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

SEASONS OF LIFE
SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND
3085 W MERCER WAY
MERCER ISLAND, WA 98040

RE: SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND License # 751091

Dear Provider:

This letter addresses Compliance Determination(s) 35990 (Completion Date 01/29/2024) and 34185 (Completion Date 12/29/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/29/2024 and found that you have corrected the violations listed in the Complaint report dated 12/29/2023. Your home is back in compliance as of 01/06/2024 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 388-76-10025-3, WAC 388-76-10030-2

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

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND
Provider Type: Adult Family Home
License/Cert.#: 751091
Intake ID: 108362
Compliance Determination #: 34185
Region/Unit #: RCS Region 2 / Unit E
Investigator: Lori Smith
Investigation Date(s): 12/20/2023 through 12/29/2023
Complainant Contact Date(s): 12/19/2023

Allegation(s):
Adult Family Home (AFH) did not pay their annual licensing fee of $450, which was due on 10/15/2023.

Investigation Methods:

Sample:	Total residents: 1 Resident sample size: 1 Closed records sample size: 2
Observations:	Environment, Resident's appearance and demeanor, staff-resident Interactions
Interviews:	Resident, Staff, department staff
Record Reviews:	Face Sheets, Assessments, Negotiated Care Plans, department financial records, AFH check copy

Investigation Summary:
Observation, Interview, and record review showed one resident resided in the Adult Family Home (AFH), and two former residents (FR1 and FR2) no longer resided there. In an interview on 12/20/2023, AFH staff said that they mailed a check for $675 to the department on 09/20/2023, and that the check was never cashed. In an interview, department Business Operations staff said that the department had no record of receiving a check for the 2023 annual license fee until a check for $450 was received on 12/26/2023, six days after the department's visit. A resident interviewed had no concerns regarding care and services.

Failed practice identified. See Statement of Deficiencies dated 01/02/2024. WAC 388-76-10025 License annual fee.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written

☐ N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND
Provider Type: Adult Family Home
License/Cert.#: 751091
Intake ID: 112185
Compliance Determination #: 34185
Region/Unit #: RCS Region 2 / Unit E
Investigator: Lori Smith
Investigation Date(s): 12/20/2023 through 12/29/2023
Complainant Contact Date(s):

Allegation(s):
Adult Family Home (AFH) had three residents from [redacted]2023 to 11/22/2023, when the AFH was licensed for two beds.

Investigation Methods:

Sample:	Total residents: 1 Resident sample size: 1 Closed records sample size: 2
Observations:	Environment, Resident's appearance and demeanor, staff-resident Interactions
Interviews:	Resident, Staff, department staff
Record Reviews:	Face Sheets, Assessments, Negotiated Care Plans, department financial records, AFH check copy, Application for Bed Capacity Increase

Investigation Summary:
Observation, Interview, and record review showed one resident (Resident 1) resided in the Adult Family Home (AFH), and two former residents (FR1 and FR2) no longer resided there. Record review showed the AFH was licensed for two beds. In an interview, staff said that they sent an application to the department in January 2023 for a bed capacity increase from two beds to three beds, with a check for the pro-rated amount for an extra bed for the remainder of the year. Staff said that the check was returned to them, no one from the department came for a bed capacity increase inspection, and they did not receive a revised license or communication from the department showing 3 beds were approved. Record review showed the AFH admitted Resident 1 on [redacted]2022 and admitted FR1 and FR2 on 0[redacted]2023. FR2 expired on [redacted]2023 and FR1 discharged from the AFH on [redacted]2023. The application for bed capacity increase was signed by staff and dated [redacted]2023, the same day the AFH admitted FR1 and FR2. In an interview, department Business Operations staff said that they had no record that they received or processed an application for bed capacity increase. A resident interviewed had no concerns regarding care and services. Failed practice identified. See Statement of Deficiencies dated 01/02/2024. WAC 388-76-10030 Adult Family Home capacity.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies License #: 751091 Compliance Determination # 34185
Plan of Correction SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND Completion Date
Page 1 of 4 Licensee: SEASONS OF LIFE 12/29/2023

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 12/20/2023 and 12/20/2023 of:

SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND
3085 W MERCER WAY
MERCER ISLAND, WA 98040

This document references the following complaint number(s): 108362, 112185

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 2 former residents.

The department staff that investigated the Adult Family Home:

Lori Smith, Nursing Consultant Institutional

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 — Date: 01.02.2024

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 388-76-10025 License annual fee.

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure the department received one of one annual license fee payments of $450.00 by the due date of 10/15/2023. This failure placed residents at risk of receiving care from an unlicensed provider for over two months. When AFH sent bed increase Application and fee, DSHS deposited the payment check. However DSHS's invoice for annual License fee reflected only 2 beds.

