STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

JOHN URSU
Royal Sunrise Adult Care Home
2606 SE 138th Ave
Vancouver, WA 98683

RE: Royal Sunrise Adult Care Home License # 750886

Dear Provider:

This letter addresses Compliance Determination(s) 37554 (Completion Date 02/29/2024) and 36446 (Completion Date 02/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/29/2024 and found that you have corrected the violations listed in the Full report dated 02/12/2024. Your home is back in compliance as of 02/21/2024 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 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10540, WAC 388-76-10540-1, WAC 388-76-10540-2, WAC 388-76-10540-2-a, WAC 388-76-10540-2-b, WAC 388-76-10540-2-c, WAC 388-76-10540-3, WAC 388-76-10540-4, WAC 388-76-10540-4-a, WAC 388-76-10540-4-b, WAC 388-76-10540-4-c, WAC 388-76-10540-5, WAC 388-76-10540-6, WAC 388-76-10540-7, WAC 388-76-10540-8, WAC 388-76-10650-2-a

The Department staff who did the off-site verification:
Hongyan Cluer, RN, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 02/06/2024 and 02/12/2024 of:

Royal Sunrise Adult Care Home
2606 SE 138th Ave
Vancouver, WA 98683

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:

Hongyan Cluer, RN, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

02/12/2024
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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, Adult Family Home (AFH) provider failed to develop a system to ensure their Medicaid policy was disclosed, agreed, and signed for 2 of 2 sampled residents (Resident 1 [R1]and Resident 2 [R2]) in a timely manner. This failure put both residents at risk for not having informed consent to AFH Medicaid policy.

Findings included….

An unannounced inspection visit was conducted on 02/06/2024.

Review of R1's medical record showed R1 moved into the AFH on [redacted]2023 with diagnosis including [redacted]. No signed and dated Medicaid policy for R1 was found in R1's records.

Review of R2's medical record showed R2 moved into the AFH on [redacted]2023, with diagnosis including [redacted]. No signed and dated Medicaid policy for R2 was found in R2's records.

During interview at 01:06 PM, Staff A, Resident Manager, stated that she will get Medicaid policy signed as soon as possible.

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, Royal Sunrise Adult Care 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 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

(2) The disclosure must include:

(a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;

(b) The home's advance notice or transfer requirements; and

(c) The amount of the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges that the home will refund to the resident if the resident leaves the home.

(3) If the home does not provide the disclosures in subsection (1) of this section to the resident, the home must not keep the resident's security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges.

(4) If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:

(a) Must refund any deposit or charges paid by the resident less the home's per diem rate for the days the resident actually resided, reserved, or retained a bed in the home regardless of any minimum stay policy or discharge notice requirements;

(b) May keep an additional amount to cover its reasonable and actual expenses incurred as a result of a private-pay resident's move, not to exceed five days per diem charges, unless the resident has given advance notice in compliance with the home's admission agreement; and

(c) Must not require the resident to obtain a refund from a placement agency or person.

(5) The adult family home must not retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW 70.129.150 .

(6) The adult family home must provide the resident with any and all refunds due within thirty days from the resident's date of discharge from the home.

(7) Nothing in this section applies to provisions in contracts negotiated between a home and a certified health plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

(8) The home must ensure that the notice of rights and services is consistent with the requirements of this section, chapters 70.128 , 70.129, and 74.34 RCW, and other applicable state and federal laws.

This requirement was not met as evidenced by:

Based on interview and record review, Adult Family Home (AFH) provider failed to develop a system to ensure the home's disclosure of fees and charges were completed and provided to residents/representatives for 2 of 2 sampled residents (Resident 1 [R1] and Resident 2 [R2]). This failure put the residents and their representatives at risk for not being informed of the AFH's disclosure of fees and charges.

Findings included….

An unannounced inspection visit was conducted on 02/06/2024.

Review of R1's medical record showed R1 moved into the AFH on [redacted]2023 with diagnosis including [redacted]. No disclosure of charges for R1 was found in R1's record.

Review of R2's medical record showed R2 moved into the AFH on [redacted]2023, with diagnoses including [redacted]. No disclosure of charges for R2 was found in R2's record.

During interview at 01:06 PM, Staff A, Resident Manager, stated that she will get disclosure of charges signed as soon as possible.

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, Royal Sunrise Adult Care 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure an assessment for the use of [redacted] was completed for 2 of 2 residents (Resident 1 [R1] and Resident 2 [R2]) who were reviewed for medical device use. This failure placed the residents at risk for possible bodily injury and/or death due to entrapment, suffocation, or strangulation.

Findings included…

An unannounced inspection visit was conducted on 02/06/2024.

Observation at 10:09 AM, showed [redacted] attached to both sides of R1's bed in R1's room.

Observation at 10:12 AM, showed one [redacted] was observed attached to one side of R2's bed in R2's room.

During an interview at 10:13 AM, Staff A, Resident Manager, stated that R1 and R2 held onto the [redacted] to assist in repositioning in their bed and getting up from their bed.

Review of R1's medical record showed R1 moved into the AFH on [redacted]2023 with diagnoses including [redacted]. No assessment for the safe use of [redacted] was found in R1's medical record.

Review of R2's medical record showed R2 moved into the AFH on [redacted]2023, with diagnoses including [redacted]. No assessment for the safe use of [redacted] was found in R2's medical record.

During interview at 01:06 PM, Staff A stated that she will get [redacted] assessment completed as soon as possible.

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, Royal Sunrise Adult Care 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
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

02/12/2024

JOHN URSU
Royal Sunrise Adult Care Home
2606 SE 138th Ave
Vancouver, WA 98683

RE: Royal Sunrise Adult Care Home # 750886

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/12/2024 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

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

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

(a) The resident; and

(b) The adult family home.

No record of personal belongings inventory was found in Resident 1 and Resident 2's files during the onsite inspection visit on 02/06/2024. The AFH provider completed it and signed and dated on 02/07/2024.

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

The adult family home (AFH) did not have an up-to-date rabies vaccination for the cat that residens in the AFH. AFH got this cat's rabies vaccination scheduled on 02/15/2024.

WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

(2) Make the records readily available to the appropriate health authority and licensing agency;

No tuberculin test results or reports of chest X-ray findings were found in caregivers (Staff B) file during onsite inspection on 02/06/2024. Staff B has an appointment for chest X-ray on 03/04/2024.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

The fire extinguisher was last inspected by the fire extinguisher service center in Feb 2022. The adult family home had it inspected on 2/6/2024 during the 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)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 IDR**s 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