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

SOUNDVIEW ROSEWOOD LLC
ROSEWOOD ADULT FAMILY HOME
19691 4TH AVE SW
NORMANDY PARK, WA 98166

RE: ROSEWOOD ADULT FAMILY HOME License # 752217

Dear Provider:

This letter addresses Compliance Determination(s) 54390 (Completion Date 02/10/2025) and 50725 (Completion Date 12/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/10/2025 and found that you have corrected the violations listed in the Full report dated 12/12/2024. Your home is back in compliance as of 12/16/2024 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 388-76-10176-1, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10255-1, WAC 388-76-10420-7-b, WAC 388-76-10265-1, WAC 388-76-10265-1-d, WAC 388-76-10490-1, WAC 388-76-10895-2-b, WAC 388-76-10865-1

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Dahl Kim, Field Manager

Region 2, Unit G
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

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 11/18/2024 and 11/18/2024 of:
ROSEWOOD ADULT FAMILY HOME
19691 4TH AVE SW
NORMANDY PARK, WA 98166

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:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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

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 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 6 current staff (Staff C, Caregiver, Staff D, Caregiver and Caregiver E, Caregiver) hired after 01/07/2012 had the required national fingerprint background check (FBC) completed within after 120 days of their employment. This failure placed all residents at risk of harm from staff with an unknown fingerprint-based criminal history.

Findings included…

In an interview on 11/18/2024 at 9:09 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care in the AFH. One of the residents (Resident 5) was out of the home for an appointment.

Observation on 11/18/2024 at 9:10 AM, showed Staff C at the living room area with the residents.

In an interview on 11/18/2024 at 9:37 AM, Staff A, Entity Representative/Resident Manager stated that they had six caregivers that worked at the AFH. Staff A stated that Staff C worked as needed, Staff D worked full time and live on site, Staff E worked full time and live on site, and Staff G worked as needed.

Record review of 04/28/2022, Dear Administrator letter showed that all staff who began working on 11/01/2019 and 04/30/2022 will have 120 days to obtain fingerprint results.

Staff C

Review of staff records showed the AFH hired Staff C on 01/22/2022. There was no record of a FBC for Staff C.

In an interview on 11/18/2024 at 12:50 PM, Staff A stated that they would send the staff records to department staff.

In an email received on 12/06/2024, attached was Staff C's FBC that was completed on 12/04/2024. The FBC was completed two years after the hire date of 2022.

Staff D

Review of staff records showed the AFH hired Staff B on 11/07/2023. There was no record of a FBC for Staff D.

In an email received on 11/19/2024 attached was Staff D's FBC that was completed on 11/12/2024. The FBC was completed one year after the hire date of 2023.

Staff E

Review of staff records showed the AFH hired Staff E on 05/01/2021. There was no record of a FBC for Staff E.

In an email received on 11/19/2024, attached was Staff E's FBC that was completed on 02/29/2024. The FBC was completed three years after the hire date.

An email received on 12/12/2024 from department's Background Check Central Unit stated that Staff C had a completed FBC on 02/07/2018, Staff D did not have an FBC prior to 2024, and they were unable to locate Staff E in their system.

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, ROSEWOOD ADULT FAMILY HOME 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

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the home's policy on accepting [redacted] as a payment source was completed and signed by 1 of 2 sampled residents or their representatives' (Resident 4). This placed Resident 4 and their representatives at risk of not knowing their rights in terms of payments options and sources.

Findings included…

In an interview on 11/18/2024 at 9:09 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care in the AFH.

In an interview on 11/18/2024 at 9:27 AM, Staff A, Entity Representative/Resident Manager stated that Resident 4 has [redacted] as their payor source.

Review of Resident 4's AFH records showed that they were admitted to the home on

[redacted]/2017. Resident 4 had no Medicaid Policy that was signed by the resident or the representative and the AFH.

In an interview on 11/18/2024 at 4:44 PM, Staff A stated that Resident 4 was initially admitted as private pay in 2017 and had converted to [redacted] status few years back.

Record review of Resident 4's 06/25/2020 Comprehensive Assessment Reporting and Evaluation (CARE) initial assessment showed that in that assessment, Resident 4 converted from private pay to [redacted].

Attestation Statement

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

Provider (or Representative) _____ Date _____

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review the resident's rights and services agreement for 1 of 2 sampled residents (Resident 4) at least every twenty-four months. This failure placed the resident and their representative at risk of not being fully informed about the home services and their charges.

Findings included…

In an interview on 11/18/2024 at 9:09 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care in the AFH.

Review of Resident 4's AFH records showed that they were admitted to the home on [redacted]/2017. Resident 4's Notice of rights and services document was dated and signed on [redacted]/2017. There was no further evidence that it was reviewed since that time, had been 87 months and 25 days.