Findings included...

Review of the department's record on 12/20/2023 showed the AFH had an unpaid balance of $450.00. Although AFH called DSHS several times, nobody answered. AFH sent a check ($675 for 3 beds) and an invoice corrected AS $675

Review of an invoice dated 08/15/2023 showed the AFH renewal fee for two licensed beds in the amount of $450.00 was due on 10/15/2023.

During an unannounced visit on 12/20/2023 at 9:52 AM, observation showed one resident resided in the AFH.

In an interview on 12/20/2023 at 9:59 AM, Staff A, Entity Representative, said that they thought they paid the annual fee, and that Staff B, Care Manager, made the payments.

In an interview on 12/20/2023 at 10:36 AM, Staff B said that they mailed a check for $675.00, dated 09/20/2023, to the department. Staff B said that their bank records showed the check was not cashed.

In an interview on 12/28/2023 at 3:11 PM, Collateral Contact 1, Business Operations Analyst for the department, said that the department's Office of Financial Recovery had no record of a check received from the AFH for the 2023 annual fee until the department received a check for $450.00 on 12/26/2023, six days after the department staff's visit.

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, SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND is or will be in compliance with this law and / or regulation on (Date) 12/21/23.

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

Provider (or Representative) 1/12/24 Date

WAC 388-76-10030 Adult family home capacity.

(2) The licensed capacity number will be listed on the adult family home license and the home must ensure that the number of residents in the home does not exceed the licensed capacity.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to limit the number of residents to their licensed capacity when they admitted two of two sampled former residents (FR1 and FR2) in addition to one of one current residents (Resident 1). This failure resulted in the AFH exceeding licensed capacity for over ten months.

Findings included...

Review of the department's record on 12/20/2023 showed the AFH had two licensed beds. The AFH's Invoice History showed the department billed the AFH $450.00, the annual fee for two licensed beds, for annual licenses effective 10/02/2021 through 10/01/2022, 10/02/2022 through 10/01/2023, and 10/02/2023 through 10/01/2024.

During an unannounced visit on 12/20/2023 at 9:52 AM, observation showed one resident (Resident 1) resided in the AFH.

In an interview on 12/20/2023 at 9:59 AM, Staff A, Entity Representative, said that the AFH currently had one resident (Resident 1), who lived there for about two years. Staff A said that they also had a married couple (FR1 and FR2) that lived there since [redacted] 2023, but they no longer lived there. Staff A said that FR2 was at end of life and expired, and FR1 moved to another facility.

In an interview on 12/20/2023 at 10:40 AM, Staff A said that they submitted an application to the department to increase the AFH's bed capacity from two to three. Staff B, Care Manager, said that they included a check for $168.75 with the application, which they

calculated to be the prorated amount for the additional bed for the remainder of the year. Staff B said that the check was cancelled and returned to them.

Bed increase Application and fee were mailed to DSHS on 1/6/23. due to long Holiday weekend, the payment check was canceled on 1/11/

Record review of an AFH "Change in Licensed Bed Capacity – Increase" application form, dated 01/15/2023 and signed by Staff A, showed the AFH's current licensed capacity was two, and the proposed licensed capacity was three.

payment check was dated on 1/15/23 because new residents scheduled to admit on [redacted]23

Further review of the application form showed a licensor would contact them to schedule an inspection to verify the home could sufficiently meet the capacity increase, and the additional bed fee would be collected after the inspection but before the capacity increase was approved. The application form reminded the applicant that the capacity increase was not in effect until the AFH received a revised license and letter from the department verifying that the capacity increase was approved. The form instructions showed by signing the form, the applicant acknowledged understanding.

Record review of an undated AFH Resident Information Sheet showed the AFH admitted Resident 1 on [redacted]2022.

Record review of a closed record undated cover sheet showed the AFH admitted FR2 on [redacted]2023. FR2 expired on [redacted]2023.

Record review of a closed record undated cover sheet showed the AFH admitted FR1 on [redacted]2023. FR1 discharged to another facility on [redacted]2023.

In an interview on 12/20/2023 at 10:40 AM, Staff A said that no one from the department came to do an inspection for a bed capacity increase, and the AFH did not receive a revised license.

Although AFH was licensed for 6 Residents initially and all rooms were inspected AFH changed Bed capacity several times, but DSHS never made field inspection for bed increase past 1½ yr DSHS issue sent a revised License a couple month lat

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, SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND is or will be in compliance with this law and / or regulation on (Date) 1/6/23.

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

Provider (or Representative) 1/12/24 Date