STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Santo Nino Adult Family Home II, LLC

Santo Nino Adult Family Home II, LLC
1404 Milbanke Dr SE
Olympia, WA 98513

RE: Santo Nino Adult Family Home II, LLC License # 751667

Dear Provider:

This letter addresses Compliance Determination(s) 53354 (Completion Date 01/24/2025) and 51216 (Completion Date 12/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/24/2025 and found that you have corrected the violations listed in the Complaint report dated 12/18/2024. Your home is back in compliance as of 12/22/2024 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 388-76-10400, WAC 388-76-10400-1, WAC 388-76-10400-2

The Department staff who did the on-site verification:
Hannah Carmichael, Nursing Consultant Institutional

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 12/05/2024, 12/05/2024 and 12/05/2024 of:

Santo Nino Adult Family Home II, LLC
1404 Milbanke Dr SE
Olympia, WA 98513

This document references the following complaint number(s): 156035

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Hannah Carmichael, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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

12.18.2024
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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(1) The care and services identified in the negotiated care plan.

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 5 residents received the necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being when a chair alarm was not put in place as indicated by R1's assessment and negotiated care plan (NCP). This failure resulted in harm when R1 left the dining room table and had an unwitnessed fall leading to injury and hospitalization.

Findings included...

On 12/05/2024 at 2:05PM, review of R1's record, titled "Assessment", dated on 04/26/2024 showed R1 required special equipment including a bed and chair alarm and states R1 can push themself up from the table after eating meals. The assessment showed R1 has a history of falls and explains caregivers are to use bed and chair pad alarms for safety and ensure they are in good working condition.

On 12/05/2024 at 2:09PM, review of R1's record, titled "Negotiated Care Plan" (NCP), dated 5/1/24 showed that R1 had a history of falls from his bed. Safety precautions include bed pad alarm, chair pad alarm, mattress on the floor beside the bed, bed against the wall in the lowest setting, and nightlights on at night. NCP showed caregiver instructions state to observe the safety precautions always.

On 12/16/2024 at 10:20AM, interview with caregiver 1 (CG1) stated R1 was not sitting on their chair alarm while seated at the dining room table prior to R1's fall. CG denied hearing any alarm prior to R1's fall and found R1 laying on the ground. CG stated the chair alarm was on R1's recliner at time of fall and they did not consider moving the chair alarm to the dining room table for R1 to sit on.

On 12/05/2024 at 2:04PM, record review of the AFH incident log showed R1's reported fall on [redacted]2024 and the outcomes listed included R1 was admitted to St. Peter

Statement of Deficiencies	License #: 751667	Compliance Determination # 51216
Plan of Correction	Santo Nino Adult Family Home II, LLC	Completion Date
Page 3 of 3	Licensee: Santo Nino Adult Family Home II, LLC	12/18/2024

Hospital, R1 had a small brain bleed found after CT scan (computed tomography scan, is a noninvasive medical procedure that uses X-rays and a computer to create detailed images of the inside of the body), and fracture (medical term for a broken bone) of the left hip which led to surgery on 07/15/2024.

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, Santo Nino Adult Family Home II, LLC is or will be in compliance with this law and / or regulation on (Date) 12/22/24 .

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

Erlinda G. Lucero — Provider (or Representative)

12/22/24 — Date

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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, Santo Nino Adult Family Home II, LLC 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

SANTO NINO ADULT FAMILY HOME II, LLC
1404 MILBANKE DRIVE S.E.
OLYMPIA, WA 98513-7796
TELEFAX (360) 455-4325

22 December 2024

WAC 388-76-10400 Care & Services. The Adult Family Home must ensure each resident receives:

1.) The care and services identified in the negotiated care plan.

2.) The necessary care and services to help the resident reach the highest level of physical, mental, and psychological well-being consistent with resident choice, current functional status, and potential for improvement or decline.

PLAN OF CORRECTION: AFH owners will have a meeting with each of the caregivers at least monthly, and as needed to review the negotiated care plan of each resident, especially if there are changes in the resident's condition.

The caregivers will sign the minutes of the meeting, meaning, they understood, and will follow what was discussed.

AFH owners will monitor and supervise caregivers if the care plan is being followed, e.g., proper ways to prevent resident is from falling.

If a caregiver will not follow the instructions on what was discussed by the AFH owners, a caregiver will receive verbal counselling, as a warning. If a caregiver for the second time continue to ignore what was discussed in the meeting, written reprimand will follow, and if on the third time, a caregiver continue to ignore AFH owners, and does not perform what was required of her, termination proceedings will follow against the caregiver, based on all the documentations gathered by the AFH against the particular caregiver.

Erlinda G. Lucero 12/22/24