In an interview on 11/18/2024 at 4:45 PM, Staff A, Entity Representative/Resident Manager had no response when department staff informed them that Resident 4's notice of rights and services was not reviewed in twenty-four months per regulation.

Attestation Statement

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that infection control procedure was followed by 1 of 3 current staff (Staff C, Caregiver) when they performed personal care for a resident of the AFH. This failure placed all current residents at risk of acquiring infections.

Findings included…

In an interview on 11/18/2024 at 9:09 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care in the AFH.

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under “AFH Standard Precaution Table” is a guideline for Hand Hygiene and Staff Education. In the link for “When to change gloves and clean hands” it stated that to change gloves if moving work on a soiled body site, to a clean body site on the same patient.

Observation 11/18/2024 at 1: 45 PM showed Staff B and Staff C, Caregiver inside the bathroom assisted Resident 4 transfer from the wheelchair to the toilet. Staff C wearing gloves, removed Resident 4’s soiled incontinent briefs and obtained new clean incontinent briefs with same gloves on.

In an interview on 11/18/2024 at 1:46 PM, Staff C stated that they understood their gloves were contaminated from the soiled incontinent briefs. Staff C stated that they should use new gloves for new clean incontinent briefs.

Observation on 11/18/2024 at 1:51 PM, showed that Staff B placed new clean incontinent briefs to Resident 4. Staff B and Staff C assisted resident back to their wheelchair. Staff C wheeled Resident 4 out of the bathroom without washing their hands.

In an interview on 11/18/2024 at 1:52 PM, Staff C had no response when department staff informed them that they did not wash their hands after the task.

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, ROSEWOOD ADULT FAMILY HOME 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

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure proper food handling was followed by 1 of 2 sampled staff (Staff B, Caregiver) when they prepared lunch for residents of the AFH. This failure placed all current residents at risk for food borne illness.

Findings included…

Review of “Food Safety is Everybody’s Business; Your Guide to Preventing Food Borne Illnesses” dated, May 2013 from Washington Department of Health, showed that es gloves may be used to prepare foods that need to be handled a lot, such as when making sandwiches, slicing vegetables, or arranging food on a platter. It is important to remember that gloves are used to protect the food from germs, not to protect your hands from the food. Gloves must be changed often to keep the food safe.”

In an interview on 11/18/2024 at 9:09 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care in the AFH.

Observation on 11/18/2024 at 11:34 AM showed Staff B wore gloves, used tongs to remove bread from the toaster. Bread was dropped on the floor, Staff B with gloved hands picked up the bread from the floor. Staff B with the same gloves, opened the cabinet and threw the bread in the waste container that was inside the cabinet. Staff B with the same gloves, used tongs and their gloved hands to butter the bread.

In an interview on 11/18/2024 at 11:38 AM, Staff B had no response when department staff asked them reason they were asked to stop the task.

Attestation Statement

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Caregiver) had two-step Tuberculosis [(TB) a communicable disease affecting the lungs] skin testing, with the first test done one to three days of employment and a second test done one to three weeks after the first test. This failure placed all residents at risk of possible exposure to TB.

Findings included…

In an interview on 11/18/2024 at 9:09 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care in the AFH.

In an interview on 11/18/2024 at 9:37 AM, Staff A, Entity Representative/Resident Manager stated that they had six caregivers that worked at the AFH. Staff A stated that Staff B worked full time and live on site.

Review of staff records showed the AFH hired Staff B on 08/08/2024. There was no record of TB test for Staff B.

In an interview on 11/18/2024 at 12:50 PM, Staff A stated that they would send the staff records to department staff.

In an interview on 11/18/2024 at 3:51 PM, Staff A stated that Staff B's orientation was completed on 08/08/2024, however Staff B started their work at the AFH on end of October 2024.

In an email received on 12/06/2024, Staff A stated that Staff B's TB test had to be done again.

In a telephone conversation on 12/09/2024 at 3:10 PM, Staff A stated that Staff B's TB skin test resulted in a bump on their skin. Staff A stated that Staff B did not go to the clinic to have it checked as they could tell that it was positive. Bothe Staff A and B planned to do a TB blood test.

Attestation Statement

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to follow their medication disposal policy for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of harm and worsening conditions from taking expired medications.

Findings included…

In an interview on 11/18/2024 at 9:09 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care in the AFH.

Record review of the AFH's undated medication disposal policy showed residents medications that were discontinued, expired or unused will be disposed by three methods. One method of destroying medications at the AFH by chemical destruction container and chemical "RX destroyer" solution. Second method of medications in a sealed plastic bag with coffee grounds mixed with water, throw in the home's common garbage. Third method of medications in a sealed plastic bag and take to local pharmacy or hospital with a medication disposal program. Medication log will be completed. The medication log will be placed in residents' records.

