caregiver A's WA state name and DOB BGI result expired on 03/21/2025, and there was no evidence of a pending BGI authorization form submitted on or before 03/21/2025.

On 04/23/2025 at 4:05 PM, in an interview, the AFH Provider said they were aware Caregiver A's BGI result was going to expire on 03/21/2025 and reminded Caregiver A to authorize a new BGI. The Provider said they had not ensured Caregiver A authorized a new BGI before their BGI result expired.

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.

Lisa Cramer
Residential Care Services

05/02/2025
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

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 interview and record reviews, the adult family home (AFH) failed to ensure 1 of 3 AFH caregivers (Caregiver A) had a Washington (WA) state name and date of birth (DOB) background check (BGI) every two years as required. This failure placed all residents at risk of unsupervised access by a caregiver with a disqualifying criminal background.

Findings included...

Review of Caregiver A's personnel file on 04/23/2025, showed Caregiver A's WA state name and DOB BGI result expired on 03/21/2025, and there was no evidence of a pending BGI authorization form submitted on or before 03/21/2025.

On 04/23/2025 at 4:05 PM, in an interview, the AFH Provider said they were aware Caregiver A's BGI result was going to expire on 03/21/2025 and reminded Caregiver A to authorize a new BGI. The Provider said they had not ensured Caregiver A authorized a new BGI before their BGI result expired.

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, SACRED HEART ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 16 June 2025

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

Paula L. Davis — Provider (or Representative)

5/06/2025 — Date

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, SACRED HEART 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

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

PAULA DAVIS
SACRED HEART ADULT FAMILY HOME
2711 MCKINLEY PL SE
PORT ORCHARD, WA 98366

RE: SACRED HEART ADULT FAMILY HOME # 750551

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/30/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Lisa Cramer, Adult Family Home Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The adult family home (AFH) had a plan for continuity of resident care, services and AFH operations in the event the AFH Provider was unable to fulfill their duties in the home, but the Provider had not documented the plan and placed a copy of the plan in their administrative records. The Provider documented their succession plan and ensured the plan was available for review before the completion of the licensing inspection.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The adult family home (AFH) did not document Resident 2's social security number (SSN) in their record as required. The AFH did not document a personal belongings inventory for Resident 1 as required. Before the completion of the licensing inspection, the AFH Provider documented Resident 2's SSN in their record and provided a signed and dated personal belongings inventory for Resident 1.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

The adult family home (AFH) did not have adequate information about Resident 1's and Resident 2's psychosocial and behavioral health needs in their negotiated care plans (NCP) to ensure caregivers were aware of appropriate interventions for Resident 1's and Resident 2's psychosocial and behavioral health needs as required. Before the completion of the licensing inspection, the AFH Provider added additional information and interventions to Resident 1's and Resident 2's NCPs to ensure caregivers knew how to manage Resident 1's and Resident 2's psychosocial and behavioral health needs.

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(5) The resident or resident representative is aware the resident is taking the psychopharmacologic medication and its purpose.

The adult family home (AFH) did not ensure Resident 2's representative was aware and in agreement with Resident 2's use of psychopharmacologic medications (to treat mental health behaviors and conditions) because the AFH did not identify the medications and their purpose in Resident 2's record, and the AFH did not obtain consent before they administered Resident 2's psychopharmacologic medications. Before the completion of the licensing inspection, the AFH Provider documented the names and purpose of Resident 2's psychopharmacologic medications in their negotiated care plan (NCP) and ensured Resident 2's representative was aware and in agreement with the use of psychopharmacologic medications.

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 (253)983-3826.

Sincerely, Lisa Cramer

Lisa Cramer, Adult Family Home Field Manager
Region 3, Unit A
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:
Lisa Cramer, Adult Family Home Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
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

---

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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225