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

LAKEW W ADNEW
SOUND VIEW SENIOR CARE
22634 10th Ave S
Des Moines, WA 98198

RE: SOUND VIEW SENIOR CARE License # 752344

Dear Provider:

This letter addresses Compliance Determination(s) 62725 (Completion Date 07/17/2025) and 60349 (Completion Date 06/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/17/2025 and found that you have corrected the violations listed in the Full report dated 06/06/2025. Your home is back in compliance as of 07/15/2025 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 388-76-10176, WAC 388-76-10176-1, WAC 388-76-10176-2, WAC 388-76-10490-2-b-ii, WAC 388-76-10895-2-a

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

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

Sincerely,

Lydia Owusu-Acheampong, Community 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 05/29/2025 of:

SOUND VIEW SENIOR CARE
22634 10th Ave S
Des Moines, WA 98198

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 752344	Compliance Determination # 60349
Plan of Correction	SOUND VIEW SENIOR CARE	Completion Date
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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

6-10-2025
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)

06/18/2025
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

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B, Resident Manager, and Staff C, Caregiver) had a fingerprint background check completed within one hundred twenty-days of hire. This failure placed all residents' (Residents 1, 2, 3, and 4) at risk of harm from staff with an unknown criminal background.

Findings included...

During a visit on 05/29/2025 at 8:25 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff C worked in the AFH and provided care to the residents.

Staff C

On 05/29/2025 at 8:30 AM observation showed Staff C propelled Resident 4's [redacted] into the bathroom and closed the door to provide care to the resident.

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

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B, Resident Manager, and Staff C, Caregiver) had a fingerprint background check completed within one hundred twenty-days of hire. This failure placed all residents' (Residents 1, 2, 3, and 4) at risk of harm from staff with an unknown criminal background.

Findings included…

During a visit on 05/29/2025 at 8:25 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff C worked in the AFH and provided care to the residents.

Staff C

On 05/29/2025 at 8:30 AM observation showed Staff C propelled Resident 4's [redacted] into the bathroom and closed the door to provide care to the resident.

A review of Staff C's personnel file showed a hire date of 07/23/2023. Further review showed no fingerprint background check with Staff C's records.

In an interview on 05/29/2025 at 11:57 AM, Staff A, Entity Representative, stated that they logged into their background check account and found Staff C did not have a completed fingerprint background check.

A review of Background Check Central Unit (BCCU) records on 06/02/2025 at 4:54 PM showed, an application for Staff C's fingerprint background check had been submitted on 08/02/2023. This expired without the fingerprint being completed.

Staff B

On 05/29/2025 at 1:50 PM observation showed Staff B arrived at the AFH.

A review of Staff B's personnel file showed a hire date of 04/12/2022. Further review showed no fingerprint background check with Staff B's records.

In an interview on 05/29/2025 at 2:22 PM, Staff B stated that they had completed a fingerprint background check.

On 05/29/2025 at 2:33 PM observation showed Staff B was alone in the living room with Residents 2, 3, and 4.

A review of BCCU records on 06/02/2025 at 4:50 PM showed Staff B had no fingerprint background check.

In a follow up interview on 06/05/2025 at 11:20 AM, Staff A stated that Staff B had stopped working regularly in the AFH a year and a half ago. Staff A further stated that Staff B continued to work in the AFH as needed or if Staff A was not available.

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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, SOUND VIEW SENIOR CARE is or will be in compliance with this law and / or regulation on (Date) 07/15/2025

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

Provider (or Representative) — Date: 06/15/2025

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(ii) For deceased residents the facility must safely dispose of all medications within 30 calendar days of the resident's death; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medication for 1 of 1 Former Resident (FR) was disposed within 30 calendar days of the resident's passing. In addition, the AFH failed to include in their medication disposal policy that expired, unused, or discontinued medication for current and former residents would be disposed within 30 calendar days. These failures placed all residents at risk of medication errors.

Findings Included...

A review of the AFH's undated "Disposition of Unused Medications" showed Staff A, Entity Representative, would speak with resident Representative and discard medication together within 180 days to 220 days. Further review showed expired medication would be disposed by mixing with coffee grounds, sand, cat litter, or dirt, placed in a secure bottle, and deposited in the trash. In addition, review of the AFH's "Disposition of Unused Medication" showed the pharmacy or city police station should be contacted to dispose of expired narcotic medication, produces pain relief, sleep, addiction, and heavily regulated by law enforcement.

On 05/29/2025 at 9:14 AM observation showed a locked medication storage box in the

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, SOUND VIEW SENIOR CARE 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

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(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

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Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medication for 1 of 1 Former Resident (FR) was disposed within 30 calendar days of the resident's passing. In addition, the AFH failed to include in their medication disposal policy that expired, unused, or discontinued medication for current and former residents would be disposed within 30 calendar days. These failures placed all residents at risk of medication errors.

Findings Included…

A review of the AFH's undated "Disposition of Unused Medications" showed Staff A, Entity Representative, would speak with resident Representative and discard medication together within 180 days to 220 days. Further review showed expired medication would be disposed by mixing with coffee grounds, sand, cat litter, or dirt, placed in a secure bottle, and deposited in the trash. In addition, review of the AFH's "Disposition of Unused Medication" showed the pharmacy or city police station should be contacted to dispose of expired narcotic medication, produces pain relief, sleep, addiction, and heavily regulated by law enforcement.

