



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

LUXURY LIVING ADULT FAMILY HOME INC
LUXURY LIVING ADULT FAMILY HOME INC
2010 S 312TH ST
FEDERAL WAY, WA 98003

RE: LUXURY LIVING ADULT FAMILY HOME INC License # 752309

Dear Provider:

This letter addresses Compliance Determination(s) 35825 (Completion Date 01/25/2024) and 33200 (Completion Date 12/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/25/2024 and found that you have corrected the violations listed in the Complaint report dated 12/13/2023. Your home is back in compliance as of 12/29/2023 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 388-76-10365

The Department staff who did the on-site verification:

Vadim Panitkov, NCI
Dahl Kim, Field Manager

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

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: LUXURY LIVING ADULT FAMILY HOME INC
License/Cert.#: 752309
Compliance Determination #: 33200
Investigator: Vadim Panitkov
Investigation Date(s): 11/29/2023 through 12/13/2023
Complainant Contact Date(s):

Provider Type: Adult Family Home
Intake ID: 106886
Region/Unit #: RCS Region 2 / Unit G

Allegation(s):

Named Resident (NR) was found unresponsive and shortly there after the NR was pronounced deceased by paramedics.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 1
Observations:	Residents Staff to resident interactions General environment and resident rooms
Interviews:	Residents AFH Staff
Record Reviews:	Assessment, Negotiated Care Plan (NCP), Incident Log, Abuse/Neglect Policy

Investigation Summary:

Observation of the general environment showed no concerns. Five residents and the provider, two other staff were observed in the home. All residents were appropriately dressed and groomed. The AFH reported the NR's unexpected death to the department. The AFH records and interviews showed that the AFH staff provided care to NR around 8:30 PM and not until around 7:30 the following morning. The NR's NCP showed that nighttime care needs was checked "YES." The NR's NCP also showed that NR required changes every two hours and as needed by two caregivers when up in the chair then one person when in bed. The interviews showed that the AFH did not provide nighttime care according to the NCP for the NR. Other interviewed residents stated they received good care and felt safe in the AFH. Failed practice identified.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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 # 752309	Compliance Determination # 33290
Plan of Correction	LUXURY LIVING ADULT FAMILY HOME INC	Completion Date
Page 1 of 3	Licenses: LUXURY LIVING ADULT FAMILY HOME INC	12/13/2023

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 an unannounced on-site complaint investigation on 11/29/2023 and 11/29/2023 of:

LUXURY LIVING ADULT FAMILY HOME INC
 2010 S 312TH ST
 FEDERAL WAY, WA 98003

This document references the following complaint number(s): 106886

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov, NCI
 Dahl Kim, Field Manager

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.

Dahl Kim

Residential Care Services

12/13/2023

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.



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 #: 752309	Compliance Determination # 33200
Plan of Correction	LUXURY LIVING ADULT FAMILY HOME INC	Completion Date
Page 1 of 3	Licensee: LUXURY LIVING ADULT FAMILY HOME INC	12/13/2023

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 an unannounced on-site complaint investigation on 11/29/2023 and 11/29/2023 of:

LUXURY LIVING ADULT FAMILY HOME INC
2010 S 312TH ST
FEDERAL WAY, WA 98003

This document references the following complaint number(s): 106886

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov, NCI
Dahl Kim, Field Manager

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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 752309	Compliance Determination #33200
Plan of Correction	LUXURY LIVING ADULT FAMILY HOME INC	Completion Date
Page 2 of 3	Licenses: LUXURY LIVING ADULT FAMILY HOME INC	12/13/2023


 Provider (or Representative)

12/15/2023
 Date

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement the care and services outlined in the Negotiated Care Plan (NCP) for 1 of 1 former resident (Resident 6). This failure placed Resident 6 at risk for unmet care needs.

Findings included...

On 11/29/2023 at 12:40 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff A, Entity Representative/Resident Manager, Staff B, Caregiver, and Staff C, Caregiver.

On 11/29/2023 a record review of Resident 6's Annual Assessment dated 02/03/2015 show that it was reviewed and signed by Staff A on 02/21/2023 and Resident 6's representative on 2/24/2023. The Annual Assessment showed that the AFH admitted Resident 6 on [REDACTED] 2015 with diagnoses including [REDACTED] and [REDACTED].

Record review of Resident 6's NCP dated 09/31/2022 showed that Resident 6 was full code (full medical support which includes Cardiopulmonary Resuscitation (CPR) if the resident has no heartbeat and is not breathing) and was not on hospice services. The NCP showed that nighttime care needs were checked "YES." The NCP also showed that the AFH staff was to change Resident 6, "every two hours and as needed by two caregivers when up in the chair then one person when in bed."

