STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Sarahco LLC
Bay Bridge Care Home
1124 N Jackson Ave
Tacoma, WA 98406

RE: Bay Bridge Care Home License # 752213

Dear Provider:

This letter addresses Compliance Determination(s) 32599 (Completion Date 11/15/2023) and 29747 (Completion Date 10/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/15/2023 and found that you have corrected the violations listed in the Full report dated 10/05/2023. Your home is back in compliance as of 10/17/2023 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 388-76-10015, WAC 388-76-10015-1, WAC 388-76-10015-2, WAC 388-76-10015-3, WAC 388-76-10750-6, WAC 388-76-10750-6-a, WAC 388-76-10750-6-b, WAC 388-76-10750-6-c, WAC 388-76-10485-1, WAC 388-76-10750-7, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10350-2-d, WAC 388-76-10795-1-c, WAC 388-76-10795-1-d, WAC 388-76-10685-11

The Department staff who did the on-site verification:
Scotti Bower, AFH Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A

Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License # 752213	Compliance Determination # 29747
Plan of Correction	Bay Bridge Care Home	Completion Date
Page 1 of 10	Licensee: Sarahco LLC	10/05/2023

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 09/27/2023 and 09/27/2023 of:
Bay Bridge Care Home
1124 N Jackson Ave
Tacoma, WA 98406

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Scotti Bower, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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 — 10/05/2023 (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.

Statement of Deficiencies	License #: 752213	Compliance Determination #:29747
Plan of Correction	Bay Bridge Care Home	Completion Date
Page 2 of 10	Licensee: Sarahco LLC	10/05/2023

Provider (or Representative) _____ Date _____

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure they had a medical test site waiver (MTSW) before caregivers performed blood glucose testing and interpreted test results for 1 of 4 residents (Resident 2). This failure placed Resident 2 at risk of health complications.

Findings included...

On 09/27/2023, records review showed no documentation to support the AFH having an MTSW.

On 09/27/2023 at 11.00 am in an interview, the Provider stated staff completed blood glucose testing on Resident 2 daily. When the Provider was asked if the home had an MTSW to complete this task, the Provider stated they had read about it but did not have an MTSW.

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, Bay Bridge Care Home is or will be in compliance with this law and / or regulation on (Date) 10-13-23 .

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

Statement of Deficiencies	License # 752213	Compliance Determination # 29747
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Page 3 of 10	Licensee: Sarahco LLC	10/05/2023

Vm A. Camp
Provider (or Representative)

10-13-23
Date

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:

(a) Tubs;

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure the water temperature in 2 of 2 resident bathrooms (Bathroom 1 and Bathroom 2) met the minimum required temperature of one hundred five (105) degrees Fahrenheit (F). This failure placed 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) at risk for a decrease in quality of life without access to the required minimum warm water temperature.

Findings included...

On 09/27/2023 at 11:09 am, the warm water temperature was tested in the residents' shared bathroom (Bathroom 2) and the water temperature was 104.3 degrees F.

On 09/27/2023 at 11:17 am, the warm water temperature was tested in residents' bathroom (Bathroom 1) that is attached to Bedroom A, and the water temperature was 100.5 degrees F.

On 09/27/2023 at 12:00 pm in an interview, the Provider stated they were not aware the AFH's water did not meet the minimum temperature requirement.

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, Bay Bridge Care Home is or will be in compliance with this law and / or regulation on (Date) 10-13-23 .

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

Vm a. Camp
Provider (or Representative)

10-13-23
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 observation and interview, the adult family home (AFH) failed to secure 4 of 4 residents' medications (Resident 1, Resident 2, Resident 3, and Resident 4) in a locked storage area. This failure placed all residents at risk of medical complications from unsupervised ingestion and/or not taking their medications as prescribed.

Findings included...

On 09/27/2023 at 11:30 AM, an observation showed the AFH's medication storage was not locked. There were two boxes of prescribed pain patches sitting on the counter above the medication cabinet, also unsecured. The Provider located the key to the medication cabinet and when they attempted to secure the cabinet, it was observed that the lock on the cabinet was broken and would not lock.

On 09/27/2023 at 11:45 AM in an interview, the Provider stated they were not aware the medication cabinet lock was broken. The Provider stated, "Resident's never really come in the kitchen." The medication cabinet was observed located near the kitchen. The Provider stated that from 7 pm – 7 am each day there were no caregiving staff routinely present, and a caregiver came upstairs to the AFH living floor once every two hours to check on the residents during these hours.