On 05/29/2025 at 9:14 AM observation showed a locked medication storage box in the

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refrigerator. Observation further showed Staff A unlocked the box and there were 3 boxes of medication inside.

-Morphine Sulfate 100 milligram (mg)/5 milliliter (ml), place 0.25 ml to 0.5 ml (5 mg-10 mg) under the tongue every 1-4 hours as needed for pain or shortness of breath. Further observation showed an expiration date of 01/31/2025.

-Haloperidol Lactate 2 mg/ml, take 0.5 ml (1 mg) by mouth every 6 hours as needed or as directed by physician for agitation, hallucinations, or nausea. Further observation showed an expiration date of 01/31/2025.

-Lorazepam 0.5 mg, take 1-2 tablets by mouth every 4 hours as needed for anxiety or seizure or shortness of breath. Further observation showed an expiration date of 01/31/2025.

In an interview on 05/29/2025 at 9:20 AM, Staff A stated that the medication belonged to a FR who had passed away [redacted] 2024. Staff A further stated that they had contacted the family to come to the AFH to dispose of FR's medication together. In addition, Staff A stated that it was the policy of the AFH to return expired medication to the pharmacy.

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, SOUND VIEW SENIOR CARE is or will be in compliance with this law and / or regulation on (Date) 07/15/2025

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

Provider (or Representative) — Date 06/15/2025

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

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

refrigerator. Observation further showed Staff A unlocked the box and there were 3 boxes of medication inside.

-Morphine Sulfate 100 milligram (mg)/5 milliliter (ml), place 0.25 ml to 0.5 ml (5 mg-10 mg) under the tongue every 1-4 hours as needed for pain or shortness of breath. Further observation showed an expiration date of 01/31/2025.

-Haloperidol Lactate 2 mg/ml, take 0.5 ml (1 mg) by mouth every 6 hours as needed or as directed by physician for agitation, hallucinations, or nausea. Further observation showed an expiration date of 01/31/2025.

-Lorazepam 0.5 mg, take 1-2 tablets by mouth every 4 hours as needed for anxiety or seizure or shortness of breath. Further observation showed an expiration date of 01/31/2025.

In an interview on 05/29/2025 at 9:20 AM, Staff A stated that the medication belonged to a FR who had passed away [redacted] 2024. Staff A further stated that they had contacted the family to come to the AFH to dispose of FR's medication together. In addition, Staff A stated that it was the policy of the AFH to return expired medication to the pharmacy.

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, SOUND VIEW SENIOR CARE 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:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

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This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure partial emergency evacuation drills occurred every 60 days and during random staffing shifts. This failure placed all residents' (Residents 1, 2, 3, and 4) at risk of harm or serious injury in the event an emergency requiring evacuation from the AFH occurred.

Findings included...

During a visit on 05/29/2025 at 8:25 AM, observation showed Resident 1 and Resident 2 each ambulated independently with a walker, Resident 3 required no assistive mobility device, and Resident 4 required staff assistance to propel their [redacted].

In an interview on 05/29/2025 at 8:35 AM, Staff A, Entity Representative, stated that Resident 4 required assistance with transfers and all other residents were independent.

A review of the AFH's "Emergency Evacuation Drill" logs showed the following partial evacuation drills occurred on 03/30/2025 at 10:00 AM, 01/13/2025 at 10:00 AM, 10/10/2024 at 10:00 AM, 08/01/2024 at 10:30 AM, 05/01/2024 at 10:30 AM, and 03/01/2024 at 10:30 AM.

In an interview on 05/29/2025 at 10:26 AM, Staff A stated that emergency evacuation drills were completed every 60 days. Staff A further stated they were not aware emergency evacuation drills had not been completed every 60 days or that drills were required during random staffing shifts.

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, SOUND VIEW SENIOR CARE is or will be in compliance with this law and / or regulation on (Date) 06/15/2025 by 07

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

Provider (or Representative) — Date 06/15/2025

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure partial emergency evacuation drills occurred every 60 days and during random staffing shifts. This failure placed all residents' (Residents 1, 2, 3, and 4) at risk of harm or serious injury in the event an emergency requiring evacuation from the AFH occurred.

Findings included…

During a visit on 05/29/2025 at 8:25 AM, observation showed Resident 1 and Resident 2 each ambulated independently with a walker, Resident 3 required no assistive mobility device, and Resident 4 required staff assistance to propel their [redacted].

In an interview on 05/29/2025 at 8:35 AM, Staff A, Entity Representative, stated that Resident 4 required assistance with transfers and all other residents were independent.

A review of the AFH's "Emergency Evacuation Drill" logs showed the following partial evacuation drills occurred on 03/30/2025 at 10:00 AM, 01/13/2025 at 10:00 AM, 10/10/2024 at 10:00 AM, 08/01/2024 at 10:30 AM, 05/01/2024 at 10:30 AM, and 03/01/2024 at 10:30 AM.

In an interview on 05/29/2025 at 10:26 AM, Staff A stated that emergency evacuation drills were completed every 60 days. Staff A further stated they were not aware emergency evacuation drills had not been completed every 60 days or that drills were required during random staffing shifts.

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, SOUND VIEW SENIOR CARE 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