Review of Resident 4's AFH records showed that they were admitted to the home on [redacted]/2017. Review of Resident 4's November 2024 pharmacy generated log showed they were prescribed of MAPAP(treat minor aches and pain and reduces fever) 500 milligram (mg) one to two tablets every six hours as needed, Quetiapine Fumarate (treat mental condition that makes it hard to tell what is real and what isn't) 50 mg take one tablet as needed for anxiety, and Senna (treat constipation) 8.6 mg take one tablet two times a day as needed for constipation. Resident 4 was prescribed of Risamine (treat and prevent minor skin irritations caused by wetness urine or stools) ointment, apply to affected area twice daily as needed.

Observation on 11/18/2024 at 1:55 PM, showed pharmacy dispensed bubble pack cards (medications are placed within small, clear plastic bubbles secured by a strong, paper-backed foil that protects the pills until dispensed) labelled MAPAP with RX 6099602 with an expiration date of 11/10/2024, Quetiapine Fumarate with RX 6158449 with an expiration date of 07/23/2024. There was bubble pack card labelled Senna with RX 6163291 with an expiration date of 07/23/2024. There were two tubes of Risamine ointment with RX 6147118 with an expiration of 07/23/2024. Risamine ointment tubes were labelled 1/3 and 2/3.

In an interview on 11/18/2024 at 2:01 PM, Staff A acknowledged that the medications were expired and should be disposed.

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, ROSEWOOD ADULT FAMILY HOME 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

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to conduct a full emergency evacuation drill at least once each calendar year. This failure placed all 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm and injury if an emergency evacuation of the AFH occurred.

Findings included…

In an interview on 11/18/2024 at 9:09 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care in the AFH.

In an interview on 11/18/2024 at 9:29 AM, Staff A, Entity Representative/Resident Manager stated that all five residents required assistance with the emergency evacuation.

Record review of the AFH 2023 emergency evacuation drill showed there were six drills completed. A fire drill on 01/08/2023 marked as every two months participated by three staff and four residents that lasted for seven minutes. A fire drill on 03/20/2023 marked as every two months participated by three staff and four residents that lasted for six minutes. A fire drill on 05/18/2023 marked as every two months participated by three staff and three residents that lasted for eight minutes. A fire drill on 07/27/2023 marked as every two months participated by three staff and four residents that lasted for 10 minutes. A fire drill on 09/11/2023 marked as every two months participated by three staff and four residents that lasted for five minutes. A fire drill on 11/28/2023 marked as every two months participated by three staff and five residents that lasted for 15 minutes. There was no fire drill marked as full emergency evacuation drill.

In an interview on 11/18/2024 at 4:04 PM, Staff A acknowledged that they missed a full emergency evacuation drill for year 2023. Staff A stated that in their next fire drill in December, they would ensure to conduct a full emergency evacuation.

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, ROSEWOOD ADULT FAMILY HOME 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

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to evacuate 5 of 5 residents (Residents 1, 2, 3, 4, and 5) from the home to a safe location outside the home in five minutes or less. This failure placed all residents at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included…

In an interview on 11/18/2024 at 9:09 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care in the AFH. One of the residents (Resident 5) was out of the home for an appointment.

In an interview on 11/18/2024 at 9:29 AM, Staff A, Entity Representative/Resident Manager stated that all five residents required assistance with the emergency evacuation.

Record review of the AFH 2023 emergency evacuation drill showed there were six drills completed. A fire drill on 01/08/2023 marked as every two months participated by three staff and four residents that lasted for seven minutes. A fire drill on 03/20/2023 marked as every two months participated by three staff and four residents that lasted for six minutes. A fire drill on 05/18/2023 marked as every two months participated by three staff and three residents that lasted for eight minutes. A fire drill on 07/27/2023 marked as every two months participated by three staff and four residents that lasted for 10 minutes. A fire drill on 09/11/2023 marked as every two months participated by three

staff and four residents that lasted for five minutes. A fire drill on 11/28/2023 marked as every two months participated by three staff and five residents that lasted for 15 minutes. Five of the six fire drills that were completed for the year 2023 were completed in more than five minutes with the exception of the 09/11/203 fire drill.

In an interview on 12/11/2024 at 5:52 PM, Staff A stated that the minutes documented in the AFH 2023 drills might be a “typo” error. Staff A stated that they were aware of the regulation that emergency evacuation should be completed in five minutes or less. In addition, Staff A stated that they trained Staff D, Caregiver as a Resident Manager who was probably was not aware of the regulation when they completed the 11/28/2023 fire that lasted for 15 minutes.

In an email received on 12/11/2024, Staff D stated that it was their first time to conduct a fire drill on 11/28/2023. Staff D stated that they documented the duration time that included the time the drill started, to the time residents were back and “settled” inside the house. Staff D explained that the fire alarm went off at 3:00 PM, at 3:05PM everyone were out of the house and at 3:15 PM everyone were back inside the house. In addition, Staff D stated that they made an “honest mistake" with the recorded time.

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

_____ _____

Provider (or Representative) Date