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

Redmond's Heart Adult Family Home LLC

Redmond's Heart Adult Family Home LLC
16555 NE 99th St
Redmond, WA 98052

RE: Redmond's Heart Adult Family Home LLC License # 753131

Dear Provider:

This letter addresses Compliance Determination(s) 53440 (Completion Date 01/22/2025) and 50791 (Completion Date 12/02/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/22/2025 and found that you have corrected the violations listed in the Full report dated 12/02/2024. Your home is back in compliance as of 12/21/2024 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 388-76-10650-1, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d, WAC 388-76-10685-11

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 11/25/2024 of:

Redmond's Heart Adult Family Home LLC
16555 NE 99th St
Redmond, WA 98052

The following sample was selected for review during the unannounced on-site visit: 2 of 7 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have documentation on the Negotiated Care Plan (NCP) on how [redacted] would be used for 2 of 7 residents (Residents 2 and 7). This failure placed Resident 2 and 7 at risk for injury from improper use of the medical device.

Findings included...

NOTE: Washington (WA) State Department of Social and Health Services "May 15, 20213 AFH 'Dear Provider' Letters," was issued to AFH providers related to the safety risks associated with the use of all medical devices, including transfer poles, Posey or lap belts, and side bed rails. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Note: Washington (WA) State Department of Social and Health Services "Dear Provider" letter dated 10/12/2016 titled "Medical Device Requirements" stated, "the resident's negotiated care plan must also include how the resident will use the device."

A joint observation with Staff A, Provider, on 11/25/2024 at 9:55 AM, showed Resident 2

in bed with upper [redacted] in a lowered position.

A joint observation with Staff A, on 11/18/2024 at 9:54 PM, showed Resident 7's bed with upper [redacted] in a lowered position.

Record review of Resident 2's Negotiated Care Plan (NCP) dated 06/13/2024 contained no information on instructions to caregivers when the [redacted] should be elevated or lowered.

Record review of Resident 7's Negotiated Care Plan (NCP) dated 03/20/2024 contained no information on instructions to caregivers when the [redacted] should be elevated or lowered.

In an interview, on 11/25/2024 at 2:31 PM, Staff A stated that they think that the [redacted] were discontinued for Resident 2, but they had not yet removed them. Staff A stated that Resident 2 was totally dependent with repositioning and was not able to use the [redacted] for repositioning.

In an interview, on 11/25/2024 at 3:00 PM, Staff A stated that Resident 7 was totally dependent with bed mobility and repositioning. Staff A stated that they were planning to remove the [redacted] from Resident 7's bed and update the NCP.

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, Redmond's Heart Adult Family Home LLC 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