On 09/27/2023 at 12:15 pm, Resident 1 was observed ambulating through the home's hallways with their walker.

On 09/27/2023 at 1:15 pm, Resident 3 was observed ambulating to the bathroom from their room independently.

On 09/27/2023 at 2:15 pm in an interview, Resident 1 stated the caregiver and Provider went downstairs to their living area at 7 pm each evening.

On 09/27/2023 at 2:25 pm in an interview, Resident 3 stated the caregiver and Provider went downstairs to their living area at 7 pm each evening.

On 09/27/2023 at 2:35 pm in an interview, Resident 4 stated the caregiver and Provider went downstairs to their living area at 7 pm each evening.

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, Bay Bridge Care Home is or will be in compliance with this law and / or regulation on (Date) 10-13-23 .

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

Vm A. Camp
Provider (or Representative)

10-13-23
Date

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interviews, the adult family home (AFH) failed to ensure 3 of 4 residents (Resident 1, Resident 3, and Resident 4) did not have access to toxic substances which were kept in an unlocked closet in the hallway. This failure placed all residents at risk for harm from accessing toxic substances and using them improperly.

Findings included...

On 09/27/2023 at 1:30 pm, observation showed toxic substances such as windshield de-icer, Lysol, Comet, bleach, glass cleaner, mold/mildew cleaner, among others were stored in the hallway closet and not in locked storage.

On 09/27/2023 at 12:15 pm, Resident 1 was observed ambulating through the home's hallways with their walker.

On 09/27/2023 at 1:15 pm, Resident 3 was observed ambulating to the bathroom from their room independently.

On 09/27/2023 at 2:15 pm in an interview, Resident 1 stated the caregiver and Provider went downstairs to their living area at 7 pm each evening.

On 09/27/2023 at 2:25 pm in an interview, Resident 3 stated the caregiver and Provider went downstairs to their living area at 7 pm each evening.

On 09/27/2023 at 2:35 pm in an interview, Resident 4 stated the caregiver and Provider went downstairs to their living area at 7 pm each evening.

On 09/27/2023 at 1:35 pm in an interview, the Provider stated they were not aware these toxic substances required locked storage.

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, Bay Bridge Care Home is or will be in compliance with this law and / or regulation on (Date) 10-13-23.

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

Van A. Camp — Provider (or Representative)

10-13-23 — Date

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

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

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

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure that 1 of 3 staff (Caregiver B) maintained their cardio-pulmonary resuscitation (CPR) and First Aid training. This failure placed all four residents at risk of harm in the event that CPR or first aid was necessary.

Findings included...

On 09/27/2023, review of the Caregiver B's (CG-B) personnel files showed their First Aid/CPR training expired 10/11/2022. CG-B was hired by the AFH on 08/08/2016.

On 09/27/2023 at 2:35 pm in an interview, the Provider was asked if Caregiver B had current First Aid/CPR training and they stated they would ask Caregiver B and send it if they had it. As of 10/04/2023 this documentation was received by the department.

Attestation Statement

Statement of Deficiencies	License #: 752213	Compliance Determination #:29747
Plan of Correction	Bay Bridge Care Home	Completion 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, Bay Bridge Care Home is or will be in compliance with this law and / or regulation on (Date) 10-13-23.

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

Vm a. Camp — Provider (or Representative)

10-13-23 — Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to review and update resident assessments for 2 of 4 residents (Resident 1 and Resident 3) every 12 months. This failure placed two residents at risk of unmet care needs and preferences.

Findings included...

On 09/27/2023 review of Resident 1's (R1) assessment showed their most recent assessment was dated 01/04/2022.

On 09/27/2023 review of Resident 3's (R3) assessment showed their most recent assessment was dated 03/11/2022.

On 09/27/2023 at 1:45 pm in an interview, the Provider stated that they believed the Assessor for R1 wrote the wrong year and the Provider would contact the Assessor to get clarification. The Provider stated they were not aware that R3's assessment had not been reviewed and updated in over 12 months.

Attestation Statement

Statement of Deficiencies	License # 752213	Compliance Determination # 29747
Plan of Correction	Bay Bridge Care Home	Completion Date
Page 8 of 10	Licensee: Sarahco LLC	10/05/2023

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, Bay Bridge Care Home is or will be in compliance with this law and / or regulation on (Date) 10-13-23.

