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

Poplar Ridge Adult Family Home LLC
ELENAS HOME AT LAKE ROAD
14428 LAKE ROAD
LYNNWOOD, WA 98087

RE: ELENAS HOME AT LAKE ROAD # 752149

Dear Provider:

This document references Compliance Determination 37186 (02/28/2024), which included complaint number(s) 118569.

The Department completed a complaint investigation of your Adult Family Home on 02/28/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Theresia Karundeng, NCI

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

The Adult Family Home (AFH) failed to ensure Washington state background check for employed staff was re-checked after two years. This placed residents at risk for potential abuse, neglect, and exposure to staff who could have a disqualifying conviction. The AFH staff resubmitted their request for a background check during the on site visit.

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number; and

(iii) To the local law enforcement agency when required by RCW 74.34.035 .

The Adult Family Home (AFH) failed to report an allegation of sexual abuse to the local law enforcement agency. This failure placed the resident at risk for potential unidentified mistreatment and lack of protection due to unrecognized abuse. The AFH notified all other appropriate authorities timely.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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 (206)914-5042.

Sincerely,

Renee' Bourque

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

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 IDRs** 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

Residential Care Services
Investigation Summary Report

Provider/Facility: ELENAS HOME AT LAKE ROAD
Provider Type: Adult Family Home
License/Cert.#: 752149
Intake ID: 118569
Compliance Determination #: 37186
Region/Unit #: RCS Region 2 / Unit I
Investigator: Theresia Karundeng
Investigation Date(s): 02/22/2024 through 02/28/2024
Complainant Contact Date(s):

Allegation(s):

1. Allegation of identified staff taking named resident's (NR) small perfume bottle.
2. Allegation of sexual abuse by identified staff.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Resident rooms Staff to resident interactions Home environment
Interviews:	Identified resident Identified staff Nursing staff Residents Family members
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Personnel files

Investigation Summary:

1. Interview and record review showed that the Adult Family Home (AFH) completed a search, called law enforcement, notified other appropriate authorities, and identified staff was no longer allowed to work with NR. Interview with NR showed that they did not recall the incident and reports no lost item. review of inventory log showed that there was no documentation of perfume bottle.
2. Interview and record review showed that the AFH notified the state and NR's

collateral contact, and the identified staff was not allowed to work with NR. Interview with designated provider showed that they questioned other residents in the home, and they had no concerns with identified staff. NR stated that they did not recall the allegation or the incident. NR and sampled residents stated that staff were good to them and that they felt safe. Policies were reviewed with no issues. The AFH did not report the allegation of sexual abuse to the law enforcement and staff background check was not up to date. Please see consult dated 03/07/2024.

Conclusion / Action:

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