



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Ocean Breeze Home Co
OCEAN BREEZE HOME CO
23215 82ND PL W
EDMONDS, WA 98026

RE: OCEAN BREEZE HOME CO License # 751297

Dear Provider:

This letter addresses Compliance Determination(s) 26984 (Completion Date 07/21/2023) and 25618 (Completion Date 06/26/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/21/2023 and found that you have corrected the violations listed in the Full report dated 06/26/2023. Your home is back in compliance as of 07/06/2023 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 388-76-10805-3, WAC 388-112A-0700, WAC 388-76-10135-8, WAC 388-76-10320-10-a, WAC 388-76-10320-10, WAC 388-76-10320-10-b

The Department staff who did the on-site verification:
Hang Lu, Licensors

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 751297	Compliance Determination # 25618
Plan of Correction	OCEAN BREEZE HOME CO	Completion Date
Page 1 of 4	Licensee: Ocean Breeze Home Co	06/26/2023

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 the unannounced on-site full inspection on 06/15/2023 and 06/15/2023 of:

OCEAN BREEZE HOME CO
23215 82ND PL W
EDMONDS, WA 98026

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licenser
Rodolfo Antonio Baylon, Adult Family Home Licenser

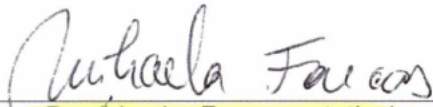
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

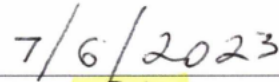
Renee' Bourque
Residential Care Services

06/26/2023
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 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all smoke detectors in the home were interconnected. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for injury due to a delayed warning in the event of a fire emergency.

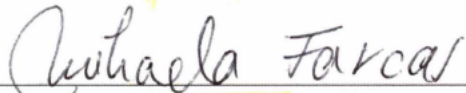
Findings included...

Observation and interview, on 06/15/2023 at 1:45 PM, showed the smoke detector on the lower level of the home was not interconnected with the smoke detectors on the upper level. Staff A, Entity Representative, stated that the live-in caregivers (Staff B and C) slept on the lower level. Staff A stated that they did not know about the requirement for all smoke detectors to be interconnected. Staff D, Caregiver, stated that they would have the smoke detectors interconnected in a week or two.

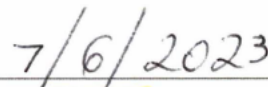
Attestation Statement

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 HOME CO is or will be in compliance with this law and / or regulation on (Date) 7/6/2023

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



Provider (or Representative)



Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

WAC 388-112A-0700 What is CPR training? Cardiopulmonary resuscitation training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 caregivers (Staff B) had proof of valid Cardiopulmonary Resuscitation (CPR) training that included hands-on skills demonstration. This failure placed Residents 1, 2, 3, 4, and 5 at risk of being cared for by staff who was not fully qualified.

Findings included...

Review of staff records showed the AFH hired Staff B, Caregiver, on 04/01/2021. Record review showed Staff B obtained the online CPR/ First Aid training on 01/02/2022. There was a notation on Staff B's CPR/ First Aid card indicating that Staff B was eligible for the skills session within 90 days.

In an interview, on 06/15/2023 at 10:58 AM, Staff A, Entity Representative, stated that Staff B did not do the skills session within 90 days of the online CPR/ First Aid training. Staff B stated that they thought the online CPR/ First Aid training was already adequate.

In a phone interview, on 06/16/2023 at 3:30 PM, Staff A stated that Staff B would do the hands-on CPR/ First Aid the following week.

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 HOME CO is or will be in compliance with this law and / or regulation on (Date) 7/6/2023.

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

Michaela Farcas
Provider (or Representative)

7/6/2023
Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 5 residents (Residents 1 and 2) had a current belongings inventory list on record. This failure placed Residents 1 and 2 at risk of lost, stolen, or misplaced personal property.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [REDACTED] 2019. Resident 1's record had not contained a personal inventory list.

Review of Resident 2's record showed the AFH admitted Resident 2 on [REDACTED] 2019. Resident 2's record had not contained a personal inventory list.

In an interview, on 06/15/2023 at 2:00 PM, Staff A, Entity Representative, stated that they could not find the belongings lists for Resident 1 and 2. Staff A stated that they would make new lists for Resident 1 and 2 to review and sign.

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 HOME CO is or will be in compliance with this law and / or regulation on (Date) 7/6/2023.

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

Michaela Foucais
Provider (or Representative)

7/6/2023
Date

Ocean Breeze Home CO

2315 82nd pl w

Edmonds, WA 98026

License #: 751297

Letter of corrections

WAC 388-76-10805 Automatic smoke alarms

A new interconnected wireless smoke alarm system was installed throughout the home.

WAC 388-76-10135 Qualifications caregiver - CPR training

The caregiver, [REDACTED] (staff B) completed the CPR/First Aid hands on training. A copy will be attached to this letter.

WAC 388-76-10320 Resident record content – personal belongings inventory form

The personal belongings inventory form for resident 1 and resident 2 was filled out, signed and dated. A copy of the forms will be attached to this letter.