STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

DAY VIEW AFH INC
DAY VIEW AFH INC
2111 SHATTUCK PL S
RENTON, WA 98055

RE: DAY VIEW AFH INC License # 750970

Dear Provider:

This letter addresses Compliance Determination(s) 52528 (Completion Date 01/03/2025) and 47670 (Completion Date 11/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/03/2025 and found that you have corrected the violations listed in the Complaint report dated 11/07/2024. Your home is back in compliance as of 12/20/2024 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 388-76-10225-2-a, WAC 388-76-10225-2-b

The Department staff who did the on-site verification:
Lori Smith, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 750970	Compliance Determination # 47670
Plan of Correction	DAY VIEW AFH INC	Completion Date
Page 1 of 3	Licensee: DAY VIEW AFH INC	11/07/2024

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 09/24/2024 and 09/24/2024 of:

DAY VIEW AFH INC
2111 SHATTUCK PL S
RENTON, WA 98055

This document references the following complaint number(s): 146597, 146633

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Imelda Cornelio, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 11/08/2024 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.

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Provider (or Representative) Date

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(a) The resident's family;

(b) The resident's representative, if one exists;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to notify the family member or resident's representative for 1 of 3 residents (Resident 1). This failure caused Resident 1 to have a delay in treatment.

In an interview on 09/23/2024 at 4:57 PM, Resident 1's collateral contact 1 (CC 1) stated that none of the AFH staff notified them of Resident 1's two most recent skin conditions. CC 1 stated that they learned about the leg wound from Resident 1 and the forearm wound from Resident 1's collateral contact 2.

In an interview on 09/24/2024 at 4:37 PM, Resident 1 stated that the AFH staff were taking care of their wounds on their buttock and their forearm, and they were getting better.

Observation on 09/24/2024 at 4:37 PM showed Resident 1 had two forearm scabs, each on a bed of darker pink healing skin.

In an interview on 09/24/2024 at 5:51 PM, Staff B, Caregiver, stated that when there were any changes on residents' skin or any other changes on their residents' condition, Staff B reported them to Staff A, Provider, and they did not document them.

In an interview on 09/25/2024 at 2:35 PM, Staff A stated that they notified Resident 1's CC 1 when they noticed the skin condition changes through a telephone call or by text messaging (text) them on the mobile phone.

Review of an electronic mail from Staff A dated 09/30/2024 showed that they did not have notes for Resident 1 because there was nothing significant that happened to Resident 1 that required documentation. It also stated that they communicated updates to collateral contacts by text or by telephone calls, but all the texts were

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deleted already, so provider could not send proof of communication.

In an interview on 11/06/2024 at 4:39 PM, Staff A stated that there was no entry in the incident log before department staff's unannounced visit on 09/24/2024.

Review of Resident 1's annual assessment dated 06/28/2024 showed that Resident 1 had medical conditions, such as urinary incontinence (loss of bladder control), dermatitis (inflammation of the skin), melanoma (skin cancer) of the scalp and neck, arm rash, pruritic disorder (a medical condition that causes an unpleasant sensation of itching on the skin that can affect one or more areas of the body), and xerosis of skin (dry skin that may be rough, itchy, flaky or scaly).

Review of Resident 1's after visit summary dated 08/01/2024 showed that Resident 1 did not have a pressure ulcer to their skin, and they were diagnosed with [redacted]

Review of Resident 1's after visit summary dated 08/30/2024 showed that Resident 1's moisture dermatitis looked much improved, and they did not have any open areas on their skin.

Review of Resident 1's after visit summary dated 09/12/2024 showed that Resident 1 was an established patient who was seen for an upper body skin examination and that they were being monitored for the development of new lesions. It showed that a procedure was performed by the doctor during the visit due to enlarging lesions on the right forearm.

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, DAY VIEW AFH INC is or will be in compliance with this law and / or regulation on (Date) 12/20/2024.

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

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Provider (or Representative)

11/18/2024
Date

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deleted already, so provider could not send proof of communication.

In an interview on 11/06/2024 at 4:39 PM, Staff A stated that there was no entry in the incident log before department staff's unannounced visit on 09/24/2024.

Review of Resident 1's annual assessment dated 06/28/2024 showed that Resident 1 had medical conditions, such as urinary incontinence (loss of bladder control), dermatitis (inflammation of the skin), melanoma (skin cancer) of the scalp and neck, arm rash, pruritic disorder (a medical condition that causes an unpleasant sensation of itching on the skin that can affect one or more areas of the body), and xerosis of skin (dry skin that may be rough, itchy, flaky or scaly).

Review of Resident 1's after visit summary dated 08/01/2024 showed that Resident 1 did not have a pressure ulcer to their skin, and they were diagnosed with [redacted].

Review of Resident 1's after visit summary dated 08/30/2024 showed that Resident 1's moisture dermatitis looked much improved, and they did not have any open areas on their skin.

Review of Resident 1's after visit summary dated 09/12/2024 showed that Resident 1 was an established patient who was seen for an upper body skin examination and that they were being monitored for the development of new lesions. It showed that a procedure was performed by the doctor during the visit due to enlarging lesions on the right forearm.

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, DAY VIEW AFH INC 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 _____

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