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

Von A. Camp
Provider (or Representative)

10-13-23
Date

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(c) The home must ensure the bedroom window can be opened from inside the room without keys, tools, or special knowledge or effort to open.

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to keep 1 of 4 bedroom windows (Bedroom A) free from obstruction that would interfere with emergency escape or rescue. This failure placed one resident at risk of being able to utilize the bedroom window as an emergency evacuation option timely and with no interference.

Findings included...

On 09/27/2023 at 11:40 am, observation showed the window in Bedroom A had an air conditioning unit in the window. There was plywood around the air-conditioning unit, filling the gap of the remaining window space. This sheet of plywood was screwed into the window frame at all four corners of the window frame. When this observation was made, the Provider was observed using a screwdriver to remove two of the screws from the plywood in an attempt to remove the obstruction.

On 09/27/2023 at 11:46 am in an interview, the Provider stated they were aware that using the plywood that was screwed to the window frame to install the air conditioning unit presented interference to using the window as emergency escape.

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, Bay Bridge Care Home is or will be in compliance with this law and / or regulation on (Date) 10-13-23 .

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

Von A. Camp — Provider (or Representative)

10-13-23 — Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on observations and interviews the adult family home (AFH) failed to provide 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) a way to alert staff in an emergency or if care was needed. This failure placed all four residents at risk of not getting help they needed in an emergency or for routine care needs.

Findings included...

On 09/27/2023 at 11:30 am in an interview, Resident 2's (R2) home health nurse stated R2 needed a pain pill last night but didn't want to bother the Provider or Caregiver A. The nurse reported R2 said they were uncertain how to get in touch with the Provider or a caregiver in the evening hours.

On 09/27/2023 at 11:45 am in an interview, the Provider stated that they and Caregiver A (the Provider's wife) go downstairs to where they live at 7 pm. Between the hours of 7 pm and 7 am, the Provider or Caregiver A came upstairs to where the residents lived once every two hours. The Provider was asked how residents were to get in touch with staff during the hours between the two hour visits by staff to the AFH floor. The Provider stated residents can ring their bells in their rooms.

On 09/27/2023 at 12:10 pm, observation showed that when the bell was rung in R2's bedroom, it was not heard downstairs where the Provider and Caregiver A were from 7pm-7am, daily. R2's bedroom (Bedroom D) was the closest AFH Bedroom to the Provider's downstairs living area.

On 09/27/2023 at 2:00 pm in an interview, R2 stated they wanted a way to get in touch with staff in the evening.

On 09/27/2023 at 2:15 pm in an interview, Resident 1 (R1) stated the Provider and

Caregiver A went downstairs at 7 pm each night and they did not come back up to do checks. R1 stated if they needed to get help, they would try to get staff's attention by banging on the wall of their bedroom.

On 09/27/2023 at 2:30 in an interview, Resident 4 stated the Provider and Caregiver A went downstairs each night at 7 pm. R4 said they did not see them usually after that. If they needed to get in touch with staff after 7 pm, they called Caregiver A using R4's personal cell phone.

On 10/03/2023 at 3:40 pm, in an interview, a resident's family member stated they wanted a way for the residents to be able to reach staff after they went downstairs for the evening.

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, Bay Bridge Care Home is or will be in compliance with this law and / or regulation on (Date) 10-17-23 .

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

Von A. Camp
Provider (or Representative)

10-17-23
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Sarahco LLC
Bay Bridge Care Home
1124 N Jackson Ave
Tacoma, WA 98406

RE: Bay Bridge Care Home # 752213

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/05/2023 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10401 Home and community-based setting requirements.

(1) The home must ensure that the following conditions are present for each resident:

(d) Freedom and support to control their own schedule;

(e) Access to food and water at any time; and

(f) Having visitors at any time, although nothing in this section requires an adult family home to provide a visitor with food or a place to sleep.

The Adult Family Home (AFH) had house rules in place that included set visiting hours (8am-7pm), times that residents had limited access to snacks and phone (8am-7pm) and curfew times (home by 7pm) that residents were expected to be back in the home and their rooms. Residents and Residents' Family interviews showed
residents did not like these rules. The
Provider was informed that this did not allow residents the freedom to control their own schedules and limited the residents' access to the telephone and food. The Provider revised these rules and informed the residents of the correction in writing, removing the previous rules. This corrected the issue.

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)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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