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

SAMMAMISH WOODS AFH INC

SAMMAMISH WOODS AFH INC
20131 SE 23RD PL
SAMMAMISH, WA 98075

RE: SAMMAMISH WOODS AFH INC License # 752147

Dear Provider:

This letter addresses Compliance Determination(s) 51789 (Completion Date 12/13/2024) and 46961 (Completion Date 11/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/13/2024 and found that you have corrected the violations listed in the Full report dated 11/26/2024. Your home is back in compliance as of 01/10/2025 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 388-76-10650-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10485-1

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

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

Sincerely,

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

STATE OF WASHINGTON

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 #: 752147	Compliance Determination # 45961
Plan of Correction	SAMMAMISH WOODS AFH INC	Completion Date
Page 1 of 5	Licensee: SAMMAMISH WOODS AFH INC	11/26/2024

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 the unannounced on-site full inspection on 09/10/2024 and 09/10/2024 of:
SAMMAMISH WOODS AFH INC
20131 SE 23RD PL
SAMMAMISH, WA 98075

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:

Karen Beardsley, 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

12/2/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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20131 SE 23RD PL
SAMMAMISH, WA 98075

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Residential Care Services

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) 12-3-24 Date

WAC 388-76-10550 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not complete an assessment that identified the need and ability to safely use [redacted] for 1 of 5 residents (Resident 4) with [redacted] This failure placed the resident at risk of harm from improper use of medical devices.

Findings included....

Observation on 09/10/2024 at 9:59 AM, showed Resident 4 had a [redacted] with [redacted] on the upper part of the bed locked in down position on one side, and the other [redacted] against the wall was locked in up position.

In an interview on 09/10/2024 at 2:00 PM, Staff A, Provider, they said that the bed was provided by hospice care (specialized are that provides physical comfort and emotional, social and spiritual for people nearing the end of life) and had [redacted] attached to it but that the [redacted] were not used and that they did not know if Resident 4 had been assessed for [redacted] use.

Review of Resident 4's 01/20/2024 Negotiated Care Plan (NCP), they were described as dependent for positioning and that they required total supervision. NCP did not have any guidance for use of [redacted]. No risk assessment or evaluation for the use of [redacted] was found.

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

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Based on observation, interview and record review, the Adult Family Home (AFH) did not complete an assessment that identified the need and ability to safely use [redacted] for 1 of 5 residents (Resident 4) with [redacted]. This failure placed the resident at risk of harm from improper use of medical devices.

Findings included…

Observation on 09/10/2024 at 9:59 AM, showed Resident 4 had a [redacted], with [redacted] on the upper part of the bed locked in down position on one side, and the other [redacted] against the wall was locked in up position.

In an interview on 09/10/2024 at 2:00 PM, Staff A, Provider, they said that the bed was provided by hospice care (specialized are that provides physical comfort and emotional, social and spiritual for people nearing the end of life) and had [redacted] attached to it but that the [redacted] were not used and that they did not know if Resident 4 had been assessed for [redacted] use.

Review of Resident 4's 01/20/2024 Negotiated Care Plan (NCP), they were described as dependent for positioning and that they required total supervision. NCP did not have any guidance for use of [redacted]. No risk assessment or evaluation for the use of [redacted] was found.

Resident 4's 01/20/2024 assessment showed Resident 4 being assessed as "weak, has poor upper body balance and needs one person assistance with changing position in bed". The assessment did not have [redacted] marked off as having a risk assessment.

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, SAMMAMISH WOODS AFH INC is or will be in compliance with this law and / or regulation on (Date) 1-10-25.

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

Rod McCulley 12-3-24

Provider (or Representative) Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on interview and observation, the Adult Family Home (AFH) failed to ensure 3 of 5 residents (Residents 1, 2 and 3) had all medications in locked storage. This placed all the residents living in the home at potential risk for accidental ingestion or misuse of medications.

Findings included...

On 09/10/2024 at 9:27 AM, observed Residents 2 and 3 sitting at kitchen table eating their breakfast, and seated in wheelchairs. Both residents 2 and 3 were able to use utensils and feed themselves without assistance.

On 09/10/2024 at 9:37 AM, observed Resident 3 pushing his wheelchair away from the table and returning to his bedroom without assistance. Resident 2 was assisted in leaving the table by Staff B, Caregiver, and was brought into the living room.

Resident 4's 01/20/2024 assessment showed Resident 4 being assessed as "weak, has poor upper body balance and needs one person assistance with changing position in bed". The assessment did not have [redacted] marked off as having a risk assessment.

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_____ _____

Provider (or Representative) Date

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Findings included…

On 09/10/2024 at 9:27 AM, observed Residents 2 and 3 sitting at kitchen table eating their breakfast, and seated in wheelchairs. Both residents 2 and 3 were able to use utensils and feed themselves without assistance.

On 09/10/2024 at 9:37 AM, observed Resident 3 pushing his wheelchair away from the table and returning to his bedroom without assistance. Resident 2 was assisted in leaving the table by Staff B, Caregiver, and was brought into the living room.

On 09/10/2024 at 9:40 AM, during an interview with Staff A, Provider, while reviewing the list of residents, they stated that Residents 1, 2 and 3 requires assistance for all medications. Staff A further stated that Resident 1 was in his bedroom sleeping and that it was part of his normal routine.

On 09/10/2024 at 9:43 AM, observation showed Staff A removed a 100 units/milliliter (ml) injectable insulin pen from the unlocked refrigerator door, prescribed to Resident 1 and showed to department staff.

On 09/10/2024 at 9:45 AM, during an interview with Staff A, they confirmed that the Insulin had not been in a lockbox because it did not fit well inside the lockbox that they had available.

On 09/10/2024 at 9:56 AM, in Resident 3's bathroom showed, a 10 ml bottle of lubricated eye drops and a 3.5-Gram (g) tube of lubricating eye ointment, both still sealed in original packaging, in unlocked drawer beside bathroom sink.

On 09/10/2024 at 9:58 AM, during an interview with Resident 3, they stated that the eyedrops and eye ointment were theirs and they didn't realize they needed to be in a locked storage.

On 09/10/2024 at 9:59 AM, during an interview, Staff A stated that they had been unaware that the eye drops were in the drawer and that they would store them in the locked medication supply storage.

On 09/10/2024 at 10:08 AM, in Resident 2's bedroom, a 17.9-Ounce (OZ) bottle containing a 30-day supply of powdered laxative, unopened, was found unlocked in the closet.

On 09/10/2024 at 10:10 AM, Staff A stated that they had stored the laxative there because it was extra supply and were unaware that it needed to be stored in a locked storage.

Attestation Statement

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Statement of Deficiencies	License #: 752147	Compliance Determination # 46961
Plan of Correction	SAMMAMISH WOODS AFH INC	Completion Date
Page 6 of 6	Licensee: SAMMAMISH WOODS AFH INC	11/26/2024

Provider (or Representative)

12-3-24
Date

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

12/02/2024

SAMMAMISH WOODS AFH INC
SAMMAMISH WOODS AFH INC
20131 SE 23RD PL
SAMMAMISH, WA 98075

RE: SAMMAMISH WOODS AFH INC # 752147

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/26/2024 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

Observation on 09/10/2024 showed in Bathroom [redacted], occupied by Resident 1, the water temperature in the sink was at 126F on first reading. Staff A, Provider, agreed to readjust the temperature on the water heater and when it was retested at 12:03 PM the water temperature read as 117.4 F. Staff A corrected this deficiency on-site at time of visit.

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 (253)234-6033.

Sincerely,

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

Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
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(c) Sinks;

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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.

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• 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 (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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