Record review of Resident 6's progress notes and incident log showed Resident 6 passed away on [REDACTED] 2023.

On 11/29/2023 at 1:00 PM, in an interview, Staff A stated that Resident 6 lived and received care and services at the AFH. Staff A stated Resident 6 improved over the years as they worked hard for Resident 6 in conjunction with the resident's family and other community providers. Staff A stated on [REDACTED] 2023 around 7:30 AM, Staff B found Resident 6 unresponsive, initiated CPR and called for Emergency Medical Services (EMS). The EMS arrived shortly and pronounced Resident 6 deceased. Staff A stated they contacted

Provider (or Representative)

Date

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement the care and services outlined in the Negotiated Care Plan (NCP) for 1 of 1 former resident (Resident 6). This failure placed Resident 6 at risk for unmet care needs.

Findings included...

On 11/29/2023 at 12:40 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff A, Entity Representative/Resident Manager, Staff B, Caregiver, and Staff C, Caregiver.

On 11/29/2023 a record review of Resident 6's Annual Assessment dated 02/03/2015 show that it was reviewed and signed by Staff A on 02/21/2023 and Resident 6's representative on 2/24/2023. The Annual Assessment showed that the AFH admitted Resident 6 on [REDACTED] 2015 with diagnoses including [REDACTED]

and [REDACTED]

Record review of Resident 6's NCP dated 09/31/2022 showed that Resident 6 was full code (full medical support which includes Cardiopulmonary Resuscitation (CPR) if the resident has no heartbeat and is not breathing) and was not on hospice services. The NCP showed that nighttime care needs were checked "YES." The NCP also showed that the AFH staff was to change Resident 6, "every two hours and as needed by two caregivers when up in the chair then one person when in bed."

Record review of Resident 6's progress notes and incident log showed Resident 6 passed away on [REDACTED] 2023.

On 11/29/2023 at 1:00 PM, in an interview, Staff A stated that Resident 6 lived and received care and services at the AFH. Staff A stated Resident 6 improved over the years as they worked hard for Resident 6 in conjunction with the resident's family and other community providers. Staff A stated on [REDACTED] 2023 around 7:30 AM, Staff B found Resident 6 unresponsive, initiated CPR and called for Emergency Medical Services (EMS). The EMS arrived shortly and pronounced Resident 6 deceased. Staff A stated they contacted

Statement of Deficiencies	License #: 752309	Compliance Determination # 33200
Plan of Correction	LUXURY LIVING ADULT FAMILY HOME INC	Completion Date
Page 3 of 3	Licenses: LUXURY LIVING ADULT FAMILY HOME INC	12/13/2023

Resident 6's family right away.

On 11/29/2023 at 1:35 PM, in an interview, Staff B, stated that they placed Resident 6 in bed at 8:30 PM on 11/29/2023 and did not check Resident 6 until the following morning at 7:30 AM. Staff B stated that was when they found Resident 6 unresponsive and began CPR. The EMS arrived shortly and pronounced Resident 6 deceased. Staff B stated after placing Resident 6 in bed they had not checked or changed the resident until the following morning and that it was the routine for Resident 6.

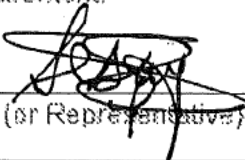
On 11/29/2023 at 1:45 PM, when asked if they followed Resident 6's NCP, Staff B stated that they had not seen Resident 6's NCP.

On 11/29/2023 at 1:47 PM, Staff A stated that Resident 6 remained clean and dry most of the nights and they did not check or change Resident 6 at night. Staff A stated Resident 6 preferred to have the door closed all night.

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, LUXURY LIVING ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 12/29/2023

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


Provider (or Representative)

12/15/2023
Date

Resident 6's family right away.

On 11/29/2023 at 1:35 PM, in an interview, Staff B, stated that they placed Resident 6 in bed at 8:30 PM on [REDACTED] 2023 and did not check Resident 6 until the following morning at 7:30 AM. Staff B stated that was when they found Resident 6 unresponsive and began CPR. The EMS arrived shortly and pronounced Resident 6 deceased. Staff B stated after placing Resident 6 in bed they had not checked or changed the resident until the following morning and that it was the routine for Resident 6.

On 11/29/2023 at 1:45 PM, when asked if they followed Resident 6's NCP, Staff B stated that they had not seen Resident 6's NCP.

On 11/29/2023 at 1:47 PM, Staff A stated that Resident 6 remained clean and dry most of the nights and they did not check or change Resident 6 at night. Staff A stated Resident 6 preferred to have the door closed all night.

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, LUXURY LIVING ADULT FAMILY HOME INC 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